

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

**Substantive Hearing
6-9, 13-15 and 20-21 December 2021
23-27 May 2022
27-28 October 2022
3 February 2023**

Nursing and Midwifery Council
Virtual Hearing

Name of registrant: **Hassen Jeetoo**

NMC PIN: 70Y1242E

Part(s) of the register: Registered Nurse – Sub Part 1 and 2
Adult Nursing – March 1973
Mental Health Nursing – April 1975

Relevant Location: Doncaster and Rotherham

Type of case: Misconduct

Panel members: Avril O'Meara (Chair, Lay member)
Kim Bezzant (Registrant member)
David Boyd (Lay member)

Legal Assessor: Graeme Henderson

Hearings Coordinator: Ruth Bass (6-9, 20-21 December 2021 and 23-27 May 2022)
Jasmin Sandhu (13-15 December 2021)
Teige Gardner (27-28 October 2022)
Megan Winter (3 February 2023)

Nursing and Midwifery Council: Represented by Sophie Stannard, Case Presenter (6-9,13-15 and 20-21 December 2021)
Jessica Bass, Case Presenter (23-27 May 2022 and 27-28 October 2022)
Robert Rye, Case Presenter (3 February 2023)

Mr Jeetoo: Not present and unrepresented

No case to answer: **Charges 16a, 22a, 37b, and 44a**

Facts proved:	1a, 1b, 1c,1d, 2a, 2b, 3a, 3b, 3c, 3d, 3e, 4a, 4b, 4c, 4d, 4e, 4f(i), 4f(ii), 5a, 5b(i), 5b(ii), 5c, 6b, 6c, 6d, 7a, 7b, 7c, 7d, 9a(i), 9a(ii), 9b, 9c, 10a, 10b(i), 10b(ii) 11a(i), 11a(ii), 11b, 12a, 12c(i), 13a, 13b, 13c, 13d, 15c, 17a, 17b, 17c, 17d, 17e, 18a(i), 18b, 18c, 18d, 18e, 18f, 19a, 20, 21a, 21b, 21c, 21d, 21e, 23a, 23b, 23c, 24a, 24b, 24c, 24d(i), 24d(ii), 24d(iii), 24e, 25c, 25d, 25e, 25f, 25g, 27a, 27b, 27c, 28a, 28b(i), 28b(ii), 28c, 28d, 28e, 29a, 29b, 29c, 29d, 29e, 30a, 30b, 30c, 30d, 32a 32b, 33a(i), 33a(ii), 33b, 33c, 34a, 34b, 35, 36a, 36b, 36c, 36d, 37a, 38a, 38b, 39a, 40a, 40c, 41a, 42a, 42b, 43a, 43b, 45a, 46a and 47
Facts not proved:	6a, 8a(i), 8a(ii), 12b, 12c(ii),13e, 14, 15a, 15b, 17f, 17g, 18a(ii), 22b, 25a, 25b, 26, 31a(i), 31a(ii), 32c and 40b
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Details of charges (as amended)

That you a registered nurse, whilst employed as the Registered Manager of Medical Slimming Clinic (branches in Doncaster and Rotherham);

On the 3rd February 2016 at the Doncaster Branch,

- 1. In relation to reliable safety systems and processes, including that of safeguarding, you failed to have in place;*
 - (a) An up to date safeguarding policy*
 - (b) Safeguarding Training Records for the Doctors employed at the branch*
 - (c) A named safeguarding lead*
 - (d) A chaperone policy and/or any training in place specific to this task*

- 2. In relation to staffing, you had;*
 - (a) Not carried out appropriate recruitment checks in respect of three members staff prior to their employment*
 - (b) No documentation relating to staff employed on a temporary basis*

- 3. In relation to infection control:*
 - (a) There was no infection control policy in place*
 - (b) No members of staff had received infection control training*
 - (c) There was no cleaning schedule in place*
 - (d) There were no supplies of sterile gloves and/or alcohol gel in the clinic room*
 - (e) There were no handwashing facilities in the clinic room*

- 4. In relation to the premises and equipment;*
 - (a) Did not have information displayed in the reception area as to the procedure in the event of a fire*
 - (b) Did not have a documented fire evacuation procedure in place*
 - (c) That firefighting equipment was not serviced in accordance with the manufacturer's recommendations*

- (d) The appliances on the premises were not PAT tested*
 - (e) You had not calibrated any of the medical equipment on the premises*
 - (f) There was no calibration schedule in place to indicate whether the following had ever been calibrated:*
 - (i) The weighing scales*
 - (ii) The blood pressure monitoring equipment*

- 5. In relation to safe and effective use of medicines;*
 - (a) There was no prescribing policy in place setting out when Diethylpropion Hydrochloride and Phentermine could safely be prescribed*
 - (b) The pre-printed dispensing labels were inadequate in that;*
 - (i) They did not relate to the premises from which the medicines were being dispensed*
 - (ii) They did not include the words "keep out of reach of children"*
 - (c) There were no arrangements in place for the safe disposal of medicines*

- 6. In relation to assessment and treatment of patients;*
 - (a) Patient medical histories were not fully completed*
 - (b) Decisions relating to treatment had not been clearly recorded in the patient's notes*
 - (c) There was no protocol in place to set out clear thresholds for treatment*
 - (d) Plans and decisions about treatment were not clearly documented*

- 7. In relation to staff training and experience, you;*
 - (a) Did not have in place checks that doctors had specialist training in obesity and/or weight management*
 - (b) Had no records showing clinicians had undertaken continued professional development (CPD) in the area of obesity and/or weight management*
 - (c) Had no up to date record of appraisals*
 - (d) Had no record of revalidation with respective professional bodies*

8. *In relation to working with other services:*

- (a) Failed to ensure that a patient's consent was properly carried out by;*
 - (i) Informing the GP that patient/s were undergoing treatment*
 - (ii) Having a record of communication with the GP*

9. *In relation to governance policies;*

- (a) Your prescribing policy was not fit for purpose in that,*
 - (i) It did not clearly state the thresholds for the treatment of those with contra-indications*
 - (ii) It did not state at what Body Mass Index (BMI) treatment could safely be initiated*
- (b) There was no assurance systems and/or performance measures in place*
- (c) There was no systematic programme of clinical or internal audit to monitor the quality of the service*

10. *In relation to transparency;*

- (a) You did not have a system in place for those who wished to raise safeguarding concerns*
- (b) You did not routinely seek or encourage the views of patients about:*
 - (i) The treatment they received*
 - (ii) Service improvement*

On the 17th December 2016 at the Doncaster Branch;

11. *In relation to reliable safety systems and processes (including safeguarding);*

- (a) The safeguarding policy was not fit for purpose in that;*
 - (i) It did not describe when and how staff should report concerns*
 - (ii) Although you stated you were the safeguarding lead, you had not undertaken specific training for this role*

(b) You had no training records to confirm that staff had had safeguarding training

12. In relation to staffing;

(a) You had failed to carry out appropriate recruitment checks

(b) You failed to ensure that doctors employed had medical indemnity insurance

(c) In relation to one doctor employed you;

(i) Failed to provide documentation relating to their employment,

(ii) Failed to provide proof of indemnity insurance

13. In relation to infection control;

(a) There were no hand washing facilities in the clinic room

(b) Latex gloves marked "not for medical use" were found in the clinic room

(c) You were unable to provide infection control audits

(d) There were no records evidencing that infection control training had taken place

(e) It was indicated on the cleaning schedule that cleaning was carried out twice weekly when this was not the case

14. Your actions in 13(e) above were dishonest because you intended to mislead the CQC into believing that cleaning duties were carried out twice weekly when this was not the case

15. In relation to premises and equipment:

(a) You were unable to provide evidence that the firefighting equipment had been serviced in accordance with the manufacturer's instructions

(b) You had never carried out a fire risk assessment

(c) You could not confirm that the fire alarms were in working order

16. In relation to safe and effective use of medicines:

- (a) You were treating patients with unlicensed medicines that may not have been assessed for safety, quality and efficacy*

17. As to assessment and treatment:

- (a) Medical histories were not fully completed*
- (b) Appetite suppressants were being prescribed despite the patient/s being contra-indicated*
- (c) Decisions relating to treatment had not been clearly recorded in the patient's notes*
- (d) Patients had been prescribed appetite suppressants contrary to national guidance on the management of obesity*
- (e) Regular monitoring of height, weight, BMI and blood pressure was not always recorded in patient notes*
- (f) Informed consent had not been obtained from the patient when prescribing unlicensed medicines*
- (g) No records were shared with the patient's GP when consent was provided by them*

18. In relation to governance arrangements:

- (a) The recruitment and selection policy was not fit for purpose in that;
 - (i) It had no date of implementation or review*
 - (ii) It contained information that was not specific or relevant to the service**
- (b) There was no written policy in place specifying the thresholds for the safe treatment of patients with appetite suppressants*
- (c) There were no comprehensive assurance systems in place*
- (d) There were no performance measures in place*
- (e) There was no systematic programme of clinical or internal audit in place*
- (f) Mitigating actions were not carried out in relation to identified risks*

19. In relation to feedback from patients, the public and staff:

- (a) Patient views were not regularly sought and/or encouraged*

20. Between the 3rd February 2016 and the 17th December 2016, failed to take any, or any sufficient, action to improve the service at the Doncaster Clinic following notification of breaches of regulations by the CQC

On the 19th January 2017 at the Rotherham Branch:

21. In relation to reliable safety systems and processes including safeguarding:

- (a) The safeguarding policy failed to describe how staff should report concerns.*
- (b) You were unable to provide training records for those who had undertaken safeguarding training*
- (c) There was no named safeguarding lead*
- (d) There was no chaperone policy in place*
- (e) No members of staff had been trained for the role of chaperone*

22. In relation to medical emergencies:

- (a) There were no emergency medicines available at the service*
- (b) No risk assessment had been carried out as to what medicines or equipment was required in the event of an emergency*

23. In relation to staffing:

- (a) Appropriate recruitment checks had not been carried out prior to employment*
- (b) Appropriate recruitment checks were not in accordance with the service's recruitment policy*
- (c) Having no employment documentation in relation to the following who worked at the service:*
 - (i) A receptionist*
 - (ii) A cleaner*

24. In relation to monitoring health and safety and responding to risks:

- (a) Having a risk assessment in place for monitoring and managing risks to patient and staff safety, it was limited in scope.*
- (b) There were no records to show that staff had completed health and safety awareness training*
- (c) Electrical equipment in the reception area had not been PAT tested*
- (d) There were no risk assessments in place for the following:*
 - (i) For the control of substances hazardous to health*
 - (ii) Infection control*
 - (iii) Legionella*
- (e) No evidence of clinical staff's professional indemnity arrangements*

25. In relation to infection control:

- (a) There was no infection control policy in place*
- (b) You indicated that the service was cleaned on a weekly basis, despite areas not having been cleaned since December 2016*
- (c) There were no supplies of examination gloves in the clinic room*
- (d) There was no sink in the clinic room*
- (e) There were no paper towels in the toilet area*
- (f) No infection control audits had taken place*
- (g) There were no records of new employees undertaking infection control training as part of their induction*

26. Your actions in charge 25(b) was dishonest because you intended to mislead the CQC by indicating that cleaning was occurring on a weekly basis when this was not the case

27. In relation to premises and equipment:

- (a) There was no fire alarm at the premise*
- (b) Weighing scales in the clinic room had not been calibrated*
- (c) There was no calibration schedule in place*

28. In relation to safe and effective use of medicines:

- (a) Having in place a policy for the dispensing and control of medicines, requiring that balance checks are to be carried out on a monthly basis, there was no evidence of regular balance checks*
- (b) The dispensing labels did not comply with professional guidance, in that:
 - (i) There was no space for the patient's name*
 - (ii) It did not have "keep out of reach of children" written on them**
- (c) Entries in the controlled drug register did not correlate with service user's notes*
- (d) Medicines that had expired and were no longer used at the clinic were not securely stored*
- (e) There was no process in place for safe disposal of medicines*

29. In relation to assessment and treatment:

- (a) Medical histories were not fully completed*
- (b) Allergy status was not always recorded*
- (c) Weight, BMI and blood pressure were not always recorded on patient's notes*
- (d) There was no policy in place as to the quantity of medicines to be supplied to a patient and/or the review period in which medicines are supplied*
- (e) Patients were supplied with medicines despite their BMI being less than 30Kg/m², with no co-morbidities recorded*

30. In relation to staff training and experience:

- (a) None of the four doctors employed at the clinic had undertaken specialist training in obesity or weight management*
- (b) There were no records showing that clinicians had undertaken any continuous professional development (CPD) in the area of obesity or weight management*
- (c) There were no records of appraisals*
- (d) There were no records to confirm doctor's revalidation*

31. *In relation to working with other services:*

- (a) *Failed to ensure that a patient's consent was properly carried out by;*
 - (i) *Informing the GP that patient/s were undergoing treatment*
 - (ii) *Having a record of communication with the GP*

32. *In relation to consent to care and treatment:*

- (a) *The patient consent form did not refer to unlicensed medicines*
- (b) *There was a lack of understanding by clinical staff as to what unlicensed medicines were*
- (c) *No information was provided to patients as to what unlicensed medicines were*

33. *In relation to governance arrangements:*

- (a) *The policies and procedures in place to govern the activity were not fit for purpose, in that:*
 - (i) *They were not version controlled and/or dated*
 - (ii) *There was no record that staff had read them as part of their induction*
- (b) *There were no comprehensive assurance systems or performance measures in place.*
- (c) *There was no programme of clinical or internal audit to monitor the quality of the service*

34. *On the 8th May 2019 you provided to the NMC the following documents which were not genuine;*

- (a) *Interview Notes with Doctor 1 dated the 17th November 2017*
- (b) *Pre-employment checklist in respect of Doctor 1*

35. *Your actions in charge 34(a) and/or 34(b) were dishonest because you intended to mislead the NMC into accepting them as genuine so as to indicate that adequate employment checks had been carried out*

On the 13th July 2017 at the Rotherham Branch;

36. *In relation to having reliable safety systems and processes (including safeguarding);*

(a) Failed to have in place training records indicating that doctors had undertaken safeguarding training

(b) Failed to ensure that the acting manager had undertaken safeguarding training

(c) Failed to ensure that the acting manager was named as the 'safeguarding lead' within the safeguarding policy

(d) Failed to assess whether a 'chaperone service' was required for the service

37. *In relation to staffing;*

(a) Did not have evidence to indicate that one of the doctors had appropriate medical indemnity insurance

(b) Did not have recruitment files for the receptionist and/or the cleaner that were employed at the service

38. *In relation to monitoring health and safety and responding to risks;*

(a) Failed to have in place records to indicate that staff had completed health and safety awareness training

39. *In relation to infection control;*

(a) Failed to have in place an adequate system of infection control

(b) Failed to ensure that staff had undertaken training in infection control

40. *In relation to the premises and equipment;*

(a) Failed to carry out a fire evacuation drill

(b) Failed to have in place records to indicate that the smoke detectors were inspected on a weekly basis

(c) Despite the scales weighing differently, failed to document within the patients' treatment record which scales they used

41. *In relation to safe and effective use of medicines;*

(a) Failed to have in place a policy and/or procedure to cover the dispensing process

42. *In relation to assessment and treatment;*

(a) The policy called “dispensing and control of medicines” which dealt with prescribing thresholds was not in line with the NICE guidelines

(b) Failed to provide to each patient a personalised medication information sheet relating to the risks of the medication prescribed

43. *In relation to staff training and experience;*

(a) Failed to maintain records indicating that doctors had undertaken specialist training in obesity or weight management

(b) Failed to carry out or record appraisals of three doctors that were employed at the clinic

44. *In relation to working with other services;*

(a) Failed to have in place a policy whereby the clinic would independently inform a patient’s GP that regular monitoring was required when a patient, who had a long term medical condition, was prescribed medication by the clinic

45. *In relation to Governance arrangements;*

(a) Despite having in place policies and procedures to govern activity within the clinic, you did not ensure that staff signed the form to indicate that they had read and understood the policies

46. *In relation to learning and improvement;*

a) Failed to have in place effective policies that identified issues that were found within the clinic

47. Between the 19th January 2017 and the 13th July 2017 failed to take any, or any sufficient, action to improve the service at the Rotherham Clinic following notification of breaches of regulations by the CQC

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

Background

On 7 September 2017, the Nursing and Midwifery Council (NMC) received a referral about Mr Jeetoo's fitness to practise from the Care Quality Commission (CQC). At the time of the referral, Mr Jeetoo was the Registered Manager for Medical Slimming Clinic Ltd (the Clinic), which had clinics in Doncaster and Rotherham. Mr Jeetoo started this role on 18 August 2011.

From 2016 to 2017, CQC carried out four inspections at the Doncaster and Rotherham clinics. From these inspections, the CQC concluded that Mr Jeetoo had failed to comply with several of their regulations and as a result, he was sent warning notices and requirement notices. It is alleged that Mr Jeetoo consistently failed to meet these notices or provide evidence to the CQC that he had taken steps to address the identified concerns.

Due to the findings from the inspections at both clinics, on 8 May 2017, the CQC issued a 'Notice of Decision' to cancel Mr Jeetoo's registration, as a Registered Manager. Mr Jeetoo appealed this decision (and remained the Registered Manager during this time); however, he later withdrew his appeal, and his registration was cancelled by the CQC.

Decision and reasons on service of Notice of Hearing

Ms Stannard, on behalf of the NMC informed the panel at the start of this hearing that Mr Jeetoo was not in attendance and that the Notice of Hearing letter had been sent to his registered address by recorded delivery and by first class post on 27 October 2021.

The panel took into account that the Notice of Hearing provided details of the allegations, the time, dates and venue of the hearing and, amongst other things, information about Mr Jeetoo's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

The panel accepted the advice of the legal assessor.

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

Decision and reasons on proceeding in the absence of Mr Jeetoo

The panel next considered whether it should proceed in the absence of Mr Jeetoo. The panel had regard to Rule 21(2), which states:

- '21.—** (2) *Where the registrant fails to attend and is not represented at the hearing, the Committee—*
- (a) shall require the presenter to adduce evidence that all reasonable efforts have been made, in accordance with these Rules, to serve the notice of hearing on the registrant;*
 - (b) may, where the Committee is satisfied that the notice of hearing has been duly served, direct that the allegation should be heard and determined notwithstanding the absence of the registrant; or*
 - (c) may adjourn the hearing and issue directions.'*

Ms Stannard invited the panel to continue in the absence of Mr Jeetoo on the basis that he had voluntarily absented himself.

Ms Stannard referred the panel to a telephone note between Mr Jeetoo and an NMC officer dated 24 November 2021, which recorded the following:

'I asked him if [Mr Jeetoo] would be attending his hearing. [Mr Jeetoo] said he wouldn't be attending. He said they can do what they want. I asked if he is ok for the panel to proceed without him. He said they could. He said that he is not interested in nursing anymore. He then said goodbye.'

Ms Stannard stated that Mr Jeetoo had confirmed that he would not be attending the hearing and was content for the panel to proceed in his absence. She submitted that it was clear that Mr Jeetoo did not wish to participate, and that there was no reason to believe that an adjournment would secure his attendance on a future occasion as it was clear he did not wish to engage. She further submitted that it was in the public interest to proceed and that it would be inconvenient for the witnesses who were scheduled to give evidence should the hearing be re-listed. Ms Stannard submitted that it was fair and proportionate to proceed in Mr Jeetoo's absence.

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] UKH (Jones)*.

The panel has decided to proceed in the absence of Mr Jeetoo. It noted that:

- No application for an adjournment has been made by Mr Jeetoo;
- Mr Jeetoo has informed the NMC that he is content for the hearing to proceed in his absence;
- There is no reason to suppose that adjourning would secure his attendance at a future date;

- Mr Jeetoo has provided some written representations to be considered by the panel;
- Witnesses have been warned to provide evidence today and others are due to participate in the next few days; and
- Not proceeding may inconvenience the witnesses and their employer(s).

There is some disadvantage to Mr Jeetoo in proceeding in his absence. He will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that 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. Furthermore, the limited disadvantage is the consequence of Mr Jeetoo's decision to absent himself from the hearing.

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

Decision and reasons on application to amend the charges

The panel heard an application made by Ms Stannard to amend the wording of charges 2a, 4c, 13d, 13e, 14, 15a, 17g, 18aii, 23a, 23b, 23c, 24c, 25b, 33a, and 37a.

Ms Stannard submitted that the proposed amendments were typographical in nature, either correcting the tense or word, or adding in a word that had been missed out. She submitted that the crux of the charges remained the same but would now read correctly.

'That you a registered nurse, whilst employed as the Registered Manager of Medical Slimming Clinic (branches in Doncaster and Rotherham);

On the 3rd February 2016 at the Doncaster Branch,

2. *In relation to staffing, you had;*

(a) *Not carried **out** appropriate recruitment checks in respect of three members staff prior to their employment*

4. *In relation to the premises and equipment;*

(c) *That firefighting equipment was not serviced in accordance with the ~~manufactures~~ **manufacturers** recommendations*

13. *In relation to infection control;*

(d) ***There were** no records evidencing that infection control training had taken place*

(e) ***It was** indicated on the cleaning schedule that cleaning was carried out twice weekly when this was not the case*

14. *Your actions in 13(e) above were dishonest because you mislead **the** CQC into believing that cleaning duties were carried out according to the cleaning schedule when this was not the case*

15. *In relation to premises and equipment:*

(a) ***You** were unable to provide evidence that the firefighting equipment had been serviced in accordance with the manufacturer's instructions*

17. *As to assessment and treatment:*

(g) *No records **were** shared with the patient's GP when consent ~~is~~ **was** provided by them*

18. *In relation to governance arrangements:*

(a) *The recruitment and selection policy was not fit for purpose in that;*

(ii) *It contained information **that was** not specific or relevant to the service*

On the 19th January 2017 at the Rotherham Branch:

23. *In relation to staffing:*

- (a) *Appropriate recruitment checks had not been carried **out** prior to employment*
- (b) *Appropriate recruitment checks ~~was~~ **were** not in accordance with the service's recruitment policy*
- (c) *Having no employment documentation **in** relation to the following who worked at the service:*
 - (iii) *A receptionist*
 - (iv) *A cleaner*

24. *In relation to monitoring health and safety and responding to risks:*

- (c) *Electrical equipment in the reception area had **not** been PAT tested*

25. *In relation to infection control:*

- (b) ***You** indicated that the service was cleaned on a weekly basis, despite areas **not** having been cleaned since December 2016*

33. *In relation to governance arrangements:*

- (a) *The policies and procedures in place to govern the activity were ~~ne~~ **not** fit for purpose, in that:*

On the 13th July 2017 at the Rotherham Branch;

37. *In relation to staffing;*

- (a) *Did not have evidence to indicate that one of the doctors ~~has~~ **had** appropriate medical indemnity insurance*

The panel accepted the advice of the legal assessor that Rule 28 states:

'28.— (1) At any stage before making its findings of fact, in accordance with rule 24(5) or (11), the Investigating Committee (where the allegation relates to a fraudulent or incorrect entry in the register) or the Fitness to Practise Committee, may amend—

- (a) *the charge set out in the notice of hearing; or*

(b) the facts set out in the charge, on which the allegation is based,

unless, having regard to the merits of the case and the fairness of the proceedings, the required amendment cannot be made without injustice.

(2) Before making any amendment under paragraph (1), the Committee shall consider any representations from the parties on this issue.'

The panel was of the view that the proposed amendments were reflective of a tidying up exercise and represented changes of a typographical or grammatical nature. The panel was satisfied that although some of the amendments resulted in the charges being worded slightly different, it did not change the charges fundamentally. The panel was satisfied that there would be no prejudice to Mr Jeetoo and no injustice would be caused to either party by the proposed amendments being allowed. The panel decided that it was therefore appropriate to allow the amendments, as applied for, so that the charges would read properly.

Decision and reasons on second application to amend the charges

The panel heard a second application from Ms Stannard to amend the wording of charges 13e, 14 and 26 as follows:

13. In relation to infection control;

(e) **It was** indicated on the cleaning schedule that cleaning was carried out twice weekly when this was not the case

14. Your actions in 13(e) above were dishonest because you **intended to** mislead the CQC into believing that cleaning duties were carried out ~~according to the cleaning schedule~~ **twice weekly** when this was not the case

26. Your actions in charge 25(b) was dishonest because you **intended to** mislead **the** CQC by indicating that cleaning was occurring on a weekly basis when this was not the case.

It was submitted by Ms Stannard that there would be no prejudice caused to Mr Jeetoo by allowing these amendments as the evidence has remained the same since the outset of this hearing.

The panel accepted the advice of the legal assessor.

Taking into account the above, the panel was satisfied that there would be no prejudice caused to Mr Jeetoo by allowing this application. It considered that the proposed amendments would more accurately reflect the evidence and decided to allow the application.

Oral evidence

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

- Witness 1: Pharmacist Specialist at the CQC, and relationship owner for the Clinic. Lead Inspector for CQC inspections for Doncaster branch on 3 February 2016 and 17 December 2017. Second inspector at Rotherham branch on 19 January 2017
- Dr 1: Associate Specialist in General Surgery at Rotherham General Hospital Trust (the Trust). Dr 1 also worked at the Clinic – at both

Doncaster and Rotherham
branches

- Witness 2: Pharmacist Specialist at the CQC,
inspector at CQC inspection of
Rotherham branch on 13 July
2017

Decision and reasons on application to admit witness statement of Witness 3

The panel heard an application made by Ms Stannard under Rule 31 to allow the witness statement of Witness 3 into evidence as the witness was unable to attend due to health reasons.

In the preparation of this hearing, the NMC had indicated to Mr Jeetoo that it was the NMC's intention for Witness 3's witness statement to stand as evidence. Mr Jeetoo did not raise any objection and made the decision not to attend this hearing. On this basis Ms Stannard submitted that there was no lack of fairness to Mr Jeetoo in allowing Witness 3's witness statement into evidence.

The panel accepted the advice of the legal assessor, who referred it to the case of *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin).

The panel carefully considered this application. It noted that Witness 3's statement had been prepared in anticipation of being used in these proceedings and contained the paragraph, *'This statement consisting of 19 pages is true to the best of my knowledge and belief. I confirm that I am willing to attend a hearing and give evidence before a Committee of the NMC if required to do so'*. This statement was signed by Witness 3 on 28 September 2018.

The panel considered whether Mr Jeetoo would be disadvantaged by the NMC relying on this evidence in this form. The panel bore in mind that Mr Jeetoo has been provided with a copy of Witness 3's statement and has chosen voluntarily to absent himself from

these proceedings. He therefore would not be in a position to cross-examine this witness in any case. The panel also bore in mind that Mr Jeetoo has provided his written submissions to the charges, and so it was possible to test the evidence against this.

The panel noted that the NMC would also be deprived, if not more so than Mr Jeetoo, from reliance upon the oral evidence of Witness 3 and the opportunity of questioning and probing that testimony. The panel also noted that there was a public interest in the issues being explored fully, which supported the admission of this evidence into the proceedings.

The NMC had made every effort to secure the witness' attendance and the panel was satisfied that there was a good reason for Witness 3's non-attendance.

The panel decided that Witness 3's evidence was clearly relevant to the charges. Witness 3 had been an inspector at two of the inspections conducted at the clinics. However, Witness 1 had also been present at these inspections, therefore the witness statement of Witness 3 was not '*sole and decisive*' evidence in relation to the charges. The panel noted that Witness 3's evidence was supported by documentary evidence, that Witness 1 and Witness 3 had collaborated during the inspections and production of the reports and the panel has had the opportunity of putting questions to Witness 1.

Taking into account all the information before it, the panel determined that it would be fair and relevant to allow the witness statement of Witness 3 into evidence. The panel decided that it would give what it deemed appropriate weight to Witness 3's evidence once it had heard and evaluated all the evidence before it.

Decision and reasons on privacy

The legal assessor drew to the panel's attention to the fact that there had been mention of Witness 3's health in respect of the previous application and advised that information in respect of her health should be heard in private under 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.

Ms Stannard agreed with this.

Having regard to the fact that Witness 3's health was referred to during the application to admit her witness statement into evidence, the panel determined to mark that part of the hearing in private in accordance with Rule 19 of the Rules.

Decision and reasons on third application to amend the charges

The panel heard a third application from Ms Stannard to amend the wording of charge 42a as follows:

42. In relation to assessment and treatment;

- (a) ~~Failed to have in place a policy for dispensing and control of medicines~~ **The policy called “dispensing and control of medicines”, which dealt with prescribing thresholds was not** in line with the NICE guidelines

The panel accepted the advice of the legal assessor.

The panel bore in mind that this proposed amendment was made at a late stage in the NMC's case. However, the panel considered that as the charge would still concern whether Mr Jeetoo complied with the National Institute for Health and Care Excellence (NICE) guidelines, and his response to the charge was that he did follow the guidelines, there would be no prejudice or unfairness caused to Mr Jeetoo by allowing this amendment.

The panel therefore decided to allow the amendment to charge 42a.

Decision and reasons on application of no case to answer

The panel invited Ms Stannard to address issues identified by the panel. It invited the legal assessor to address it on the issue of whether or not there was sufficient evidence to make a finding on either the facts or on impairment.

The panel invited Ms Stannard to address it on whether there is a case to answer in respect of charges 3e, 13a, 25d, 16, 37b, 42b, 22a, 25c, 37b and 44a.

The panel heard and accepted the advice of the legal assessor, who referred it to Rule 24(7) and 24(8) of the Rules.

In reaching its decision, the panel has made an initial assessment of all the evidence that had been presented to it at this stage. The panel was solely considering whether sufficient evidence had been presented, such that it could find the facts proved and whether Mr Jeetoo had a case to answer.

In relation to charges 3e, 13a, and 25d, the panel considered that there was a case to answer. Although there were no handwashing facilities in the clinic rooms, Witness 1 conceded in his live evidence that it was not necessary in all cases for a clinic to have washing facilities in the clinic room. However, this concession was fact specific, it would not be a problem provided that handwashing facilities were sufficiently proximate to the clinic rooms. The panel had regard to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulations):

*'12 - (1) Care and treatment must be provided in a safe way for service users.
(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—*

(d) ...

(e) ...

(g) ...

(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;'

The panel considered that there was sufficient evidence to suggest that Regulation 12 was breached. Furthermore, the panel determined that for each of the inspections concerned in charges 3e, 13a, and 25d, there was sufficient evidence to find that there were inadequate infection control measures in place at the Doncaster and Rotherham clinics. Taking into account all of the above, the panel was satisfied that there was sufficient evidence to support these charges at this stage.

In respect of charge 16a, the panel bore in mind the evidence from Witness 1 and Witness 2 that it is not uncommon for slimming clinics to use unlicensed medicines. Taking this into account, the panel considered that if proved, this fact would not amount to misconduct. As such, it determined that there is no case to answer in respect of charge 16a.

The panel was of the view that there is no case to answer in relation to charge 22a. As was confirmed during Witness 1's evidence, the panel noted there was a first-aid kit at the clinic. Also, Witness 1, in evidence, accepted that as no invasive procedures were carried out and no medication was administered on site, there was no specific requirement for emergency medication. The panel therefore concluded that there was insufficient evidence to support a finding on this charge.

In respect of charge 25c, taking account of all the evidence before it, the panel was of the view that there is a case to answer. The panel noted that the evidence suggests the doctors may have required gloves when conducting examinations with patients. However, there was no supply of gloves found during the inspections of the clinic rooms.

In respect of Charge 37b the panel considered the inspection report for the relevant date which states that *'There were also recruitment files for the receptionist and cleaner who worked at the service.'* The evidence and detailed findings of the CQC report clearly indicate that there were recruitment files for the receptionist and cleaner at the date of inspection. Therefore, the panel did not find evidence to support a case to answer in respect of Charge 37b.

With regard to charge 44a, the panel concluded that there is no case to answer. The panel bore in mind the oral evidence from Witness 2, who confirmed that at the time the inspection was carried out, there was no obligation or legal requirement on slimming clinics to inform a patient's general practitioner (GP) that regular monitoring was required. In addition, the documentary evidence for this inspection indicated that patients had not consented to their GPs being informed. Therefore, as there was no obligation and patients had not given their consent, the panel considered that there was insufficient evidence to support this charge and therefore there is no case to answer in relation to charge 44a.

Interim order

Upon the need for the case to go part-heard, the panel considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mr Jeetoo's own interest.

The panel heard from Ms Stannard that there was no interim order currently in place. She informed the panel that an interim suspension order was initially imposed on 28 September 2017 for 18 months. It was then extended by the High Court in March 2018 for 8 months, following which the High Court refused to further extend the order. Ms Stannard submitted that an interim order had not been in place for the past two years, and that as the panel had not handed down a decision on the facts, the NMC's position is that there has been no change in circumstances requiring an interim order to be imposed. Ms Stannard submitted that the consideration of an interim order was a matter for the panel.

The panel heard and accepted the advice of the legal assessor in relation to Rule 32 (5) of the Rules.

Decision and reasons on interim order

The panel is satisfied that an interim order is not necessary.

The panel had regard to the fact that there has been no interim order in place for the past two years. It noted that Mr Jeetoo is currently 79 years of age and took into account his communication to the NMC on 24 November 2021 advising that he is no longer interested in practicing as nurse.

The panel had no information before it to suggest that Mr Jeetoo was working as nurse. Furthermore, the panel had not handed down a decision on the facts in the case, and was satisfied that the level of risk had not changed since the High Court had refused to extend the interim order until now.

The panel also had regard to the fact that this case relates to Mr Jeetoo's practice as a Registered Manager in a slimming clinic regulated by the CQC and not to his clinical practice as a nurse. The panel therefore determined that an interim order was not necessary for the protection of the public, was not otherwise in the public interest and not in Mr Jeetoo's interest.

Decision and reasons on service of the resuming Notice of Hearing

Ms Bass, on behalf of the NMC, informed the panel at the start of this resumed hearing that Mr Jeetoo was not in attendance and that the Notice of Hearing letter had been sent to his registered address by recorded delivery and by first class post on 31 March 2022. Ms Bass submitted that the NMC had complied with Rule 32 (3) of the Rules and that Mr Jeetoo had been served in accordance with the requirements of 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 allegations, the time, dates, virtual hearing link, and information about Mr Jeetoo's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

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

Decision and reasons on proceeding in the absence of Mr Jeetoo

The panel next considered whether it should proceed in the absence of Mr Jeetoo. It had regard to Rule 21(2).

Ms Bass invited the panel to continue in the absence of Mr Jeetoo. She submitted that there had been good service, and reminded the panel that it had the discretion to proceed in light of the public interest.

Ms Bass informed the panel that there had been no communication from Mr Jeetoo since his telephone call initiated by the NMC in November 2021, and submitted that there was no evidence before the panel to suggest that adjourning the hearing would serve any useful purpose. Ms Bass submitted that it would be reasonable to proceed in the absence of Mr Jeetoo.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant should be exercised '*with the utmost care and caution*' as referred to in the case of *Jones*.

The panel has decided to proceed in the absence of Mr Jeetoo. It noted that there had been no material change since the last hearing. Mr Jeetoo made it previously known that he did not wish to participate in that hearing, and nothing has changed since then. The panel was satisfied that the Notice of Hearing had been served appropriately and that there has been no request for an adjournment. It was therefore satisfied that Mr Jeetoo had voluntarily absented himself. The panel was of the view that it was in the public interest to proceed.

Decision and reasons on facts

In reaching its decisions on the remaining facts, the panel took into account all the oral and documentary evidence in this case, together with the submissions by Ms Stannard and the written representations from Mr Jeetoo.

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.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor, who referred it to the case of *Ivey v Genting Casinos* [2017] UKSC 67, when considering the charges relating to dishonesty.

The panel first dealt with the preamble to the charges, '*That you a registered nurse, whilst employed as the Registered Manager of Medical Slimming Clinic (branches in Doncaster and Rotherham) ...*' and considered whether Mr Jeetoo was the Registered Manager of the Clinic. It could only find the charges proved if it was satisfied that Mr Jeetoo was registered with the CQC as a manager. The panel was not provided with direct evidence of an entry in the CQC register.

The panel had regard to the CQC letter dated 8 May 2017 which sets out its decision to cancel Mr Jeetoo's registration as a Registered Manager. This is consistent with Witness 1's evidence, who confirmed that Mr Jeetoo was the Registered Manager throughout all inspections. The panel also bore in mind that Mr Jeetoo has never denied that he was the Registered Manager. Taking all the above into account, the panel was satisfied that Mr Jeetoo was the Registered Manager of the Clinic.

In determining Charges 1 – 10 the panel bore in mind that Witness 1 was the lead inspector (one of two CQC inspectors) that attended the Doncaster branch on 3 February 2016 and conducted an '*announced comprehensive inspection*'. This included a detailed review of policies, procedures, patient records and other documents in

relation to the running of the services. The panel noted that Mr Jeetoo was present and interviewed by the CQC inspectors. The inspection report concluded that the Doncaster branch was in breach of a number of the Regulations.

The panel also had regard to the CQC's '*Enforcement decision tree*' and '*Enforcement policy*', and heard evidence from Witness 1 and Witness 3 in relation to these. The panel heard that the CQC policy and procedures in relation to inspections, decision making and enforcement were designed to be robust, consistent and proportionate. The panel also considered written submissions provided by Mr Jeetoo to the NMC in relation to the charges.

The panel made the following findings on the charges:

Charge 1

In making a decision on Charges 1a, b, c and d, the panel first considered whether there was an obligation on Mr Jeetoo to have these safety systems and processes in place. It had regard to Regulation 13 of the Regulations which includes safeguarding service users from abuse and improper treatment. It was found in the first CQC inspection report, dated 6 June 2016, that Mr Jeetoo had breached Regulation 13 of the Regulations '*The provider did not have robust systems and processes in place to prevent abuse of service users*'. On this basis, the panel was satisfied that Mr Jeetoo, as Registered Manager, did have an obligation to have these systems and processes in place.

Charge 1a

On the 3rd February 2016 at the Doncaster Branch,

1. *In relation to reliable safety systems and processes, including that of safeguarding, you failed to have in place;*
 - (a) *An up to date safeguarding policy*

This charge is found proved.

In relation to whether there was an up-to-date safeguarding policy, the panel took into account the first CQC inspection report: *'There was a safeguarding policy in place, however this had not been updated since 2011.'* This finding was consistent with the account from Witness 1, who the panel considered to be a credible witness. The panel found Witness 1 to be detailed and clear in his evidence. The panel also found witness 1 to be reliable. It noted that Witness 1 was the lead inspector on 3 February 2016 and that his oral evidence was consistent with the inspection report and his witness statement. Based on the inspection report and Witness 1's supporting evidence, the panel concluded that whilst there was a safeguarding policy in place, this was outdated and not fit for purpose.

The panel therefore finds that on the balance of probabilities, Mr Jeetoo failed to have an up-to-date safeguarding policy in place for the Doncaster branch on 3 February 2016.

Charge 1b

On the 3rd February 2016 at the Doncaster Branch,

- 1. In relation to reliable safety systems and processes, including that of safeguarding, you failed to have in place;*
 - (b) Safeguarding Training Records for the Doctors employed at the branch*

This charge is found proved.

In considering this charge, the panel had regard to Regulations 13 and 18c of the Regulations. It was satisfied that on the basis of these two regulations, there was an obligation on Mr Jeetoo to demonstrate that the doctors employed at the branch had undergone safeguarding training to work at the clinic.

The panel also took into account the first CQC inspection report and Witness 1's evidence. Both confirmed that Mr Jeetoo failed to provide evidence of any training records. Furthermore, the panel noted that Mr Jeetoo, in his response to the charges dated 16 January 2021, stated that safeguarding training was completed by the doctors during their full-time employment with the NHS. However, he was unable to produce any records to demonstrate this.

On the basis of all of the above, the panel was satisfied that on the balance of probabilities, Mr Jeetoo failed to have in place training safeguarding records for the doctors employed at the branch.

Charge 1c

On the 3rd February 2016 at the Doncaster Branch,

- 1. In relation to reliable safety systems and processes, including that of safeguarding, you failed to have in place;
(c) A named safeguarding lead*

This charge is found proved.

In reaching this decision, the panel took into account the evidence from Witness 1 and the first CQC inspection report. Witness 1 confirmed in his oral evidence that there was no named safeguarding lead at the Doncaster branch. In the CQC report, it was concluded that '*There was no named safeguarding lead*'. The panel bore in mind that in his response to the charges, Mr Jeetoo later stated in his written representations that he was the safeguarding lead.

The panel concluded that it was more likely than not that there was no named safeguarding lead. Although Mr Jeetoo stated that he was the safeguarding lead, the panel was not satisfied that he was '*named*' as the safeguarding lead at the time of the inspection. It therefore found this charge proved on the balance of probabilities.

Charge 1d

On the 3rd February 2016 at the Doncaster Branch,

1. *In relation to reliable safety systems and processes, including that of safeguarding, you failed to have in place;*
 - (d) *A chaperone policy and/or any training in place specific to this task*

This charge is found proved.

In reaching this decision, the panel noted that Mr Jeetoo accepted in his written representations to the NMC that there was no chaperone policy in place. The panel also bore in mind the evidence from Witness 1 who, in his oral evidence, stated that none of the staff had received training and no chaperone policy was in place.

On the basis of all of the information before it, the panel was satisfied that this charge is found proved.

Charge 2a

2. *In relation to staffing, you had;*
 - (a) *Not carried out appropriate recruitment checks in respect of three members staff prior to their employment*

This charge is found proved.

In reaching this decision, the panel took into account the first CQC inspection report which concluded that Regulation 19 of the Regulations had been breached '*The provider had not undertaken the proper employment checks as set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and had not performed checks with the relevant professional body to confirm registration*'.

Witness 1 looked at employment records for the three staff members and found that a proof of identity, a full employment history, a confirmation of registration with the

appropriate professional body, and an appropriate check through the disclosure and barring service had not been undertaken before they were employed.

The panel bore in mind that Mr Jeetoo denied this charge, stating in his written representations that '*All doctors were employed within the NHS. GMC records, references and CV's were gained prior to employment.*' [sic]

Taking into account all the above, the panel was satisfied that the CQC had carried out a careful review of the employment records and that Mr Jeetoo had not carried out the appropriate recruitment checks prior to the employment of the three members of staff.

Charge 2b

2. *In relation to staffing, you had;*

(b) No documentation relating to staff employed on a temporary basis

This charge is found proved.

The panel noted that during the CQC's first inspection, it was found that there was a person working at the clinic on a temporary basis. In addition, Witness 1 stated that the receptionist was employed on a temporary basis. Mr Jeetoo did not provide any written submissions on this charge. On the basis of all of the above, the panel was satisfied that there was at least one staff member employed on a temporary basis at the clinic concerned.

The panel did not have sight of any documentation relating to staff employed on a temporary basis. The panel was satisfied that such documentation was not found during the CQC's inspection and Witness 1 was not aware of any documentation. On this basis, and in the absence of any submissions from Mr Jeetoo, the panel concluded that this charge is found proved on the balance of probabilities.

Charge 3a

3. *In relation to infection control:*

(a) *There was no infection control policy in place*

This charge is found proved.

In reaching this decision, the panel had regard to the first CQC inspection report. The CQC found that Mr Jeetoo had breached Regulation 12(1)(2)(h) given that there were inadequate infection control measures in place. The panel was satisfied that there was a requirement to ensure that the Doncaster branch had adequate infection controls in place to ensure safe treatment for patients.

Further, the CQC report for this inspection concluded that there was no infection control policy in place. This was supported by the oral evidence of Witness 1.

The panel bore in mind that Mr Jeetoo denied this charge in his written response to the charges. Mr Jeetoo stated that '*There was an infection control policy in place but the CQC inspectors did not feel it met their personal standards.*'

The panel was satisfied from the CQC inspection report and Witness 1's evidence that there was no infection control policy in place at the Doncaster branch, on 3 February 2016.

Charge 3b

3. *In relation to infection control:*

(b) *No members of staff had received infection control training*

This charge is found proved.

In reaching this decision, the panel took into account in particular, Witness 1's oral evidence. Witness 1 stated that there was no record to show that staff had received infection control training. The panel also took into account Mr Jeetoo's written

submission in relation to this charge '*All medical staff had infection control training due to their roles within the NHS*'.

Given that there were no records of any training that had taken place, together with Mr Jeetoo's submission that staff undertook this training at the NHS and not at the Doncaster branch, the panel concluded that it was more likely than not that staff had not received infection control training. There was no evidence of NHS staff receiving training with the NHS and members of staff who were not with the NHS (e.g. receptionist and cleaning staff) had no training. The panel therefore found this charge proved.

Charge 3c

3. *In relation to infection control:*

(c) *There was no cleaning schedule in place*

This charge is found proved.

The panel bore in mind Mr Jeetoo's written submission that there was a cleaning schedule in place. It also took into account that Witness 1 stated there was no cleaning schedule in place. The CQC inspection report stated that '*...the registered manager told us they performed the cleaning duties, and did not have a specific cleaning schedule*'.

The panel decided that the CQC report and the evidence from Witness 1, who had conducted the inspection, was more credible than Mr Jeetoo's account. The panel was satisfied, having heard from Witness 1, that Mr Jeetoo did not produce a cleaning schedule at the time of the inspection. Further, Mr Jeetoo did not provide a cleaning schedule in support of his submissions. It therefore concluded that on the balance of probabilities, there was no cleaning schedule in place for the inspection on 3 February 2016. This charge is therefore found proved.

Charge 3d

3. *In relation to infection control:*

(d) *There were no supplies of sterile gloves and/or alcohol gel in the clinic room*

This charge is found proved.

The panel noted that Mr Jeetoo has submitted (in his written representations) that there were latex/non-latex gloves available in the clinic room.

The panel also had regard to the evidence from Witness 1 who has said that there was no alcohol gel or protective gloves available in the clinic room at the Doncaster branch. This is supported by the CQC's Warning Notice sent to Mr Jeetoo on 1 March 2016, which states that '[Witness 1] *observed there were no handwashing facilities, alcohol gel, or protective gloves available in the clinic room which HJ confirmed to be the case*'.

Based on the findings from CQC and evidence of Witness 1, the panel was satisfied that this charge is proved on the balance of probabilities.

Charge 3e

3. *In relation to infection control:*

(e) *There were no handwashing facilities in the clinic room*

This charge is found proved.

In reaching this decision, the panel took into account the CQC's above finding that there were no handwashing facilities in the clinic room. The panel also bore in mind that Mr Jeetoo accepts in his written representations, that there were no handwashing facilities in the clinic room.

On this basis, the panel concluded that there were no handwashing facilities in the clinic room.

Charge 4a and 4b

4. *In relation to the premises and equipment;*

(a) *Did not have information displayed in the reception area as to the procedure in the event of a fire*

(b) *Did not have a documented fire evacuation procedure in place*

These charges are found proved.

In reaching this decision, the panel noted that Mr Jeetoo has not provided a response to these charges. During the inspection on 3 February 2016 at the Doncaster branch, the CQC inspectors did not see any fire procedures in place and the CQC report states: *'There was no information displayed in the reception area about what to do in the event of a fire and there was no documented fire evacuation procedure in place.'*

In light of the above, the panel was satisfied that there was no information displayed in the reception area regarding the procedure in the event of a fire and there was no documented fire evacuation procedure in place. The panel therefore finds both of these charges proved on the balance of probabilities.

Charge 4c

4. *In relation to the premises and equipment;*

(c) *That firefighting equipment was not serviced in accordance with the manufacturer's recommendations*

This charge is found proved.

In reaching this decision, the panel took into account the first CQC inspection report for 3 February 2016 which concluded that *'Firefighting equipment had last been serviced in November 2007 which was not in accordance with the manufacturers recommendations, and meant we could not be certain it was fit for use'*.

The panel was satisfied, on the basis of the findings from the CQC report, that the firefighting equipment was not serviced in accordance with the manufacturer's recommendations. This charge is therefore found proved.

Charge 4d

4. In relation to the premises and equipment;

(d) The appliances on the premises were not PAT tested

This charge is found proved.

The panel had regard to the certificates of Electrical Appliance Testing from Mr Jeetoo, the evidence of Witness 1 and the CQC report for 3 February 2016 and the CQC warning notice dated 1 March 2016. The warning notice stated: *'[Witness 1] checked three of your electrical appliances and found none of them had been PAT tested. [Witness 1] asked [Mr Jeetoo] about PAT testing and [Mr Jeetoo] confirmed this had never been performed on any appliance on the premises.'*

The panel carefully considered the certificates provided by Mr Jeetoo. However, taking into account the 'valid until' date on these certificates, the panel was not satisfied that these certificates were in place at the time of the first inspection on 3 February 2016. The panel therefore concluded that the appliances on the premises were not PAT tested and this charge is found proved.

Charge 4e

4. In relation to the premises and equipment;

(e) You had not calibrated any of the medical equipment on the premises

This charge is found proved.

In reaching this decision, the panel had regard to the CQC Warning Notice which stated that during the inspection on 3 February 2016, Witness 1 checked blood pressure

monitoring equipment and weighing scales in the clinic room and found no evidence of calibration being performed. This was confirmed by Witness 1 during his oral evidence. The CQC also found as a result of having not calibrated any of the equipment on the premises, Mr Jeetoo was in breach of Regulation 12(1)(2)(e).

The panel noted that in his written submissions, Mr Jeetoo stated: *'All medical equipment was calibrated by Calibrate UK'*. The panel also considered the certificate of calibration and invoices from Calibrate UK provided by Mr Jeetoo, and noted that these post-dated the inspection on 3 February 2016. Mr Jeetoo did not provide evidence to support his written submissions that he had calibrated medical equipment on the premises at the time of the inspection.

On the basis of the findings from the CQC inspection and given the insufficiency of Mr Jeetoo's evidence, the panel concluded that Mr Jeetoo had not calibrated any of the medical equipment on the premises at the time of the inspection on 3 February 2016. This charge is therefore found proved on the balance of probabilities.

Charge 4f

4. In relation to the premises and equipment;

(f) There was no calibration schedule in place to indicate whether the following had ever been calibrated:

(i) The weighing scales

(ii) The blood pressure monitoring equipment

This charge is found proved.

In reaching this decision, the panel took into account Mr Jeetoo's written submissions, the findings of the CQC inspection and the evidence of Witness 1. Mr Jeetoo stated that *'The calibration stickers on the equipment indicated when equipment had and needed calibrating/recalibrating'*. The panel noted that during the inspection Witness 1 checked both the weighing scales and the blood pressure monitoring equipment and found no evidence of calibration being performed. Witness 1 also asked Mr Jeetoo if

there was a schedule for calibrating the equipment at the Doncaster branch, and Mr Jeetoo said that the equipment had never been calibrated. This was also confirmed by Witness 1 during his oral evidence.

The panel found Witness 1's evidence to be reliable and noted that no calibration schedule was provided by Mr Jeetoo to support his submissions. The panel also had regard to its findings in Charge 4e. The panel determined that there was no calibration schedule in place at the time of the inspection on 3 February 2016, to indicate whether the weighing scales and blood pressure monitoring equipment had ever been calibrated. The panel therefore found this charge proved on the balance of probabilities.

Charge 5a

5. *In relation to safe and effective use of medicines;*

(a) *There was no prescribing policy in place setting out when Diethylpropion Hydrochloride and Phentermine could safely be prescribed*

This charge is found proved.

In reaching this decision, the panel had regard to Mr Jeetoo's written submissions, the evidence of Witness 1, and the CQC's Warning Notice dated 1 March 2016. Mr Jeetoo stated that the NICE guidelines, National Slimming Clinic and Obesity Management Association guidance on prescribing was printed and used. During the inspection Mr Jeetoo told Witness 1 that *'there was no written policy at the service which specified the thresholds for safe treatment of patients with raised blood pressure.'* In addition he also told Witness 1 that *'there was no written policy at your service that specified the thresholds for initiating treatment with appetite suppressants taking into account the service users BMI.'*

The CQC concluded in its warning notice that there was no written policy in place at the Doncaster branch which specified the thresholds for safe treatment of patients with raised blood pressure.

In light of the information above, the panel found this charge proved.

Charge 5b

5. In relation to safe and effective use of medicines;

(b) The pre-printed dispensing labels were inadequate in that;

(i) They did not relate to the premises from which the medicines were being dispensed

(ii) They did not include the words “keep out of reach of children”

These charges are found proved.

In reaching this decision, the panel noted that the CQC determined that Regulation 12(2)(g) had been breached as Mr Jeetoo did not have safe systems in place for the management of medicines.

In his written submissions, Mr Jeetoo admitted the facts alleged in these charges (5b i and ii).

Witness 1 told the panel that during the CQC inspection on 3 February 2016, he examined pre-printed labels which were used by the doctor for dispensing medicines. Witness 1 said that the labels did not comply with legal requirements because the address did not relate to the premises from which the medicines were being dispensed, and they did not include the words ‘keep out of the reach of children’.

Having regard to the above, the panel found these charges proved.

Charge 5c

5. In relation to safe and effective use of medicines;

(c) There were no arrangements in place for the safe disposal of medicines

This charge is found proved.

In reaching this decision, the panel took into account Mr Jeetoo's written submissions where he admitted the facts alleged in this charge. The panel also took into account the evidence from Witness 1 who stated there were no arrangements in place for the safe disposal of medicines. The panel noted that during the inspection Witness 1 asked Mr Jeetoo if there was a pharmaceutical waste contract in place and he confirmed there was not. This is consistent with the CQC's Warning Notice where it is stated that *'there were no arrangements for the safe disposal of medicines at the service because you [Mr Jeetoo] did not have a pharmaceutical waste contract in place.'*

On the basis of the above, the panel was satisfied that there were no arrangements for the safe disposal of medicines and therefore found this charge proved.

Charge 6a

6. *In relation to assessment and treatment of patients;*
(a) *Patient medical histories were not fully completed*

This charge is found NOT proved.

The panel carefully reviewed the patient medical histories, the CQC inspection report, and the CQC Warning Notice dated 1 March 2016. The panel noted that the patient history sheets, provided to it from the inspection, all seemed to be completed appropriately. It therefore found this charge not proved.

Charge 6b

6. *In relation to assessment and treatment of patients;*
(b) *Decisions relating to treatment had not been clearly recorded in the patient's notes*

This charge is found proved.

The panel took into account the records identified in the CQC Warning Notice dated 1 March 2016. These indicate that the treatment prescribed for three service users was either contra-indicated or the body mass index (BMI) was below the recommended thresholds. In addition, there was no written explanation as to why the service users were prescribed appetite suppressants despite these contra-indications. For example, the records for Service User A were checked and their medical history included arrhythmia, which is a contra-indication to the treatment they were subsequently prescribed. There was no entry in Service User A's notes about the decision taken in relation to prescribing that treatment.

Having regard to the above, the panel was satisfied that on the balance of probabilities the decisions relating to treatment had not been clearly recorded in the patients' notes.

Charge 6c

6. In relation to assessment and treatment of patients;

(c) There was no protocol in place to set out clear thresholds for treatment

This charge is found proved.

In reaching this decision, the panel took into account the evidence from Witness 1. In his oral evidence, Witness 1 confirmed there was no written policy which specified the thresholds for initiating treatment with appetite suppressants taking into account the service users' BMI. This was also set out in the CQC's Warning Notice dated 1 March 2016 which stated that '*there was no written policy at the service which specified the thresholds for safe treatment of patients with raised blood pressure*' and '*there was no written policy at your service that specified the thresholds for initiating treatment with appetite suppressants taking into account the service users BMI.*'

The panel also bore in mind that Mr Jeetoo, in his written submissions stated that they followed the NICE guidelines, the National Slimming Clinic guidance, and the Obesity Management Association guidance. Additionally, during the inspection on 3 February 2016, Mr Jeetoo told Witness 1 that no such protocol was in place.

Given Mr Jeetoo's written submissions, Witness 1's evidence and the CQC Warning Notice, the panel was satisfied that this charge is found proved.

Charge 6d

6. In relation to assessment and treatment of patients;

(d) Plans and decisions about treatment were not clearly documented

This charge is found proved.

In reaching this decision, the panel took into account the CQC inspection report for 3 February 2016 which found that *'in some cases medical histories were not fully completed and decisions relating to treatment had not been clearly recorded in the patient's notes'* and *'plans and decisions about treatment were not clearly documented in all cases'*.

In light of the above and taking into account its finding in charge 6b, the panel was satisfied that it was more likely than not that plans and decisions about treatment of patients were not clearly documented. This charge is therefore found proved on the balance of probabilities.

Charge 7a

7. In relation to staff training and experience, you;

(a) Did not have in place checks that doctors had specialist training in obesity and/or weight management

This charge is found proved.

In reaching this decision, the panel noted that in his oral evidence, Dr 1 stated that he did not have any specialist training in obesity and or weight management. Furthermore, in the CQC inspection report for 3 February 2016, it was found that *'there were two doctors who worked at the clinic, neither of whom had undertaken any specialist training*

in obesity of weight management'. The panel also had regard to the fact that Mr Jeetoo in his written submissions admitted the facts alleged in this charge and also stated that such training was not available.

On the basis of all of the above, the panel concluded that Mr Jeetoo did not have checks in place that doctors had specialist training in obesity and/or weight management. This charge is therefore found proved.

Charge 7b

7. In relation to staff training and experience, you;

(b) Had no records showing clinicians had undertaken continued professional development (CPD) in the area of obesity and/or weight management

This charge is found proved.

In reaching this decision, the panel took into account Mr Jeetoo's written submissions which stated that he admitted the facts alleged in this charge.

In his oral evidence Witness 1 told the panel that he had asked Mr Jeetoo, during the inspection, for training records relating to continuing professional development (CPD) in these areas of practice and was told that none were available.

The panel therefore found this charge proved.

Charge 7c

7. In relation to staff training and experience, you;

(c) Had no up to date record of appraisals

This charge is found proved.

The panel took into account the findings from the CQC inspection for the 3 February 2016 which stated that the records showed appraisals had last been performed by Mr Jeetoo in 2012. Mr Jeetoo stated in his written submissions that appraisals had been done. However, Witness 1 said that these were very *'light touch'* and not up to date, with the most recent completed in 2012.

The panel therefore concluded that although there was some evidence of appraisals, these were outdated, with the last one carried out in 2012. The panel therefore found this charge proved.

Charge 7d

7. In relation to staff training and experience, you;

(d) Had no record of revalidation with respective professional bodies

This charge is found proved.

In reaching this decision, the panel noted that Mr Jeetoo had not provided evidence of records of revalidation to the CQC during its inspection on 3 February 2016. Mr Jeetoo stated in his written submissions that checks were carried out on the General Medical Council (GMC) website but no print outs or records of these were kept.

The panel also took into account the findings of the CQC in its inspection report for 3 February 2016 that *'...although both doctors had undergone revalidation with their professional body, the provider did not have an up to date record of appraisals or confirmation of their revalidation.'* Witness 1 told the panel that he asked Mr Jeetoo for evidence that checks had been made with professional bodies that doctors had revalidated, and Mr Jeetoo was unable to provide records of this.

In the absence of any evidence from Mr Jeetoo of a record of revalidation, together with the findings of the CQC and Witness 1's evidence, the panel was satisfied that during the inspection of 3 February 2016 Mr Jeetoo had no record of revalidation with respective professional bodies. The panel therefore found this charge proved.

Charge 8a

8. *In relation to working with other services:*

(a) *Failed to ensure that a patient's consent was properly carried out by;*

(i) *Informing the GP that patient/s were undergoing treatment*

(ii) *Having a record of communication with the GP*

These charges are found NOT proved.

The panel first considered whether or not Mr Jeetoo was under a duty to ensure that patient's consent was properly carried out by doing the two things prescribed in Charge 8a. The panel had already determined, at the no case to answer stage, (Charge 44a) that Mr Jeetoo was not under an obligation to inform GPs that patients were being treated. The panel noted that patient records indicated that some patients had opted out of communication with the GP. To communicate with a GP would be contrary to the instruction of these patients. In addition, it accepted the evidence of Dr 1 who told the panel that patients who had not opted out would be given letters to provide to their GP.

The panel was not satisfied that there was sufficient evidence to find these charges proved.

Charge 9a

9. *In relation to governance policies;*

(a) *Your prescribing policy was not fit for purpose in that,*

(i) *It did not clearly state the thresholds for the treatment of those with contra-indications*

(ii) *It did not state at what Body Mass Index (BMI) treatment could safely be initiated*

These charges are found proved.

The panel had regard to the CQC findings as set out in its Warning Notice dated 1 March 2016 which stated that *'there was no written policy at the service which specified the thresholds for safe treatment of patients with raised blood pressure'* and that *'there was no written policy at your service that specified the thresholds for initiating treatment with appetite suppressants taking into account the service users BMI.'*

The panel also had regard to its findings in Charges 5a and 6c above.

The panel was satisfied that the prescribing policy at the Doncaster branch, on 3 February 2016, was not fit for purpose. These charges were therefore found proved.

Charge 9b

9. In relation to governance policies;

(b) There was no assurance systems and/or performance measures in place

This charge is found proved.

In reaching this decision, the panel took into account the CQC inspection report for 3 February 2016, which concluded that *'the provider had no comprehensive assurance systems or performance measures in place'*. The panel also noted that in his written submissions, Mr Jeetoo admitted the facts alleged in this charge.

The panel was satisfied from the evidence provided, in the CQC report and from Witness 1, that there was a requirement on Mr Jeetoo to have assurance systems and performance measures in place for the Clinic.

On the basis of Mr Jeetoo's admissions, and the evidence from the CQC report and Witness 1, the panel found this charge proved.

Charge 9c

9. In relation to governance policies;

(c) There was no systematic programme of clinical or internal audit to monitor the quality of the service

This charge is found proved.

In reaching this decision, the panel took into account the findings of the CQC as set out in its inspection report for 3 February 2016 that '*There was no systematic programme of clinical or internal audit to monitor the quality of service*'. The panel also took into account the evidence from Witness 1 who stated that there was no programme to capture the views of service users. The panel also noted that in his written submissions, Mr Jeetoo admitted the facts alleged in this charge.

The panel was satisfied from the evidence provided, in the CQC report and from Witness 1, that there was a requirement on Mr Jeetoo to have a systematic programme of clinical or internal audit to monitor the quality of the service at the Clinic.

On the basis of Mr Jeetoo's admission, and the evidence from the CQC report and Witness 1, the panel found this charge proved.

Charge 10a

10. In relation to transparency;

(a) You did not have a system in place for those who wished to raise safeguarding concerns

This charge is found proved.

The panel was satisfied that there was a legal requirement on Mr Jeetoo, as the Registered Manager, to put in place a system for those who wished to raise safeguarding concerns.

The panel took account of its findings in Charge 1, the CQC inspection report for 3 February 2016 and Witness 1's evidence. The panel also had regard to Mr Jeetoo's

written submissions where he admitted the facts alleged in this charge. The panel was satisfied on the basis of the evidence that this charge was proved.

Charge 10b

10. In relation to transparency;

(b) You did not routinely seek or encourage the views of patients about:

(i) The treatment they received

(ii) Service improvement

These charges are found proved.

The panel noted Mr Jeetoo's written submissions on this charge: *'Consultations with the doctors were two way. Patients views were sought. Questionnaires, service improvement suggestions and feedback was facilitated by anonymous forms in the waiting room.'* However, it also had regard to the CQC inspection report for 3 February 2016 which stated that *'...the views of patients were not routinely sought or encouraged, we were told a patient feedback form was available, but that this was rarely used. We were told there had been no suggestions for service improvement made in the last 12 months.'*

The panel was satisfied that the CQC inspection on 3 February 2016 found that patients' views were not routinely sought or encouraged. On the balance of probabilities, the panel found these charges proved.

In determining the Charges 11-20 in relation to the CQC inspection of the Doncaster branch on 17 December 2016 the panel bore in mind the following:

- Witness 1 was the lead inspector
- Witness 3 was the second inspector
- This was a *'focused'* follow up inspection to the CQC inspection on 3 February 2016 to check whether the concerns identified to Mr Jeetoo had been addressed

- Mr Jeetoo was in attendance during this inspection and interviewed by the inspectors in relation to a number of matters
- The CQC set out their findings in an inspection report (15 March 2017) and this identified, amongst other things, breaches of Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance) of the Regulations.

Charge 11a

On the 17th December 2016 at the Doncaster Branch;

11. In relation to reliable safety systems and processes (including safeguarding);

(a) The safeguarding policy was not fit for purpose in that;

(i) It did not describe when and how staff should report concerns

(ii) Although you stated you were the safeguarding lead, you had not undertaken specific training for this role

These charges are found proved.

In reaching this decision, the panel had regard to the CQC Notice of Proposal letter dated 30 December 2016, in which the CQC stated '*the policy was not fit for purpose because it did not set out when and how staff could report a safeguarding concern, or who they should report it to. [Mr Jeetoo] could not provide [Witness 1] with training records to confirm that any of the staff employed by the service had undertaken adult safeguarding training. This meant there were inadequate arrangements in place to prevent the abuse of service users.*' The panel also had regard to Witness 1's evidence. Witness 1 stated that the safeguarding policy had been updated in June 2016, however, this did not describe when or how staff should report concerns.

The panel took into account Mr Jeetoo's written representations that he admitted the facts alleged in Charge 11a(ii).

Whilst the panel did not have sight of a copy of the safeguarding policy. However, based on the findings from the CQC report for 17 December 2016, and the evidence of

Witness 1 the panel was satisfied that the safeguarding policy was not fit for purpose. The panel therefore found these charges proved.

Charge 11b

On the 17th December 2016 at the Doncaster Branch;

*11. In relation to reliable safety systems and processes (including safeguarding);
(b) You had no training records to confirm that staff had had safeguarding training*

This charge is found proved.

In reaching this decision the panel took into account the evidence of Witness 1 and the findings of the CQC report for 17 December 2016. Mr Jeetoo told Witness 1 that *'doctors working at the clinic had received safeguarding training'* but Mr Jeetoo was unable to provide the CQC with training records during the inspection.

The panel noted that Mr Jeetoo's written submissions on this charge stated that *'All the doctors have completed adult safeguarding training through their roles in the NHS. I awaiting confirmation from the doctors/NHS on this.'*

In the absence of any training records, the panel concluded that on the balance of probabilities, Mr Jeetoo had no training records to confirm that staff had completed safeguarding training. The panel therefore found this charge proved.

Charge 12

The panel considered that in relation to the whole of Charge 12 Mr Jeetoo was under a duty to carry out appropriate recruitment checks in relation to potential members of staff. Regulation 19 of the Regulations required him to employ staff of good character who had the necessary qualifications, competence and skills to carry out their duties.

Charge 12a

12. In relation to staffing;

(a) You had failed to carry out appropriate recruitment checks

This charge is found proved.

The panel took into account Dr 1's evidence. He stated that he did not provide any documentation to Mr Jeetoo or the Doncaster clinic before starting work there. Dr 1 told the panel that he provided references, but that this was a few weeks after he had started.

The panel also had regard to the CQC Notice of Proposal letter dated 30 December 2016 which stated '*[Witness 1] reviewed the personnel files of three clinical staff members. There were no risk -assessments available taking into account the fact that only DBS checks available had been carried out by other organisations. In addition, for staff members A, B and C there was no evidence of appropriate professional qualifications, registration with the GMC or appropriate medical indemnity insurance.*' In addition, the panel noted the CQC inspection report dated 15 July 2017, which stated '*We looked at employment records for 3 doctors and found inappropriate recruitment checks had not been undertaken prior to two of them being employed*'. The panel also heard live evidence from Witness 1 who it found to be a credible and reliable witness.

On the basis of the above, the panel was satisfied that Mr Jeetoo failed to carry out appropriate recruitment checks, and as such, found this charge proved.

Charge 12b

12. In relation to staffing;

(b) You failed to ensure that doctors employed had medical indemnity insurance

This charge is found NOT proved.

The panel was of the view that there was no evidence before it to suggest that there was a duty on Mr Jeetoo to carry out the check to ensure the doctors had indemnity insurance. The panel was not shown an express direction that medical insurance was required, or required to be evidenced.

The panel therefore found this charge not proved.

Charge 12c

12. In relation to staffing;

(c) In relation to one doctor employed you;

(i) Failed to provide documentation relating to their employment,

This charge is found proved.

In reaching its decision the panel had regard to the CCQ Notice of Proposal letter dated 30 December 2016 which stated, '[Witness 1] asked [Mr Jeetoo] to see records of the 4th doctor that [Witness 1] had identified was working at the service since October 2016. [Mr Jeetoo] told [Witness 1] that they had no staff file or recruitment records for staff member D.'

The panel also had regard to Mr Jeetoo's written submissions where he admitted the facts alleged.

The panel found this charge proved on the balance of probabilities.

Charge 12c(ii)

12. In relation to staffing;

(c) In relation to one doctor employed you;

(i)...

(ii) Failed to provide proof of indemnity insurance

This charge is found NOT proved.

The panel had regard to its findings in Charge 12b above, and for the same reasons finds this charge not proved.

Charge 13a

13. In relation to infection control;

(a) There were no hand washing facilities in the clinic room

This charge is found proved.

The panel had regard to Mr Jeetoo's written submissions where he admitted the facts alleged.

Given the panel's finding in Charge 3e that there were no handwashing facilities in the clinic room at the Doncaster branch, and in the absence of any evidence to suggest a change in circumstances, the panel found this charge proved.

Charge 13b

13. In relation to infection control;

(b) Latex gloves marked "not for medical use" were found in the clinic room

This charge is found proved.

The panel had regard to Mr Jeetoo's written submissions where he admitted the facts alleged.

The panel also had regard to the findings of the CQC inspection, as set out in its Notice of Proposal letter to Mr Jeetoo dated 30 December 2016. The CQC established that Witness 3 found a box of latex free gloves in the clinic room which were labelled as '*not for medical use*' on the packaging.

Taking into account this information, the panel was satisfied that this charge was found proved.

Charge 13c and 13d

13. In relation to infection control;

(c) You were unable to provide infection control audits

(d) There were no records evidencing that infection control training had taken place

These charges are found proved.

The panel had regard to Mr Jeetoo's written submissions where he admitted the facts alleged.

The panel also took into account the witness statement of Witness 3, which stated '*There had been no infection control audit carried out in the last twelve months*'.

The panel was satisfied that these charges were proved.

Charge 13e

13. In relation to infection control;

(e) It was indicated on the cleaning schedule that cleaning was carried out twice weekly when this was not the case

This charge is found NOT proved.

The panel had regard to Mr Jeetoo's written submissions where he admitted the facts alleged.

The panel reviewed the cleaning schedule provided by the NMC and noted that this did not state that cleaning was carried out twice weekly at the Doncaster branch. Instead

the schedule indicated 3 entries for 'December'. Although it is not clear to the panel if the final entry was made in December 2016 or January 2017.

The panel was not satisfied that the cleaning schedule indicated that cleaning was carried out twice weekly. It noted the discrepancies between Witness 3's statement, which states that Mr Jeetoo told Witness 3 that cleaning was carried out twice weekly, and the schedule which shows two or three entries for 'December'. However, the panel did not have an opportunity to explore these matters with Witness 3 as she did not give oral evidence at this hearing. The panel therefore determined that the NMC had failed to provide sufficient evidence to prove this charge. Therefore the panel did not find this charge proved.

Charge 14

14. Your actions in 13(e) above were dishonest because you intended to mislead the CQC into believing that cleaning duties were carried out twice weekly when this was not the case

This charge is found NOT proved.

Given the panel's finding in charge 13e, this charge is also not proved.

Charge 15a

15. In relation to premises and equipment:

(a) You were unable to provide evidence that the firefighting equipment had been serviced in accordance with the manufacturer's instructions

This charge is found NOT proved.

The panel noted that Mr Jeetoo denied this charge in his written submissions. It also noted that the South Yorkshire Fire and Rescue carried out an inspection in March 2016 and they did not highlight any problems with the firefighting equipment. Furthermore, in

his oral evidence, Witness 1 told the panel that Witness 3 was responsible for this aspect of the inspection. The panel noted that Witness 3, in her witness statement, did not expressly state that the equipment had not been serviced in accordance with manufactured instructions. The panel noted that this was not identified as an issue in the CQC inspection report for 17 December 2016.

The panel therefore found this charge not proved.

Charge 15b

15. In relation to premises and equipment:

(b) You had never carried out a fire risk assessment

This charge is NOT found proved.

The panel had regard to the witness statement of Witness 3 who stated, '*...there also continued to be poor fire risk assessment...*' The panel noted that whilst it may not have been adequate, this evidence suggests that a fire risk assessment had been carried out at the Doncaster branch. The panel therefore found this charge not proved.

Charge 15c

15. In relation to premises and equipment:

(c) You could not confirm that the fire alarms were in working order

This charge is found proved.

The panel had regard to Mr Jeetoo's written submissions where he admitted the facts alleged.

The panel also had regard to the Notice of Proposal letter dated 13 December 2016 which stated that Witness 3 asked Mr Jeetoo to see records of fire risk assessments and fire alarm testing, but he could not provide Witness 3 with these records. In its

inspection report for 17 December 2016, the CQC stated '*...could not confirm fire alarms were in working order*'.

The panel therefore found this charge proved.

Charge 17a

17. As to assessment and treatment:

(a) Medical histories were not fully completed

This charge is found proved.

The panel had regard to Mr Jeetoo's written submissions where he admitted the facts alleged.

In reaching this decision, the panel also reviewed the patient notes for Service User F and Service User G. It noted that their medical histories had not been fully completed.

The panel concluded that these service users' medical histories were not fully completed, and found this charge proved.

Charge 17b

17. As to assessment and treatment:

(b) Appetite suppressants were being prescribed despite the patient/s being contra-indicated

This charge is found proved.

The panel had regard to Mr Jeetoo's written submissions where he admitted the facts alleged.

In reaching this decision, the panel also took into account the findings in the CQC Notice of Proposal dated 13 December 2016. It noted that Service User F had been prescribed treatment with the appetite suppressant phentermine. This medication is contra-indicated in the presence of a past medical history of psychiatric disorders including depression. Service User F suffered from both depression and anxiety.

The panel also noted that Service User E was prescribed an appetite suppressant despite having a high blood pressure according to thresholds defined by national guidance.

The panel was satisfied that appetite suppressants were being prescribed despite patients being contra-indicated. The panel therefore found this charge proved.

Charge 17c

17. As to assessment and treatment:

(c) Decisions relating to treatment had not been clearly recorded in the patient's notes

This charge is found proved.

Having looked at the notes for the service users which were provided at the CQC inspection on 17 December 2016, the panel was satisfied that there were insufficient notes relating to decisions about treatment. For instance, it noted that no entry was made in Service User E's notes about the decision taken in relation to prescribing treatment considering their high blood pressure.

The panel therefore concluded that decisions relating to treatment had not been clearly recorded in the patient's notes. It therefore found this charge proved.

Charge 17d

17. As to assessment and treatment:

(d) Patients had been prescribed appetite suppressants contrary to national guidance on the management of obesity

This charge is found proved.

The panel had regard to Mr Jeetoo's written submissions where he admitted the facts alleged.

In reaching this decision, the panel also took into account that the current guidance, that being the NICE guidelines, is as follows:

'Obesity: identification, assessment and management of overweight and obesity in children, young people and adults) which states that an anti-obesity drug should only be considered for those with a BMI of 30 or greater "In whom at least three months of managed care involving supervised diet, exercise, and behaviour modification fails to achieve a realistic reduction in weight. In the presence of associated risk factors, it may be appropriate to prescribe an anti-obesity drug to individuals with a BMI of 28kg/m² or greater".'

The panel noted the CQC's inspection of patient records. This indicated that some service users, including Service User A, D and G, had a BMI of less than 28 and were given appetite suppressant drugs.

Taking into account all of the above, the panel found that patients were prescribed anti-obesity drugs contrary to the national guidance (NICE guidelines). It therefore found this charge proved.

Charge 17e

17. As to assessment and treatment:

(e) Regular monitoring of height, weight, BMI and blood pressure was not always recorded in patient notes

This charge is found proved.

The panel had regard to Mr Jeetoo's written submissions where he admitted the facts alleged.

In reaching this decision, the panel also took into account the service users' records provided to it. The panel noted that blood pressure, height, weight and BMI for both Service Users B and C, had not been recorded on a number of occasions.

The panel was therefore satisfied that regular monitoring of height, weight, BMI and blood pressure was not always recorded in patient notes. It therefore found this charge proved.

Charge 17f

17. As to assessment and treatment:

(f) Informed consent had not been obtained from the patient when prescribing unlicensed medicines

This charge is found NOT proved.

In reaching this decision, the panel noted Mr Jeetoo's written submissions stated that *'Consent was free, full and informed, considered and discussed as part of the written and oral forms/consultations.'*

The panel considered that the NMC had not provided clear and sufficient evidence of informed consent not being obtained. It was not enough for the NMC to complain that there was no documentary evidence confirming that consent had been obtained.

The panel therefore did not find this charge proved.

Charge 17g

17. As to assessment and treatment:

(g) No records were shared with the patient's GP when consent was provided by them

This charge is found NOT proved.

In reaching this decision the panel had regard to its findings in respect of Charge 8a above. The panel took into account the evidence of Dr 1. In his oral evidence, Dr 1 stated that when patients consented to sharing information with their GP, the patients themselves would supply information to their GP. The Clinic would give them a letter to give to their GP. The panel concluded that in the absence of any supporting evidence provided by the NMC, it was not satisfied that no records were shared with the patients' GPs when consent was provided by them.

The panel therefore found this charge not proved.

Charge 18a(i)

18. In relation to governance arrangements:

(a) The recruitment and selection policy was not fit for purpose in that;
(i) It had no date of implementation or review

This charge is found proved.

The panel had regard to Mr Jeetoo's written submissions where he admitted the facts alleged in respect of Charge 18a(i).

In reaching this decision, the panel also took into account the evidence of Witness 1 who stated that he had reviewed the recruitment and selection policy, but it had no date of implementation or review. The panel considered the policy provided to it by the NMC and noted that this did not have any date of implementation or review.

On the basis of all of the above, the panel was satisfied that there was sufficient evidence to find this charge proved.

Charge 18a(ii)

18. In relation to governance arrangements:

(a) The recruitment and selection policy was not fit for purpose in that;

(i)...

(ii) It contained information that was not specific or relevant to the service

This charge is found NOT proved.

The panel had regard to Mr Jeetoo's written submissions where he denied the facts alleged in respect of this charge, and stated that the policy was '*specific*'.

The panel also had regard to Witness 1's evidence and the CQC's Notice of Proposal dated 30 December 2016, which stated '*This policy contained information that was not specific or relevant to the service, for example it referred to the chief executive (the service does not employ a chief executive) and included optional paragraphs which stated "delete as appropriate"*'.

The panel had regard to the recruitment and selection policy provided to it by the NMC and could not identify information that was not specific or relevant to the service, (including a reference to a chief executive or "*delete as appropriate*"). The panel was not satisfied that the NMC had discharged the burden of proof in relation this charge. It therefore found this charge not proved.

Charge 18b

18. In relation to governance arrangements:

(b) There was no written policy in place specifying the thresholds for the safe treatment of patients with appetite suppressants

This charge is found proved.

In reaching this decision, the panel noted the evidence of Witness 1 and the CQC's inspection report for the Doncaster branch on 17 December 2016 which stated that *'[Witness 1] asked the registered manager if there was a written policy in place which specified the thresholds for the safe treatment of patients with appetite suppressants. The registered manager told us there was no policy or guidance, however they stated treatment should not be prescribed if the blood pressure was high or if the BMI was less than 30kg/m² or 27kg/m² with co-morbidities.'* In addition, during Dr 1's evidence, he stated that when he worked at the Clinic, he was not given guidance on prescribing appetite suppressants.

On the basis of the above, the panel was satisfied that there was no written policy in place specifying the thresholds for the safe treatment of patients with appetite suppressants. It therefore found this charge proved.

Charge 18c, d, and e

18. In relation to governance arrangements:

(c) There were no comprehensive assurance systems in place

(d) There were no performance measures in place

(e) There was no systematic programme of clinical or internal audit in place

These charges are found proved.

The panel had regard to Mr Jeetoo's written submissions where he admitted the facts alleged in respect of this Charges 18c and e, and denied the facts alleged in Charge 18d.

In reaching this decision, the panel noted its finding in relation to charge 9. The panel also noted the findings of the CQC inspection report for 17 December 2016 which stated that the Doncaster branch had *'no comprehensive systems or performance measures in place and there was no systematic programme of clinical or internal audit.'*

The panel therefore found these charges proved for the same reasons as set out in Charges 9b and 9c.

Charge 18f

18. In relation to governance arrangements:

(f) Mitigating actions were not carried out in relation to identified risks

This charge is found proved.

In his written submissions Mr Jeetoo said that *'Mitigations were conducted.'*

The panel also took into account the CQC inspection notice for 17 December 2017 which found that the CQC inspectors *'...were not able to identify and mitigate risks posed to patients who used the service... There had been no change in the risks identified or any mitigating actions put in place over this four year period. This meant the provider had repeatedly not acted to mitigate known risks to staff and patients using this service.'*

The panel was satisfied on the basis of the above information that mitigating actions were not carried out in relation to identified risks. It therefore found this charge proved.

Charge 19a

19. In relation to feedback from patients, the public and staff:

(a) Patient views were not regularly sought and/or encouraged

This charge is found proved.

The panel noted Mr Jeetoo's written submissions on this charge: *'Consultations with the doctors were two way. Patients views were sought. Questionnaires, service*

improvement suggestions and feedback was facilitated by anonymous forms in the waiting room.'

The panel also took into account the evidence of Witness 1, the notice of proposal dated 30 December 2016 and the findings from the CQC's inspection report for 17 December 2016: *'The views of patients were not routinely sought or encouraged; we were provided with a blank patient feedback pro-forma but no completed feedback forms were available. We were told there had been no suggestions for service improvement made in the last 12 months.'*

On the basis of the information provided, the panel was not satisfied that patient views were regularly sought or encouraged. The panel therefore found this charge proved on the balance of probabilities.

Charge 20

20. Between the 3rd February 2016 and the 17th December 2016, failed to take any, or any sufficient, action to improve the service at the Doncaster Clinic following notification of breaches of regulations by the CQC

This charge is found proved.

The panel considered that as a Registered Manger of the Clinic Mr Jeetoo was under a duty to respond to notices served by the CQC.

The panel was of the view that some improvements were made at the Doncaster branch between the inspections on 3 February 2016 and 17 December 2016, such as updating the safeguarding policy, displaying fire evacuation procedures and servicing firefighting equipment. However, the panel determined that the actions taken were not sufficient to improve the service. In reaching this decision, the panel had regard to the evidence of Witness 1. He stated that the following areas remained non-compliant with the Regulations at the inspection on 17 December 2016:

- Unsafe management of medicines
- Concerns around infection prevention and control
- Concerns about fire safety
- No records of appraisal or revalidation for medical staff
- Employment checks had not been carried out
- There were a lack of systems to monitor and improve the safety and quality of the service.

Witness 1 told the panel that, on 17 December 2016, breaches of the Regulations remained and insufficient action had been taken by Mr Jeetoo to improve the service at the Doncaster branch.

The panel therefore found this charge proved.

In determining Charges 21-35 in relation to the CQC inspection of the Rotherham branch on 19 January 2017 the panel bore in mind the following:

- Witness 3 was the lead inspector
- Witness 1 was the second inspector
- This was an '*announced comprehensive inspection*' looking at five key questions. The reason for the inspection was because of the findings during the two visits at the Doncaster branch, and concerns that risks to patients would be present at the Rotherham branch
- Mr Jeetoo was in attendance during this inspection and interviewed by the inspectors in relation to a number of matters
- The CQC set out their findings in an inspection report (26 April 2017) and this identified, amongst other things, breaches of Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance) of the Regulations.

Charge 21 (a)

In relation to reliable safety systems and processes including safeguarding:

(a) The safeguarding policy failed to describe how staff should report concerns.

This charge is found proved.

The panel had regard to Mr Jeetoo's written response to the charges and noted that he said there was policy in place albeit it *'the CQC did not believe it met their standards.'* However, the panel considered the policy dated January 2017 and updated in March 2017, and noted that it did not describe how staff should report concerns. The panel was therefore satisfied that as at January 2017 (the date of inspection), the safeguarding policy failed to describe how staff should report concerns. It therefore found this charge proved.

Charge 21b

(b) You were unable to provide training records for those who had undertaken safeguarding training

This charge is found proved.

The panel had regard to Mr Jeetoo's written response to the charges and noted the comment that *'the records training was done through their NHS employment'*. The panel understood from this comment that Mr Jeetoo was not able to provide the training records as he was relying on training that he believed some of his staff had undertaken whilst employed by the NHS. The panel therefore found this charge proved.

Charge 21c

*In relation to reliable safety systems and processes including safeguarding:
(c) There was no named safeguarding lead*

This charge is found proved.

The panel had regard to the statement of Witness 3 which stated that there was no safeguarding lead named in the policy. The panel also had regard to the written

response to the charges from Mr Jeetoo wherein he stated that he was the safeguarding lead. The panel considered the safeguarding policy dated January 2017 (and updated in March 2017). It noted that the policy did not name Mr Jeetoo as the safeguarding lead. The panel was therefore satisfied that charge 21c is proved.

Charge 21d

(d) There was no chaperone policy in place

This charge is found proved.

The panel had regard to Mr Jeetoo's written response to the charges and noted that he ticked 'yes' in response to the question '*Do you admit the facts alleged in the charge above?*'

The panel also had regard to a one-page document headed '*Chaperone policy*'. It was of the view that this document was posted on a wall at the Rotherham clinic, given that the address of the Rotherham clinic was at the top of the document. In considering this charge, the panel also had regard to the live evidence of Witness 1. Witness 1 gave evidence to the panel that he did not recall seeing titled '*Chaperone policy*' on the wall during his inspection, and further that he did not consider the document to be a policy as it did not set out any processes and procedures.

On the basis of the evidence from Mr Jeetoo and Witness 1, the panel was satisfied that there was no policy in place. It therefore found this charge proved.

Charge 21e

(e) No members of staff had been trained for the role of chaperone

This charge is found proved.

The panel had regard to Mr Jeetoo's written response to the charges and noted that he had ticked 'yes' in response to the question '*Do you admit the facts alleged in the charge above?*'. The panel also had regard to the Rotherham inspection report for 19 January 2017 and noted the evidence from Witness 1 that '*[Mr Jeetoo] told us that a chaperone was not available and that none of the staff had received training for this role.*' Bearing in mind that there was no chaperone policy in place, together with Mr Jeetoo's admission to the charge and the evidence of Witness 1, the panel was satisfied that no members of staff had been trained for the role of chaperone. It therefore found this charge proved.

Charge 22b

(b) No risk assessment had been carried out as to what medicines or equipment was required in the event of an emergency

This charge is found NOT proved.

The panel had regard to Mr Jeetoo's written response to the charges and noted that he had ticked 'no' in response to the question '*Do you admit the facts alleged in the charge above?*'

The panel had regard to the evidence of Witness 3. In her witness statement Witness 3 stated '*No risk assessment was in place to cover the provision of medical emergency...*' Furthermore the panel noted that the inspection report stated that no risk assessment was found at the Rotherham branch. As Witness 3 did not give live evidence, the panel was unable to ask questions of her to better understand her finding in the inspection report and her evidence.

Mr Jeetoo stated in his written evidence that he did carry out a risk assessment as to what medication and equipment was required and had made sure that first aid kits were available on the premises. He stated that a risk assessment had been carried out identifying that '*Emergency medicines [were] not required at slimming clinics as there are no invasive procedures and no medication is administered on site.*'

The panel found that given Mr Jeetoo's response and the fact that the first aid kits were in place, it was more likely than not that he had carried out a risk assessment. The panel also considered Witness 1's evidence that the first aid kits were sufficient for the Clinic as no invasive procedures were carried out. The panel was therefore satisfied that it is more likely than not that Mr Jeetoo did carry out a risk assessment. It therefore found this charge not proved.

Charge 23a

In relation to staffing:

(a) Appropriate recruitment checks had not been carried out prior to employment

This charge is found proved.

The panel had regard to Mr Jeetoo's written response to the charges which stated that *'References were sought and gained, regulatory registers (GMC) checked, CV's requested and stored.'*

However, it was clear to the panel from the finding in the inspection report for 19 January 2017, and Witness 3's witness statement, that four personnel files of clinical members of staff had been reviewed during the inspection and there was no evidence that pre-employment checks had been carried out, such as DBS checks, proof of identity and registration with the GMC. The panel also took into account Dr 1's live evidence, which it accepted. Dr 1 had a very clear recollection of the circumstances of the commencement of his employment at the Clinic. Dr 1 told the panel that he had started working at the Clinic prior to any pre-employment checks being carried out. It therefore found this charge proved.

Charge 23b

(b) Appropriate recruitment checks were not in accordance with the service's recruitment policy

This charge is found proved.

In considering this charge the panel had regard to the '*Recruitment and Selection Policy*'. The relevant checks required in the policy were '*two satisfactory references; confirmation of the right to work in this country; [and] criminal records disclosure*'. It was clear to the panel from the findings of the inspection on 19 January 2017 and Witness 3's evidence that DBS checks had not been carried out for three clinical staff members on their employment at the Clinic. For two of these clinical staff members there was no proof of identity, no interview summary, and only one reference.

The panel also had regard to the evidence of Dr 1 that no checks had been carried with regard to his employment, and that he did not provide the clinic with references until some weeks after he started working at the clinic. The panel accepted the evidence of Dr 1 which corroborated with the evidence of Witness 3 and the findings in the inspection report and was satisfied that Mr Jeetoo had not carried out appropriate recruitment checks in accordance with the service's (the Clinic) recruitment policy. It therefore found this charge proved.

Charge 23c

- (c) Having no employment documentation in relation to the following who worked at the service:*
- (i) A receptionist*
 - (ii) A cleaner*

This charge is found proved.

The panel noted that this charge was admitted by Mr Jeetoo in his written response to the charges.

It also had regard to Witness 3's statement and the inspection report for 19 January 2017 which stated '*There was also a receptionist and cleaner who worked at the service... [Mr Jeetoo] could not provide us with any documentation relating to their*

employment.' The panel was of the view that this was a clear record of the findings, which had also been admitted by Mr Jeetoo. It therefore found this charged proved.

Charge 24a

24. In relation to monitoring health and safety and responding to risks:

(a) Having a risk assessment in place for monitoring and managing risks to patient and staff safety, it was limited in scope.

This charge is found proved.

The panel noted that Mr Jeetoo did not accept this charge. The NMC provided the panel with a one-page document which was headed '*Medical Slimming Clinic, ..., S60 (sic) 2LP*' which set out five identified risks as evidence that a risk assessment had been carried out.

The panel also had regard to the Rotherham Inspection report for 19 January 2017 which acknowledged that a risk assessment had taken place but was limited in scope.

In the Notice of Proposal to cancel the registration sent to the Rotherham clinic on 4 April 2017, the CQC stated '*On 19 January 2017, we found there were insufficient systems and processes in place to assess, monitor and mitigate risks relating to the health, safety and wellbeing of patients. This meant [Mr Jeetoo] had not maintained records necessary to be kept in relation to persons employed in the carrying on of the regulated activity, or in relation to the management of the regulated activity.*'

The CQC also set out that in its inspection report that there had been a breach with regard to a failure to monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Specifically equipment had not been tested or calibrated, systems were not in place to safely manage medicines and there were inadequate infection control measures in place at the service. This was in breach of Regulation 12 of the Regulations.

Having considered the inspection report and Notice of Proposal sent to Mr Jeetoo, setting out its findings from the inspection on 19 January 2017, the panel was satisfied that Mr Jeetoo had a risk assessment for monitoring and managing risks to patient and staff safety that was limited in scope. It therefore found this charge proved.

Charge 24b

(b) There were no records to show that staff had completed health and safety awareness training

This charge is found proved.

The panel had regard to Mr Jeetoo's written response to the charges and noted that he had admitted there were no records in place. It also had regard to the inspection report for 19 January 2017 which stated '*No records were available to show staff had completed health and safety awareness training.*' The panel was satisfied on the evidence before it that this charge was found proved.

Charge 24c

(c) Electrical equipment in the reception area had not been PAT tested

This charge is found proved.

The panel had regard to Mr Jeetoo's written response to the charges which states '*All equipment was PAT tested – one fish tank heater had been replaced the day before due to the heater failing. In order to preserve life a new heater was purchased and was awaiting PAT testing.*'

The panel also had regard to the evidence of Witness 1 and noted he had no recollection of a discussion concerning a fish tank.

The panel considered the Notice of Proposal to cancel which states that *'On 19 January 2017, [Witness 1] inspected arrangements for the management of equipment used at the service. [Witness 1] found that two portable electrical appliances had not been PAT tested. This meant that [Mr Jeetoo] had not ensured that the equipment was safe to use which may have put patients at risk of harm.'*

The panel preferred the evidence of Witness 1 as it was supported by the inspection report and the Notice of Proposal. The panel accepted Witness 1's evidence that if a discussion had taken place regarding a fish tank, it would have been taken into account by the CQC in considering its findings. The inspection report supported the evidence of Witness 1 that the equipment had not been PAT tested. The panel was therefore satisfied on the balance of probabilities that the electrical equipment in the reception area had not been PAT tested, and therefore found this charge proved.

Charge 24d

- (d) There were no risk assessments in place for the following:*
 - (i) For the control of substances hazardous to health*
 - (ii) Infection control*
 - (iii) Legionella*

This charge is found proved.

The panel had regard to Mr Jeetoo's written response and noted that he had admitted (i) and (ii), but not (iii).

The panel was satisfied that (i) and (ii) are proved given Mr Jeetoo's admissions and the information in the inspection report for 19 January 2017.

With regard to (iii) the panel considered the risk assessment dated 18 January 2017 for the Rotherham branch and noted that it did not address Legionella. Mr Jeetoo denied the charge and advised that he had taken advice from Yorkshire water to the extent that Yorkshire Water had advised it *'was not required due to not having any 'water tanks' on*

the premises and that all that was needed was for the taps to be run after long periods of not being used.' The panel noted that Mr Jeetoo did not produce any evidence of a conversation with Yorkshire Water, and further did not provide the CQC with any risk assessment or information of what should happen in the case of the building being unoccupied. Having reviewed the risk assessment provided by Mr Jeetoo, it was satisfied that there was no risk assessment in place in respect of Legionella.

The panel had regard to the CQC inspection report which stated that Regulation 12 of the Regulations was not met because of a failure to monitor and mitigate the risks associated with the risks to the health and safety of service users and others. The panel therefore found charge 24d proved in its entirety.

Charge 24e

(e) No evidence of clinical staff's professional indemnity arrangements

This charge is found proved.

In considering this charge the panel had regard to Mr Jeetoo's written response to the charges which states *'Indemnity insurance was evidenced.'* However, the panel noted that Mr Jeetoo had not provided any supporting evidence in this regard.

The panel also had regard to Witness 3's statement which states that there was no medical indemnity insurance information for three clinical members of staff. The panel also considered the Notice of Proposal to cancel Mr Jeetoo's registration dated 4 April 2017 which stated that *'For staff member E, F and G there was no evidence of appropriate medical indemnity insurance.'*

The panel was satisfied that Mr Jeetoo had not provided evidence of clinical staff's professional indemnity arrangements during the Rotherham inspection on 19 January 2017. The panel therefore found this charge proved.

Charge 25a

25. *In relation to infection control:*

(a) There was no infection control policy in place

This charge is found NOT proved.

The panel had regard to Mr Jeetoo's written response to the charges advising that '*There was an infection control policy*'. However, it was not provided with a copy of the infection control policy.

The panel also had regard to Witness 3's statement. It noted that Mr Jeetoo had provided an infection control policy when asked, however the policy was considered '*not fit for purpose...*' as it had been printed off the internet and applied to care homes and not slimming clinics. Witness 3 stated that due to this she did not take a copy of the policy.

Having considered the evidence before it the panel was satisfied that an infection policy was in place, although it was considered not fit for its purpose. The panel therefore found this charge not proved.

Charge 25b

(b) You indicated that the service was cleaned on a weekly basis, despite areas not having been cleaned since December 2016

This charge is found NOT proved.

The panel noted that Mr Jeetoo had denied this charge and in his written response to the charges stated that '*All areas had been cleaned weekly.*' Mr Jeetoo also stated that there was a cleaner who had been employed to clean weekly and that there was a rota in place.

The panel considered the evidence contained in the inspection report for 19 January 2017, the Notice of Proposal to cancel Mr Jeetoo's registration dated 4 April 2017, and the evidence of Witness 1. It noted that Witness 1 had reviewed a rota and found that it had not been completed on a weekly basis and had been completed three times in December 2016.

The panel further noted that it had been provided with the cleaning schedule in respect of the Doncaster branch and that no cleaning schedule was provided with regard to the Rotherham branch. The panel also noted that the inspection report stated that the premises at the Rotherham branch were clean and tidy.

The panel was not provided with the cleaning schedule for the Rotherham branch. Given the lack of supporting evidence, the panel was not satisfied that the NMC had proved this charge and therefore found this charge not proved.

Charge 25c

(c) There were no supplies of examination gloves in the clinic room

This charge is found proved.

The panel noted that Mr Jeetoo had denied this charge and in his written response to the charges stated that *'There were examination gloves in place'*.

The panel also considered the evidence of Witness 1 that there were no examination gloves found in the clinic room at the time of the inspection.

The panel preferred the evidence of Witness 1 as he inspected the premises at the Rotherham branch and this information was recorded in the inspection report. The panel was satisfied on the evidence of Witness 1 that there were no supplies of examination gloves in the clinic room. It therefore found this charge proved.

Charges 25d, e, f and g

- (d) There was no sink in the clinic room*
- (e) There were no paper towels in the toilet area*
- (f) No infection control audits had taken place*
- (g) There were no records of new employees undertaking infection control training as part of their induction*

These charges are found proved.

The panel noted that Mr Jeetoo admitted charges 25d-g in his written response to the charges. The panel also heard clear evidence from Witness 1 that there were sinks available upstairs in the building, but no handwashing facilities in the clinic rooms, and further that, on inspection, there were no paper towels in the toilet area. The panel noted that these points were also set out in the Notice of Proposal to cancel Mr Jeetoo's registration dated 4 April 2017.

The panel also had regard to the inspection report for 19 January 2017 which stated that *'There was no infection control policy in place'* and that *'new employees had no record of infection control training as part of their induction.'* In light of Mr Jeetoo's admissions together with the supporting documentation, the panel found charges 25d-g proved.

Charge 26

26. Your actions in charge 25b was dishonest because you intended to mislead the CQC by indicating that cleaning was occurring on a twice weekly basis when this was not the case

This charge is found NOT proved.

The panel did not find charge 25b proved, and as such charge 26 was found not proved.

Charge 27a

27. In relation to premises and equipment:

(a) There was no fire alarm at the premise

This charge is found proved.

The panel had regard to Mr Jeetoo's written response to the charges and noted that he had admitted this charge.

The panel also had regard to the Rotherham inspection report for 19 January 2017 which recorded that *'There was no fire alarm at the premises.'*

The panel was satisfied, in light of Mr Jeetoo's admission and the evidence before it that there was no fire alarm at the premises. It therefore found this charge proved.

Charges 27b and c

(b) Weighing scales in the clinic room had not been calibrated

(c) There was no calibration schedule in place

These charges are found proved.

The panel noted that, in his written response to the charges Mr Jeetoo denied charges 27b and c, stating that *'All medical equipment was calibrated by Calibrate UK'* and that *'The calibration stickers on the equipment indicated when equipment had and needed calibrating/recalibrating'*.

The panel had regard to the certificate provided by Mr Jeetoo in respect of the medical scales and noted that it post-dated the inspection. The certificate was dated 14 February 2017 and there was no evidence to show that the calibration had been done in January 2017. The panel was of the view that the certificate did not support Mr Jeetoo's submissions that the equipment had been calibrated at the time of the inspection.

The panel also had regard to the inspection report for 19 January 2017 which recorded that *'...weighing scales in the clinic room had not been calibrated and there was no calibration schedule in place. This meant that we could not be sure that the measurements being recorded during consultations were accurate.'*

Witness 1, during his live evidence, said that they had checked the equipment during the inspection and asked Mr Jeetoo for evidence of calibration, but none was provided.

The panel preferred the evidence of Witness 1 noting that the certificate provided by Mr Jeetoo post-dated the inspection. The panel therefore found charges 27b and c proved.

Charge 28a

28. In relation to safe and effective use of medicines:

- a. Having in place a policy for the dispensing and control of medicines, requiring that balance checks are to be carried out on a monthly basis, there was no evidence of regular balance checks*

This charge is found proved.

The panel had regard to Mr Jeetoo's written response to the charges and noted that he had admitted this charge.

The panel also had regard to the *'Policy for dispensing and control of all medicines'* dated 9 January 2017. It noted that there was a clear requirement for regular checks to be carried out monthly. The panel considered the inspection report for 19 January 2017 and the evidence of Witness 1 which stated that monthly checks had not been carried out and that the last check had been carried out five months prior to the inspection. The panel was satisfied from the evidence of Witness 1 and the inspection report that there was no evidence of regular (monthly) balance checks. It therefore found this charge proved.

Charge 28b(i)

- (b) *The dispensing labels did not comply with professional guidance, in that:*
- (i) *There was no space for the patient's name*

This charge is found proved.

In considering this charge, the panel noted Mr Jeetoo's denial in his written response to the charges wherein he stated '*There was adequate space for the patients name*'.

The panel also had regard to the labels provided by Mr Jeetoo. It noted that Witness 1 did not recall seeing the labels at the time of inspection, but considered the space on the labels was not sufficient for patient names.

The panel also had regard to the inspection report for 19 January 2017 which states '*The labels used did not comply with professional guidance for example one set of labels did not have a space for the patients name...*'

Having looked at the labels provided to it, the panel was of the view that there was insufficient space for the patient's name. It therefore found this charge proved.

Charge 28b ii

- (ii) *It did not have "keep out of reach of children" written on them*

This charge is found proved.

The panel noted that this charge had been admitted by Mr Jeetoo in his written response to the charges. It also had regard to the inspection report for 19 January 2017 which states '*a second label did not specify 'Keep out of reach of children*'. In light of Mr Jeetoo's admission and the information in the inspection report, the panel found this charge proved.

Charge 28c

- (c) *Entries in the controlled drug register did not correlate with service user's notes*

This charge is found proved.

The panel noted that this charge was denied by Mr Jeetoo in his written response to the charges. Mr Jeetoo stated that there had been confusion about the name as the person in question was a relative of his and he called this relative by his middle name and not his first name. The panel found Mr Jeetoo's response to this charge confusing as it did not appear to relate directly to the charge.

The panel acknowledged that it did not have the service user's notes or drugs. However, it had regard to the inspection report for 19 January 2017 provided which recorded that *'Appropriate records of supplies were made in patient's notes at the time of supply. However, the entries in the controlled drug register did not always match to the entry made in the service user's notes.'*

The panel also heard oral evidence from Witness 1 who checked the service user's records during the inspection. He stated that there was information missing in the controlled drug register and it did not correlate with the entries in the service user's notes. The panel was therefore satisfied that there was information missing in the controlled drugs register. It therefore found this charge proved.

Charges 28d and e

(d) Medicines that had expired and were no longer used at the clinic were not securely stored

(e) There was no process in place for safe disposal of medicines

These charges are found proved.

The panel had regard to Mr Jeetoo's written response to the charges and noted that he admitted charges 28d and e.

The panel also had regard to the inspection report for 19 January 2017 which states:

'We found a number of medicines, which had expired in October 2016, and were no longer used at the clinic as the provider had stopped offering these services. The medicines were not stored securely and there was no process in place for their safe disposal.'

The panel was of the view that it was clearly indicated in the report that the medicines which had expired were not securely stored and that there was no process in place for the safe disposal of medicines. It therefore found these charges proved.

Charge 29a

29. In relation to assessment and treatment:

(a) Medical histories were not fully completed

This charge is found proved.

The panel noted that Mr Jeetoo, in his written response, denied this charge and stated that *'Medical histories were completed fully...'*

The panel had regard to the service users' histories provided and could see that the medical histories were not fully complete. In particular it had regard to Service User A and B's medical history and consent forms and noted that these were not fully completed. Further it was clear from the inspection report for 19 January 2017 that the inspectors did checks of patient records which showed some medical histories had not been fully completed. The panel therefore found this charge proved.

Charge 29b

(b) Allergy status was not always recorded

This charge is found proved.

The panel had regard to the medical history and consent forms provided for service users and noted that the allergy status was not always recorded. It had particular regard to the form for Service User A and noted that the allergy section of the form was blank. The panel therefore found this charge proved.

Charge 29c

(c) Weight, BMI and blood pressure were not always recorded on patient's notes

This charge is found proved.

The panel had regard to the witness statement of Witness 3 which recorded that '*No weight, BMI or blood pressure had been recorded on one occasion in November 2016 and on two further occasions in December 2016 no blood pressure had been recorded...*' The panel acknowledged that it was not able to ask questions of Witness 3. However, it was satisfied by her very detailed description contained in her witness statement concerning Service User F, that the information recorded was reliable. It therefore accepted the evidence of Witness 3. The panel accepted that no weight BMI or blood pressure had been recorded for Service User F on a number of occasions, and as such the panel found this charge proved.

Charge 29d

(d) There was no policy in place as to the quantity of medicines to be supplied to a patient and/or the review period in which medicines are supplied

This charge is found proved.

In considering this charge, the panel had regard to the '*Policy for the dispensing and control of all medicines*' dated 9 January 2017. The panel noted that the policy did not state the quantity of medicines to be supplied to a patient and/or the review period in which medicines are supplied.

The panel also had regard to the statement of Witness 3 which states:

'The provider's policy did not guide clinicians as to what to do in the event of a client returning early medicines. I would expect that as part of the medicines policy a section would details what to do in the event of a person returning early for medicines.'

The panel was satisfied from the evidence of Witness 3 and its review of the Policy for the dispensing and control of all medicines, that there was no policy in place as to the quantity of medicines to be supplied to a patient and/or the review period in which medicines are supplied. It therefore found this charge proved.

Charge 29e

(e) Patients were supplied with medicines despite their BMI being less than 30Kg/m², with no co-morbidities recorded

This charge is found proved.

In considering this charge, the panel noted that Mr Jeetoo had denied this charge in his written response to the charges.

The panel had particular regard to Witness 3's witness statement and the inspection report for 19 January 2017. The panel noted from Witness 3's statement that at least two of the patients' records indicated that their BMI was less than 30 with no comorbidities and that they had been supplied Phentermine at all consultations at the Rotherham branch. The panel reviewed Service User A's medical notes which recorded a BMI of 28 and no comorbidities. Service User A was prescribed (and supplied) Phentermine.

The inspection report also stated the following:

'...seven of the 20 patients we reviewed had received medicines even though their BMI was less than 30Kg/m2. This was not in line with the provider's policy, product license, or national guidance and no co-morbidities were recorded.'

Considering all of the above, the panel found this charge proved.

Charge 30

30. In relation to staff training and experience:

- (a) None of the four doctors employed at the clinic had undertaken specialist training in obesity or weight management*
- (b) There were no records showing that clinicians had undertaken any continuous professional development (CPD) in the area of obesity or weight management*
- (c) There were no records of appraisals*
- (d) There were no records to confirm doctor's revalidation*

These charges are found proved.

In considering these charges, the panel noted that Mr Jeetoo had admitted charges 30a-d in his written response to the charges.

The panel also noted that the inspection report for 19 January 2017 stated:

'There were four doctors who worked at the clinic; none of the doctors had undertaken any specialist training in obesity or weight management. There were no records showing clinicians had undertaken any continuous professional development (CPD) in this area of practice. The provider did not have a record of appraisals or confirmation of doctors' revalidation.'

The panel also had regard to the evidence of Dr 1 who said that he did not undertake any specialist training in obesity and weight management.

Witness 3 set out a clear and detailed account in her witness statement of her review of the files in relation to staff training and experience. Witness 3 stated *that 'The provider had not updated the appraisal and revalidation documentation either. All doctors are required to have General Medical Council (GMC) appraisals and there were no details of this recorded. There was also no evidence of any training undertaken by the doctors, particularly in relation to slimming...furthermore, all doctors are meant to revalidate, by providing evidence of ongoing training.'*

Having considered the admissions to these charges by Mr Jeetoo, together with the other evidence provided, the panel found these charges proved.

Charge 31a

31. In relation to working with other services:

(a) Failed to ensure that a patient's consent was properly carried out by;

(i) Informing the GP that patient/s were undergoing treatment

(ii) Having a record of communication with the GP

This charge is found NOT proved.

The panel first considered whether or not Mr Jeetoo was under a duty to ensure that patient consent was properly carried out by doing the two things prescribed in Charge 31a. The panel had already determined, at the no case to answer stage, (Charge 44a) that Mr Jeetoo was not under an obligation to inform GP's that patients were being treated. The panel noted that patient records indicated that some patients had opted out of communication with the GP. To communicate with a GP would be contrary to the instruction of these patients. In addition, it accepted the evidence of Dr 1 who told the panel that patients who had not opted out would be given letters to provide to their GP.

The panel was not satisfied that there was sufficient evidence to find these charges proved.

Charges 32a and b

32. In relation to consent to care and treatment:

(a) The patient consent form did not refer to unlicensed medicines

(b) There was a lack of understanding by clinical staff as to what unlicensed medicines were

These charges are found proved.

The panel noted, in his written response to the charges, that Mr Jeetoo had denied these charges.

With regard to Charge 32a the panel reviewed the consent forms of the service users provided to it from the inspection on 19 January 2017. It noted that there was no reference to unlicensed medicines on these forms. It therefore found this charge proved.

With regard to Charge 32b the panel was of the view that there was reliable evidence from both Witness 1 and Witness 3 that they had interviewed a doctor during the inspection on 19 January 2017 who lacked knowledge regarding which medicines were licensed for use and which were unlicensed. The panel therefore found this charge proved.

Charge 32c

(c) No information was provided to patients as to what unlicensed medicines were

This charge is found NOT proved.

The panel had regard to the Medicine Information Sheet for Phentermine and Diethylpropion Hydrochloride BP tablets provided to it, which were two of the medicines used at the clinic. The panel noted Witness 1's evidence that the concern of the CQC

was primarily that the information for each individual medicine was not provided on a separate sheet. However, it was clear to the panel that there was a Medicine information sheet at the Rotherham branch which was intended to be given to the patients. It therefore found this charge not proved.

Charge 33a i and ii

33 In relation to governance arrangements:

(a) The policies and procedures in place to govern the activity were not fit for purpose, in that:

(i) They were not version controlled and/or dated

(ii) There was no record that staff had read them as part of their induction

These charges are found proved.

The panel noted that these charges had been admitted by Mr Jeetoo in his written response to the charges.

The panel had regard to the inspection report for 19 January 2017 which states:

'The clinic had a number of policies and procedures in place to govern activity although some of these were not fit for purpose as they were limited in scope and detail. In addition, they were not version controlled or dated and there was no record of staff having read the policies as part of their induction.'

The panel noted that some of the policies for the Rotherham branch were dated, and some were not. However, none of the policies seen by the panel were version controlled. It therefore found Charge 32a i proved.

The panel also noted and accepted the live evidence from Dr 1, that he had not had any induction before starting work at the Clinic. Taking into account Dr 1's evidence, the inspection report and Mr Jeetoo's admission, the panel found Charge 32a ii proved.

The panel therefore was satisfied that the policies and procedures in place, to govern the activity at the Rotherham branch were not fit for purpose.

Charges 33b and c

(b) There were no comprehensive assurance systems or performance measures in place.

(c) There was no programme of clinical or internal audit to monitor the quality of the service

These charges are found proved.

The panel noted that Mr Jeetoo admitted charges 33b and c in his written response to the charges.

It also had regard to the Notice of proposal dated 4 April 2017 which states:

'[Mr Jeetoo] could not provide any audits or an audit schedule. This meant [Mr Jeetoo] did not assess or monitor the quality and safety of the service they provided, meaning they were not able to identify and mitigate risks posed to patients who used the service.'

Having considered all of the above, the panel found charges 33b and c proved.

Charges 34a and b

34. On the 8th May 2019 you provided to the NMC the following documents which were not genuine;

(a) Interview Notes with Doctor 1 dated the 17th November 2017

(b) Pre-employment checklist in respect of Doctor 1

These charges are found proved.

In considering these charges, the panel saw that Mr Jeetoo had written to the NMC on 8 May 2019 responding to the regulatory concerns and attaching a bundle of documents in support of his responses. Although a schedule of documents was not included, the panel was satisfied that from a review of documents provided by Mr Jeetoo, the CV of Dr 1, the interview notes of Mr Jeetoo on 17 November 2017, and the pre-employment checklist for Dr 1, that Mr Jeetoo had provided handwritten interview notes dated 17 November 2017 and a pre-employment checklist in respect of Dr 1.

The panel was satisfied on the balance of probabilities that those documents were provided to the NMC under cover of Mr Jeetoo's letter dated 8 May 2019.

The panel had regard to the evidence of Dr 1 that he was *'never interviewed by [Mr Jeetoo] and [Ms 4] and my CV was not requested by either of them', 'I was shown by the NMC an application for which I do not recognise as it was not signed or dated by me...'* and *'I was also shown by the NMC interview notes which I do not recognise as I was not interviewed in the first place.'* Dr 1 also told the panel that he provided his CV to the clinic at a later stage.

As the panel previously noted in its decision on Charge 23a, Dr 1 had a very clear recollection of the circumstances of the commencement of his employment at the Clinic. Dr 1 told the panel that he had started working at the Clinic prior to any pre-employment checks being carried out.

Having accepted the evidence of Dr 1, the panel was satisfied that the pre-employment checklist and interview notes were not genuine. Dr 1 told the panel that he did not provide any information to Mr Jeetoo prior to starting to work at the clinic, but some weeks after provided references. The panel also accepted Dr 1's evidence that the writing on the application form was not his.

The panel therefore found these charges proved.

Charge 35

35 Your actions in charge 34(a) and/or 34(b) were dishonest because you intended to mislead the NMC into accepting them as genuine so as to indicate that adequate employment checks had been carried out

This charge is found proved.

Given that no interview did take place with Dr 1 prior to his commencement of employment at the Clinic, and having accepted that Dr 1 did not provide any information before he started working at the Clinic, the panel was of the view that Mr Jeetoo would have known that the documents were not genuine and that providing documents that were not genuine is dishonest by the standards of ordinary people. It therefore found this charge proved.

In determining Charges 36-47 in relation to the CQC inspection of the Rotherham branch on 13 July 2017 the panel bore in mind the following:

- Witness 2 was the lead inspector
- This was a *'focused'* inspection, following the previous CQC inspection on 19 January 2017, to confirm the Rotherham branch and Mr Jeetoo now met legal requirements. It looked at three key areas: is the service safe, effective, and well led?
- Mr Jeetoo was the Registered Manager but was not in attendance during this inspection
- The CQC set out their findings in an inspection report (6 November 2017).

Charge 36a, b, c and d

On the 13th July 2017 at the Rotherham Branch;

36. In relation to having reliable safety systems and processes (including safeguarding);

(a) Failed to have in place training records indicating that doctors had undertaken safeguarding training

- (b) Failed to ensure that the acting manager had undertaken safeguarding training*
- (c) Failed to ensure that the acting manager was named as the 'safeguarding lead' within the safeguarding policy*
- (d) Failed to assess whether a 'chaperone service' was required for the service*

These charges are found proved.

The panel noted that Mr Jeetoo had admitted these charges in his written response to charges.

The panel commenced by considering whether or not Mr Jeetoo was under a duty to have reliable processes and systems in place (including safeguarding). The panel accepted the evidence that the Regulations placed upon him a duty to carry out the tasks set out in charges 36a-d. The panel noted in particular the inspection report for 17 July 2017 which found a breach of Regulation 12 which required providers (including slimming clinics) to *'have robust systems and processes in place to prevent abuse of service users'*.

At the time of the inspection on 13 July 2017 there was an acting manager in place at the Rotherham branch. Witness 2 told the panel that there was an application from another person to be the registered manager, but this was still in the process of being reviewed by the CQC and had not been accepted. Witness 2 told the panel that Mr Jeetoo remained the Registered Manager at the time of the inspection.

The panel also had regard to the inspection report for 13 July 2017 and heard from Witness 2 with respect to these charges. It noted that no training records were provided that doctors working at the Clinic had undertaken safeguarding training. It also noted that the acting manager had not completed safeguarding training and was not named as the safeguarding lead in the safeguarding policy.

The panel bore in mind its findings in relation to Charges 1d and 22a. It was satisfied that Mr Jeetoo had again failed to assess whether a ‘*chaperone service*’ was required (for the service at the Rotherham branch).

The panel therefore found Charges 36a-d proved.

Charge 37a

37 In relation to staffing;

(a) Did not have evidence to indicate that one of the doctors had appropriate medical indemnity insurance

This charge is found proved.

The panel had regard to Mr Jeetoo’s written response to the charges which states ‘*The doctors had appropriate medical indemnity insurance due to working in the NHS*’.

The panel also had regard to the inspection report and the evidence of Witness 2, that they did find evidence of medical indemnity for four of the doctors but it was missing for one of the doctors. The panel noted that Witness 2 was the person who had inspected this aspect of the inspection. Witness 2 told the panel that she could recollect this finding in the report. The panel found Witness 2’s evidence to be reliable and credible and supported by the contemporaneous inspection report. It therefore found this charge proved.

Charge 38

38. In relation to monitoring health and safety and responding to risks;

(a) Failed to have in place records to indicate that staff had completed health and safety awareness training

This charge is found proved.

The panel first considered whether or not there was a duty on Mr Jeetoo to have in place records to indicate that staff had completed health and safety training.

The panel had regard to Regulation 12 of the Regulations and in particular Regulation 12(2)(c), which required that *'persons providing care or treatment to service users have the qualifications competence skills and experience to do so safely'*.

The panel had regard to Mr Jeetoo's written response which states *'Training was conducted within their NHS practice'*. The panel noted however, that Mr Jeetoo did not provide any records of training.

The panel also had regard to the inspection report for 13 July 2017 which stated that *'No records were available to show staff had completed health and safety awareness training'*, and Witness 2's evidence that she had looked at the training files and asked for training records. Witness 2 further stated that Ms 4 and the acting manager had told her that because the doctors were employed in the NHS they would have had this training, but they did not ask for evidence of this.

Having noted that no records of training had been provided, and having heard that the Clinic was relying on the training the doctors had received through the NHS, the panel found this charge proved.

Charge 38b

(b) Failed to ensure that staff had undertaken training in infection control

This charge is found proved.

The panel first considered whether or not there was a duty on Mr Jeetoo to ensure that staff had undertaken training in infection control.

The panel had regard to Regulation 12 of the Regulations and in particular Regulation 12(2)(c), which required that *'persons providing care or treatment to service users have the qualifications competence skills and experience to do so safely'*.

In considering this charge the panel had regard to Mr Jeetoo's written response to the charges which states: *'They were trained to NHS levels of infection control due to their full time employment'*. The panel understood from this that Mr Jeetoo was relying on NHS training he believed the doctors had.

The panel also considered the inspection report for 13 July 2017, which states *'There was no evidence that staff had undertaken infection control training although the risk of infection was low'*.

The panel heard evidence from Witness 2 that non-clinical staff would also have required infection control training such as cleaners, and the Clinic would not have been able to rely on them being trained elsewhere.

The panel was satisfied that Mr Jeetoo relied on clinical members of staff receiving training on infection control in their NHS employment. The panel was also satisfied that Mr Jeetoo did not have any records that clinical staff had received this training.

Furthermore, it determined that there was no evidence that non clinical members of staff had undertaken infection control training. The panel therefore found that Mr Jeetoo had failed to ensure that staff had undertaken in infection control. It therefore found this charge proved.

Charge 39a

39 In relation to infection control;

(a) Failed to have in place an adequate system of infection control

This charge is found proved.

The panel first considered whether or not there was a duty on Mr Jeetoo to have in place an adequate system of infection control.

The panel had regard to Regulation 12 of the Regulations and in particular Regulation 12(2)(h), which required an assessment of *'the risk of preventing, detecting and controlling the spread of infections...'*

In considering this charge the panel had regard to Mr Jeetoo's written response to the charges which states: *'The infection control system was proportionate for the nature of the service provided.'*

The panel also considered the inspection report for 13 July 2017 on infection control which states:

'Since our last visit the provider had introduced an infection control policy dated June 2017. The acting manager told us they employed a cleaner who came to the service weekly. There was a cleaning record in place which had been ticked weekly listing the areas cleaned. The clinic room now had supplies of examination gloves and a sink in place...

Infection control audits had been completed monthly however it was not clear what action was taken where issues were identified. In addition, when we checked the audit dated June / July 2017 one issue had been identified that the audit stated required immediate action however it was not clear whether any action had been taken.'

Although it was clear that Mr Jeetoo had made improvements since the last inspection on 19 January 2017, including putting in place an infection control policy, and completing infection control audits. Taking into account the evidence from Witness 2 and the inspection report, the panel was not satisfied that there was an adequate system of infection control in place at the Rotherham branch on 13 July 2017.

The panel therefore found this charge proved.

Charge 40a

40 In relation to the premises and equipment;

(a) Failed to carry out a fire evacuation drill

This charge is found proved.

The panel first considered whether or not there was a duty on Mr Jeetoo to carry out a fire evacuation drill. The panel had regard to Regulation 12 of the Regulations and was satisfied that premises and equipment used by the service providers must be safe for service users. It concluded that Mr Jeetoo would be required to carry out fire evacuation drills.

The panel noted that Mr Jeetoo had admitted this charge in his written response to the charges. It also noted the inspection report for 13 July 2017 which states that no fire evacuation drill had taken place, and Witness 2's evidence that she had spoken to staff who confirmed that no fire evacuation drill had taken place. Further, Witness 2 stated that she asked the acting manager and Ms 4 who showed her a '*records book*' but there were no records in it to show a drill had taken place. The panel therefore found this charge proved.

Charge 40b

(b) Failed to have in place records to indicate that the smoke detectors were inspected on a weekly basis

This charge is found NOT proved.

The panel first considered whether or not there was a duty on Mr Jeetoo to have in place records to indicate that the smoke detectors were inspected on a weekly basis. The panel were not provided with evidence from the NMC to support that a duty existed. It therefore found this charge not proved.

Charge 40c

(c) Despite the scales weighing differently, failed to document within the patients' treatment record which scales they used

This charge is found proved.

The panel noted that Mr Jeetoo had admitted this charge in his written response to the charges. It also had regard to the inspection report for 13 July 2017 which states:

'We found two sets of weighing scales in the clinic; one was new and we were sent a receipt five days after the inspection to show the other set was calibrated in February 2017. We tested them on the day of the inspection and they weighed differently by 1.8kg. The doctor we spoke with at the inspection told us they were aware of this and encouraged patients to be weighed on the same scales at each visit though it was not documented in their treatment record which scales had been used.'

In the circumstances, given that the doctor the CQC inspector spoke with was aware that the scales weighed differently, the panel is satisfied that Mr Jeetoo should have ensured that the patients' treatment records documented which scales they used. Having considered all of the above, the panel found this charge proved.

Charge 41a

41 In relation to safe and effective use of medicines;

(a) Failed to have in place a policy and/or procedure to cover the dispensing process

This charge is found proved.

The panel first considered whether or not there was a duty on Mr Jeetoo to ensure that a policy and/or procedure to cover the dispensing process was in place.

The panel had regard to Regulation 12 of the Regulations and in particular Regulation 12(2)(g), which required a registered person to ensure *'the proper and safe management of medicines.'*

The panel noted that Mr Jeetoo denied this charge in his written response to the charges, and provided a one page policy dated 27 March 2017 for the safe dispensing control and storage of all medicines. The panel noted that the policy only partly dealt with the dispensing process.

The panel also had regard to the evidence of Witness 2 that the policy provided did not adequately deal with the whole of the dispensing procedure. Witness 2 told the panel that she would have expected a policy to cover the secondary dispensing process and expected to see how the medicines would be broken down, but the policy provided did not deal with this.

The panel was of the view that Witness 2's evidence was very clear and the policy provided by Mr Jeetoo only covered a part of the dispensing process, and did not cover the secondary dispensing process. The panel therefore found this charge proved.

Charge 42a

42 In relation to assessment and treatment;

(a) The policy called "dispensing and control of medicines" which dealt with prescribing thresholds was not in line with the NICE guidelines

This charge is found proved.

The panel had regard to the NICE guidelines provided to it, which stated that people with a BMI of 28 or above with comorbidities could be prescribed appetite suppressants. The panel also had regard to the policy for the safe dispensing control and storage of all medicines and noted that it stated that a *'...client with co-morbidity can be treated to a BMI of 27'*.

It was clear to the panel that the Clinic's policy stated that people with comorbidities could be treated with a BMI of 27 and that this did not match the current NICE guidelines which was that people with a BMI of 28 or above could be treated. It therefore found this charge proved.

Charge 42b

(b) Failed to provide to each patient a personalised medication information sheet relating to the risks of the medication prescribed

This charge is found proved.

The panel first considered whether there was duty on Mr Jeetoo to provide each patient a personalised medication information sheet relating to the risks of the medication prescribed. The panel accepted the evidence of Witness 1, a Pharmacist Specialist, that there was such a duty.

The panel noted that Mr Jeetoo admitted this charge in his written response to the charges.

The panel also had regard to the Medicine Information Sheet for Phentermine and Diethylpropion Hydrochloride BP tablets in use at the Clinic. It noted that the information sheet provided information on the two drugs that were prescribed at the Clinic.

The panel also considered the inspection report for 13 July 2017 which stated:

'We saw information available to patients about the risks of taking the medicines prescribed by the clinic. A medicines information sheet was available and this described risks for both medicines used by clinic. However this was not specific to the particular medicine supplied to patients and so did not comply with dispensing laws.'

Looking at the Information sheet provided by Mr Jeetoo, the panel was satisfied that it was not specific to the particular medicine supplied to the service users, and as such did not comply with dispensing laws.

Taking into account all of the above, the panel was satisfied that Mr Jeetoo failed to provide to each patient a personalised medication information sheet relating to the risks of the medication prescribed. It therefore found this charge proved.

Charge 43a

43 In relation to staff training and experience;

(a) Failed to maintain records indicating that doctors had undertaken specialist training in obesity or weight management

This charge is found proved.

The panel first considered whether or not there was a duty on Mr Jeetoo to maintain records indicating that doctors had undertaken specialist training in obesity or weight management.

The panel had regard to Regulation 12 of the Regulations and in particular Regulation 12(2)(c), which required that the registered manager ensured that *'persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.'*

The panel was satisfied that there was an obligation on Mr Jeetoo to maintain records indicating that doctors had undertaken specialist training in obesity or weight management.

The panel had regard to the evidence of Witness 1 who gave evidence that you would expect doctors working in this area of practice to have done appropriate professional training. It also had regard to the inspection report for 13 July 2017 which stated that

'There were no records showing clinicians had undertaken any continuous professional development (CPD) in this area of practice.'

The panel also had regard to the live evidence of Dr 1 that he did not undertake any specialist training in obesity or weight management prior to or during his working at the Clinic.

The panel was therefore satisfied on the basis of the above evidence, including Mr Jeetoo's admissions, that Mr Jeetoo failed to maintain records that doctors had undertaken specialist training in obesity and weight management.

Considering all of the above, the panel found this charge proved.

Charge 43b

(b) Failed to carry out or record appraisals of three doctors that were employed at the clinic

This charge is found proved.

The panel noted that Regulation 18 of the Regulations required that providers maintain up to date records relating to staff appraisal and revalidation. The panel was therefore satisfied that there was a requirement on Mr Jeetoo to carry out and record appraisals for doctors employed at the Clinic.

The panel noted that Mr Jeetoo had admitted this charge in his written response to the charges. Further, it was clear to the panel from the inspection report for 13 July 2017 that there were five doctors who worked at the Clinic and that the *'The provider had a record of appraisals for two of the doctors working in the clinic.'* The panel was therefore satisfied on the basis of Mr Jeetoo's admission and the inspection report that there was no record of appraisals for three of the doctors working at the Rotherham branch. It therefore found this charge proved.

Charge 45

45 In relation to Governance arrangements;

(a) Despite having in place policies and procedures to govern activity within the clinic, you did not ensure that staff signed the form to indicate that they had read and understood the policies

This charge is found proved.

The panel noted that Mr Jeetoo had admitted this charge in his written response to the charges. It also considered the inspection report for 13 July 2017 which stated that *'The clinic had a number of policies and procedures to govern activity and these were available to the doctors and staff. We were told by the acting manager that a new form had been introduced for staff to sign to indicate they had read and understood the policies, however we found that it had not been completed by any of the staff working in the clinic.'*

The panel therefore found this charge proved on the basis of Mr Jeetoo's admission and the findings of the inspection report.

Charge 46a

46 In relation to learning and improvement;

a) Failed to have in place effective policies that identified issues that were found within the clinic

This charge is found proved.

In considering this charge, the panel had regard to the fact that it had been admitted by Mr Jeetoo in his written response to the charges.

The panel also had regard to the inspection report for 13 July 2017 and its findings in relation to Charge 41a above. It was clear from the inspection report that Regulations

12 and 17 of the Regulations were not being met in that the Rotherham branch did not have a robust system in place, including effective policies to identify issues found within the clinic.

The panel therefore found this charge proved.

Charge 47

47 Between the 19th January 2017 and the 13th July 2017 failed to take any, or any sufficient, action to improve the service at the Rotherham Clinic following notification of breaches of regulations by the CQC

This charge is found proved.

The panel could see from the inspection report for 13 July 2017 that some action had been taken since the inspection on 19 January 2017. However, given the number of charges found proved in relation to the follow up inspection on 13 July 2017 the panel was satisfied that the actions taken by Mr Jeetoo to improve the service at the Rotherham branch were insufficient. The panel also noted that the CQC proceeded to cancel Mr Jeetoo's registration as Registered Manager.

The panel therefore found this charge proved.

Consideration of an interim order

The panel considered whether an interim order was required under Rule 32 (5) of the Rules.

Ms Bass reminded the panel that an interim order had initially been imposed on 28 September 2017. It was extended by the High Court for a further eight months in March 2018, following which the High Court declined to further extend the period of the interim order on the basis that there had been culpable and unexplained delays. Ms Bass

submitted that there had now been a substantial change in circumstances, in that a number of the charges had now been found proved. She submitted that an interim order was necessary, due to this material change in circumstances, and that an interim order was necessary to protect the public and also in the public interest.

Ms Bass further submitted that, in light of Mr Jeetoo's non-engagement and there being no indication that he would engage with a conditions of practice order, an interim suspension order would be the appropriate order, for a period of 18 months.

The panel accepted the advice of the legal assessor.

The panel was of the view that although it had now handed down its decision on the facts, it was not satisfied that there had been a material change in circumstances such as to require the imposition of an interim order. It noted that Mr Jeetoo had not been the subject of an interim order for some three years and there was no evidence before the panel that any issues had arisen. Further, the panel noted that Mr Jeetoo is 79 years old and had told the NMC, on 24 November 2021, that he had no desire to return to nursing practice. The panel was therefore of the view that there was a very low risk of Mr Jeetoo returning to practice, and it was not satisfied that the test for necessity had been met for an interim order to be imposed. It therefore determined that an interim order was not necessary.

Decision and reasons on service of Notice of Resuming Hearing

Ms Bass, on behalf of the NMC, informed the panel that Mr Jeetoo was not in attendance and that the Notice of resuming hearing had been sent to his registered address by recorded delivery, first class post and via email on 31 March 2022. She submitted that there had been good service of the notice in accordance with the requirements of Rule 32 (3) of the Rules.

The panel accepted the advice of the legal assessor.

In light of all of the information available, the panel was satisfied that Mr Jeetoo has been served with the Notice of Resuming Hearing in accordance with the requirements of Rules.

Decision and reasons on proceeding in the absence of Mr Jeetoo

The panel next considered whether to proceed in the absence of Mr Jeetoo. The panel had regard to Rule 21(2).

Ms Bass invited the panel to continue in the absence of Mr Jeetoo on the basis that he had voluntarily absented himself.

Ms Bass submitted that given the panel had found good service, it had discretion to proceed in the absence of Mr Jeetoo. She reminded the panel that during the previous proceeding in absence application it had been taken to a telephone communication of 24 November 2021, and that since that telephone communication there had been no further communication from Mr Jeetoo. Ms Bass submitted that there was no evidence before the panel to suggest that adjourning the hearing would serve any useful purpose as there had been no request from Mr Jeetoo for the hearing to take place on another date or to attend on an alternative date. Ms Bass therefore submitted that it would be reasonable to proceed in Mr Jeetoo's absence.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mr Jeetoo. It noted that when Mr Jeetoo last contacted the NMC, he had made it clear that he did not wish to participate in these proceedings and nothing had changed since then. It was satisfied that there had been good service of the Notice of Resuming Hearing. It was further satisfied that as Mr Jeetoo had not engaged, that had voluntarily absented himself from these proceedings. The panel determined that there was a public interest in the case proceeding today, and that, in the circumstances, it is fair, appropriate and proportionate to proceed in Mr Jeetoo's absence.

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 Mr Jeetoo'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, Mr Jeetoo's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct and impairment

Ms Bass provided the panel with written submissions on misconduct and impairment. She also gave oral submissions. She provided the following written submissions:

'Preamble

- 1. The panel will be aware that in deciding whether a Registrant's fitness to practise is impaired by reason of misconduct the correct course (per *Cheatle v General Medical Council* [2009] EWHC 645) is to embark upon a two stage process.*
- 2. First, the panel should consider whether the facts found proved amount to misconduct.*

3. *In determining this questions there is no burden or standard of proof, it is entirely a matter for the panel's professional judgment (per Council for the Regulation of Health Care Professionals v (1) General Medical Council (2) Biswas [2006] EWHC 464 (Admin)).*

Misconduct

4. *The comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 provide assistance when seeking to define misconduct:*

'[331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a practitioner in the particular circumstances'.

5. *The panel may further be assisted by the comments of Elias LJ in R (on the application of Remedy UK Ltd) v General Medical Council [2010] EWHC 1245 (Admin) who stated that misconduct must be 'sufficiently serious that it can properly be described as misconduct going to fitness to practise'.*

The Code

6. *Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) is, in my submission, to be answered by reference to the Nursing and Midwifery Council's Code of Conduct.*
7. *I submit that the following parts of the Code are engaged and have been breached by the Registrant:*

4 Act in the best interests of people at all times

To achieve this, you must:

...

4.2 make sure that you get properly informed consent and document it before carrying out any action

6. Always practise in line with the best available evidence

To achieve this, you must:

6.1 make sure that any information or advice given is evidence based including information relating to using any health and care products or services

6.2 maintain the knowledge and skills you need for safe and effective practice

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

...

10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

...

10.5 take all steps to make sure that records are kept securely

10.6 collect, treat and store all data and research findings appropriately

12 Have in place an indemnity arrangement which provides appropriate cover for any practice you take on as a nurse, midwife or nursing associate in the United Kingdom

To achieve this, you must:

12.1 make sure that you have an appropriate indemnity arrangement in place relevant to your scope of practice

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

...

13.5 complete the necessary training before carrying out a new role

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

...

16.4 acknowledge and act on all concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so

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

To achieve this, you must:

18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs

18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs

18.3 make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines

18.4 take all steps to keep medicines stored securely

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

19.2 take account of current evidence, knowledge and developments in reducing mistakes and the effect of them and the impact of human factors and system failures

19.3 keep to and promote recommended practice in relation to controlling and preventing infection

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

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

23 Cooperate with all investigations and audits

20.2 act with honesty and integrity at all times, ...

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first

25.2 support any staff you may be responsible for to follow the Code at all times. They must have the knowledge, skills and competence for safe practice; and understand how to raise any concerns linked to any circumstances where the Code has, or could be, broken

8. *The misconduct relates to very serious failing in areas including safeguarding, safe use of equipment, clinical assessment and prescribing, record keeping, recruitment procedures, infection control and fire safety. In my submission, these failings placed service users at a risk of harm in a number of ways, including :*

8.1 *Safeguarding is an extremely important part of healthcare provision and is designed to safeguard service users from improper treatment and abuse. A number of failings in this area have been found proved across both slimming clinics and they persisted despite concerns raised by the CQC and second inspections at each clinic.*

8.2 *Not calibrating weighing scales and blood pressure equipment means not only were weights potentially not being measured correctly, which is vital to the success of a slimming clinic, but also that there could be no reliable monitoring of patient safety where these two measurements are vital in deciding on safe and effective treatment. You received evidence from Witness 1 that the equipment that had not been PAT tested left patients at a risk of harm as they could not know if the equipment was safe to use.*

8.3 *Not having a prescribing policy for appetite suppressants placed patients at risk, this was highlighted to you by Mr Jeetoo in his response to this charge where he said that NICE guidelines, National Slimming Clinic and Obesity Management Association guidance on prescribing was printed and used. The fact that there are guidelines, and Mr Jeetoo was aware of them, really indicates these medications have limitations and may even be dangerous if used incorrectly. You heard that the guidelines cited by Mr Jeetoo were not followed and therefore, in my submission patients were placed at a risk of harm as a result of having no prescribing policy in place.*

8.4 *Failing to document clinical decision making is particularly concerning in light of the evidence you heard about three service users either contra indicated or the body mass index (BMI) was below the recommended thresholds, without any clinical reasoning recorded it would be impossible to assess if these*

patients were at risk and it would hamper any other healthcare professional relying on these notes to properly advise on future treatment or manage any adverse reactions, for example.

8.5 Failings in relation to pre-employment checks, recruitment procedure and ongoing staff record keeping is particularly serious in light of your findings about a lack of prescribing guidelines or protocols setting out thresholds for treatment. The lack of guidance coupled with a lack of specialist knowledge or experience, in my submission, placed service users at a risk of harm. Witness 1 gave evidence that failings in pre-employment checks placed service users at risk of harm because Mr Jeetoo had not assured himself that employees were registered with appropriate professional bodies or adequately indemnified, nor had he done everything that he practically could to protect service users from abuse.

8.6 You have found failings with regards to infection control across both clinics and you heard evidence from Witness 1 that these failings placed patients at a risk of infections.

8.7 Concerns about fire safety were identified across both sites and the concerns continued despite being raised with Mr Jeetoo by the CQC. For example, Mr Jeetoo had identified a fire risk when a risk assessment stated that fire alarms should be tested weekly but he had not taken any steps to mitigate that risk and left patients at risk of harm.

9. Following on from the failings identified at the clinics, Mr Jeetoo has also been found to be dishonest when responding to his Regulator. Nurses occupy a position of trust, patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity.

10. The dishonesty in this case did not relate directly to patient care but NMC guidance on cases involving dishonesty states:

The most serious kind of dishonesty is when a nurse, midwife or nursing associate deliberately breaches the professional duty of candour to be open and honest when things go wrong in someone's care.

However, because of the importance of honesty to a nurse, midwife or nursing associate's practice, dishonesty will always be serious.

11. In summary, the misconduct in this case is wide ranging and serious. A number of similar failings were identified across the two branches of clinics and those failings were not properly addressed despite input from the CQC. Further, there was a finding of dishonesty by intending to mislead the NMC.

12. This conduct undermines public confidence in the profession and is at the more serious end of the fitness to practise spectrum because the conduct placed patients at risk of harm, albeit there is no evidence of causing actual harm.

13. Mr Jeetoo in all the circumstances of this case, departed from good professional practice, placed service users at a risk of harm and acted dishonestly. The facts as found are therefore sufficiently serious to constitute misconduct.

Impairment

14. If the panel finds the facts found proved do amount to misconduct the next matter the panel must consider is whether the Registrant's fitness to practise is currently impaired by reason of that misconduct.

13. Impairment is conceptually forward looking and therefore the question for the panel is whether Mr Jeetoo's Fitness to practise is impaired as at today's date (per Cohen also Zgymunt v General Medical Council [2008] EWHC 2643 (Admin)).

14. *The panel should note that, in line with rule 31(7)(b) of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, a departure from the Code is not of itself sufficient to establish impairment of fitness to practise, that question, like misconduct is a matter for the panel's professional judgment.*

15. *I submit that the panel is likely to find the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)) [(Grant)] helpful. Those questions are:*

1. *has [the Registrant] in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or*
2. *has [the Registrant] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or*
3. *has [the Registrant] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future.*
4. *has [the Registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future.*

16. *In my submission all of these questions can be answered in the affirmative in respect of past conduct.*

17. *A number of risks were identified and explored during the hearing, meaning the clinics which Mr Jeetoo was responsible for had repeatedly placed patients at unwarranted risk of harm.*

18. *The wide ranging failings, the failure to improve, and the proven dishonesty are all liable to bring the profession into disrepute.*

19. *Dishonesty is a breach of a fundamental tenet of the profession.*

20. *Current impairment can be found either on the basis that there is a continuing risk, or that the public confidence in the nursing profession and the NMC as a Regulator would be undermined if such a finding were not made.*

21. *With regard to future risk, the panel will likely find assistance in the questions asked by Silber J in Cohen, namely, is the misconduct easily remediable, has it in fact been remedied and is it highly unlikely to be repeated*

22. *Dishonesty is not only a breach of a fundamental tenet of the profession, it is also described in NMC Guidance as not easily remediated. You have not heard from Mr Jeetoo during the hearing but you have received written responses which indicate he denied misleading the NMC. There seems to be no explanation as to how the dishonesty came about or any efforts to ensure there is no repeat which means you can have no confidence that this conduct will not be repeated. In any event, in my submission, a finding of dishonesty justifies a finding of current impairment not only in respect of the ongoing risk but also to reaffirm standards of professional conduct and maintain confidence in the profession.*

23. *As to the risk of repetition of the remaining failings, you are entitled to take into account the way Mr Jeetoo has acted in the past. You know that failings were identified, they were wide ranging, and presented a number of risks to the public. You also know that the CQC reported these issues to Mr Jeetoo and despite repeat inspections, and notification of breaches, he failed to take sufficient action to improve the services at either site.*

24. *Without any proper explanation of how the failings came to be repeated, and how you can be satisfied that they would not be repeated again, I submit that the failings have not been remedied and the risk of repetition remains high.*

25. *For all the reasons detailed above, I submit that a risk of repetition remains high and Mr Jeetoo's actions, including the dishonesty, are so serious that a finding of current impairment is required in order to protect the public and to maintain public confidence in the profession and to uphold proper professional standards.'*

In conclusion Ms Bass submitted that the facts found proved are sufficiently serious to constitute misconduct as there have been multiple breaches of the Nursing and Midwifery Council Code (2015) and (2018) (the Code), and service users had been put at an unwarranted risk of harm.

The panel heard and accepted the advice of the legal assessor, who made reference to a number of cases to include *Meadow v GMC [2007] 1QB 462*, *Ahmedsowida v GMC 2021 EWHC 3466 (Admin)*, *R (Remedy v GMC [2007] 1 QB 462*, and *Grant*.

Decision and reasons on misconduct

The panel had particular regard to the following passage taken from the case of *Remedy*:

“(3) Conduct can properly be described as linked to the practice of medicine, even though it involves the exercise of administrative or managerial functions, where they are part of the day-to-day practice of a professional doctor. These functions include the matters identified in Sadler, such as proper record-keeping, adequate patient communication, proper courtesy shown to patients and so forth. Usually, a failure adequately to perform these functions will fall within the scope of deficient performance rather than misconduct, but in a sufficiently grave case, where the negligence is gross, there is no reason in principle why a misconduct charge should not be sustained.”

The panel considered that this analysis of a doctor's performance would apply to a nurse exercising an administrative or managerial function.

When determining whether the facts found proved amount to misconduct, the panel had regard to the Code. Although there were two versions of the Code in existence at the time of the various charges there was no material difference in the duties incumbent upon nurses. The 2018 revisions to the Code made it clear that it applied to associate nurses. Beyond that there were no alterations.

The panel acknowledged that Mr Jeetoo's actions in relation to the facts found proved were conducted whilst acting in the capacity of the Registered Manager of slimming clinics. The panel was of the view that while in the position of Registered Manager, Mr Jeetoo was a registered nurse, working in a clinical environment, and responsible for the health and wellbeing of the service users and staff. The panel had regard to the introduction to the Code which states:

'The Code contains the professional standards that registered nurses, midwives and nursing associates must uphold. Nurses, midwives and nursing associates must act in line with the Code, whether they are providing direct care to individuals, groups or communities or bringing their professional knowledge to bear on nursing and midwifery practice in other roles, such as leadership, education, or research. The values and principles set out in the Code can be applied in a range of different practice settings, but they are not negotiable or discretionary.'

The panel was satisfied from the introduction to the Code that Mr Jeetoo, a registered nurse employed in the capacity as a Registered Manager, was still bound by the Code and had a duty to act in line with it. The panel therefore considered whether the charges amounted to misconduct.

In considering the facts found proved when deciding if they amounted to misconduct, the panel identified sections of the Code which it determined had amounted to a breach.

1. Safeguarding in respect of charges, 1a, 1b, 1c, 1d, 10a, 11a, 11b, 21a, 21b, 21c, 21d, 21e, 36a, 36b, 36c and 36d.

The panel considered the following sections of the Code were engaged in respect of these charges:

'13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.5 complete the necessary training before carrying out a new role

17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

To achieve this, you must:

17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse

17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people'

The panel was of the view that effective safeguarding policies and practices are fundamental to keep service users safe. It noted that there were a considerable number of failings, as set out in the charges above, at both the Doncaster and Rotherham clinics. It noted that the Regulations set out a number of systems and processes for safeguarding and there were a number of breaches of the Regulations, as set out in the CQC reports. The panel also found there to have been widespread failings across both clinics over a significant period of time involving breaches of the Regulations, failures to have in place appropriate policies, proper training of staff, and proper systems in place to enable service users to raise concerns. The panel noted that the CQC gave clear guidance, and a number of opportunities, to Mr Jeetoo to improve safeguarding issues and Mr Jeetoo failed to satisfactorily address the CQC concerns.

The panel was of the view that Mr Jeetoo's conduct fell significantly short of the standards expected of a registered nurse and amounted to misconduct. The panel was satisfied that the charges relating to safeguarding amounted to misconduct.

2. Recruitment and staffing in respect of charges 2a, 2b, 12a, 12c(i), 23a, 23b, 23c, and 18a(i)

The panel considered the following sections of the Code were engaged in respect of these charges:

'17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

To achieve this, you must:

17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse

17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people'

The panel was of the view that Mr Jeetoo put service users at an unwarranted risk of harm by his failures to carry out appropriate recruitment and staffing checks.

The panel was satisfied that Mr Jeetoo's conduct in relation to these charges amounted to misconduct. Failures to carry out appropriate pre-employment checks, such as DBS checks and checks with the relevant professional body (GMC) to ensure that the doctors working at the clinics were registered to practice, meant that Mr Jeetoo was putting service users at an unwarranted risk of harm. The panel found that there were widespread failures across both clinics in relation to the recruitment and selection checks for the staff employed, and involved breaches of the Regulations, CQC expectations and requirements, and the clinic's 'Recruitment and Selection' policy. The panel was therefore satisfied that Mr Jeetoo's conduct was serious and amounted to misconduct.

3. Infection control in respect of charges 3a, 3b, 3c, 3d, 3e, 13a, 13b, 13c, 13d, 24d(ii), 25c, 25d, 25e, 25f, 25g, 39a, and 39b

The panel considered the following sections of the Code were engaged in respect of these charges:

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

To achieve this, you must:

19.3 keep to and promote recommended practice in relation to controlling and preventing infection

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first'

The panel acknowledged that the clinics in question were slimming clinics that carried out non-invasive procedures and that the risk of infection was lower than clinics where invasive procedures were carried out. Nevertheless, it found that there were widespread failures in infection control across both clinics, from 2016 – 2017. The panel noted that Mr Jeetoo had been given a number of opportunities to rectify and address the CQC concerns but failed to do so satisfactorily. The panel had found there to be breaches of the Regulations, including failures to have in place an infection control policy or appropriate facilities in the clinic, resulting in risks to staff as well as service users e.g. inadequate hand washing facilities and failure to have gloves and alcohol gel in place.

The panel was satisfied that, as the Registered Manager, Mr Jeetoo had a responsibility to ensure that the clinics had adequate infection control measures in place to ensure safe treatment for service users. The panel was satisfied that Mr Jeetoo's conduct was serious in relation to these charges and amounted to misconduct.

4. Premises and equipment in relation to charges 4a, 4b, 4c, 4d, 4e, 4f(i), 4f(ii), 15c, 24c, 27a, 27b, 27c, 40a, and 40c

The panel considered the following sections of the Code were engaged in respect of these charges:

'Work co-operatively

To achieve this, you must:

8.5 work with colleagues to preserve the safety of those receiving care

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.4 take account of your own personal safety as well as the safety of people in your care

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

To achieve this, you must:

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first'

The panel found that there were widespread failures at both clinics in relation to the premises and the scheduled testing of equipment. It noted there were failures in relation to proper fire systems and fire-fighting equipment which put both service users and staff at risk of harm. It also found there to have been risks to service users as the weighing scales and blood pressure monitoring equipment was not adequately tested or calibrated, meaning that doctors would not have accurate information on which to base their prescribing. The panel was of the view that this compromised doctors' ability to practice safely. Furthermore, if electrical equipment was not adequately tested this equipment could put service users and staff at an unwarranted risk of harm. The panel noted that while there were some improvements made following the CQC inspections, these did not sufficiently address all the issues raised by the CQC. The panel was of the view that Mr Jeetoo's conduct in relation to these charges was serious and amounted to misconduct.

5. Safe and effective use of medicines in relation to charges 5a, 5b, 5c, 9a(i), 9a(ii), 17b, 17d, 18b, 28a, 28b, 28c, 28d, 28e, 29d, 29e, 32a, 32b, 41a, 42a and 42b

The panel considered the following sections of the Code were engaged in respect of these charges:

'6 Always practise in line with the best available evidence

To achieve this, you must:

6.1 make sure that any information or advice given is evidence-based including information relating to using any health and care products or services

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

To achieve this, you must:

18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled

drugs 19 Professional standards of practice and behaviour for nurses, midwives and nursing associates. All standards apply within your professional scope of practice.

18.3 make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines

18.4 take all steps to keep medicines stored securely

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

To achieve this, you must:

19.2 take account of current evidence, knowledge and developments in reducing mistakes and the effect of them and the impact of human factors and system failures (see the note below)

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.4 keep to the laws of the country in which you are practising

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first'

The panel found that there were widespread failures in safe and effective use of medicines across both clinics. It noted that the CQC inspections identified concerns relating to the safe and effective use of medicines. There were failures in relation to the safe storage, safe disposal, recording and labelling of medicines. Inadequate policies were in place for processes and procedures relating to prescribing, dispensing, checking balances and safe disposal of medicines. The panel considered these failures were serious and put service users at an unwarranted risk of harm. The panel determined that Mr Jeetoo's conduct in relation to these charges amounted to misconduct.

6. Assessment and treatment of patients in relation to charges 6b, 6c, 6d, 17a, 17c, 17e, 29a, 29b, 29c and 29e

The panel considered the following sections of the Code were engaged in respect of these charges:

'6 Always practise in line with the best available evidence

To achieve this, you must:

6.1 make sure that any information or advice given is evidence-based including information relating to using any health and care products or services

8 Work co-operatively

To achieve this, you must:

8.2 maintain effective communication with colleagues

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first'

The panel found failings in relation to the assessment and treatment of patients at the clinics, e.g. incomplete medical histories were taken and service users with contraindications or with a BMI less than 30Kg/m² were prescribed medication. The panel was of the view that as a result of Mr Jeetoo's conduct, service users were put at unwarranted risk of harm. The panel considered this to be serious misconduct, falling short of the standards expected of a registered nurse. The panel was satisfied that Mr Jeetoo's conduct in relation to these charges amounted to misconduct.

7. Staff training and experience (specialist clinical training, staff appraisals, and revalidation) in relation to charges 7a, 7b, 7c, 7d, 30a, 30b, 30c, 30d, 43a, and 43b

The panel considered the following sections of the Code were engaged in respect of these charges:

'9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

To achieve this, you must:

9.1 provide honest, accurate and constructive feedback to colleagues

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first'

The panel noted that no specialist training had been provided to doctors providing treatment at the clinics and no evidence that the doctors had any particular skills or knowledge in obesity and weight management. Mr Jeetoo relied on staff having had training elsewhere (e.g. within the NHS), without conducting any checks or requesting

evidence of staff having had the necessary training. The panel was unsure as to how Mr Jeetoo had assured himself that doctors were competent and could give safe and effective treatment to service users. Furthermore, the panel noted that Mr Jeetoo had no up to date appraisals for staff and had a very poor record of carrying out staff appraisals. The panel was of the view that these were significant failings that put service users at a risk of harm. The panel determined that Mr Jeetoo's conduct in relation to these charges was serious and amounted to misconduct.

8. Governance (assurance systems, performance measures audits) in relation to charges 9b, 9c, 10b(i), 10b(ii), 18c, 18d, 18e, 18f, 19a, 33a, 33b, 33c, 45a, and 46a

The panel considered the following sections of the Code were engaged in respect of these charges:

'8 Work co-operatively

To achieve this, you must:

8.4 work with colleagues to evaluate the quality of your work and that of the team

8.5 work with colleagues to preserve the safety of those receiving care

8.6 share information to identify and reduce risk

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

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first'

As the Registered Manager of the clinics, the panel was of the view that it was Mr Jeetoo's responsibility to have governance and quality assurance systems in place. It considered that it was important to ensure the quality of service being provided, to identify whether any improvements were required to the service, and to deliver these improvements. In the absence of adequate quality assurance systems, the panel considered that Mr Jeetoo could not be satisfied that the service being provided at the clinics was safe and effective. The panel determined that this put service users at an unwarranted risk of harm. The panel found that Mr Jeetoo's conduct was serious and amounted to misconduct.

9. Health and safety risk assessments and monitoring/managing risks in relation to charges 24a, 24b, 24d(i), and 24d(iii), and 38a

The panel considered the following sections of the Code were engaged in respect of these charges:

'8 Work co-operatively

To achieve this, you must:

8.5 work with colleagues to preserve the safety of those receiving care

8.6 share information to identify and reduce risk

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

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first'

As the Registered Manager, Mr Jeetoo was the person responsible for monitoring health and safety and responding to risks e.g. ensuring health and safety risk assessments were carried out and appropriate training records were kept. The panel considered Mr Jeetoo's failures in relation to these charges were serious, as it put service users and staff at unwarranted risk of harm. It therefore found that Mr Jeetoo's conduct, in relation to these charges, amounted to misconduct.

10. Take any or sufficient action to improve the service provided at the clinics, in relation to charges 20, and 47

The panel considered the following sections of the Code were engaged in respect of these charges:

'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

20.4 keep to the laws of the country in which you are practising

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first'

The panel had regard to the fact that Mr Jeetoo did not adequately address the failings identified by the CQC, following notification of breaches of the Regulations. The panel noted that Mr Jeetoo received improvement notices from the CQC, setting out what needed to be addressed at the clinics and was given multiple opportunities over a significant period of time to address the failings.

The panel acknowledged that there were some improvements to the service but considered these to have been minor and insufficient. The breaches of the Regulations, and Mr Jeetoo's failure to adequately address these, ultimately led to the CQC cancelling his registration. The panel was of the view that the CQC inspection reports and the evidence from the witnesses who conducted the inspections evidenced a history of Mr Jeetoo's non-compliance. The panel considered that failing to address the issues identified and engage in a meaningful way with the CQC was serious and amounted to misconduct.

11. Dishonesty in relation to charges 34 and 35

The panel considered the following sections of the Code were engaged in respect of these charges:

'10 Keep clear and accurate records relevant to your practice This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.2 act with honesty and integrity at all times...'

The panel had regard to its findings that Mr Jeetoo produced interview notes and a pre-employment checklist which were not genuine. The panel considered Mr Jeetoo's attempt to mislead the NMC was very serious and amounted to misconduct.

Charges 24e and 37a

The panel, in its decision on the facts, found that there was no duty on Mr Jeetoo to ensure the doctors had medical indemnity insurance. The panel was not provided with information in relation to the indemnity insurance arrangements in place at the clinics and whether doctors were required to have separate insurance in place. On this basis the panel found that charges 24e and 37a did not amount to misconduct.

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 Mr Jeetoo's conduct in relation to the facts found proved, except charges 24e and 37a, did fall seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct.

Decision and reasons on impairment

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

In this regard the panel considered the test approved by Mrs Justice Cox in the case of *CHRE v NMC and Grant* paragraph 75:

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

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

The panel found that all four limbs of the test were engaged.

The panel found that service users were put at an unwarranted risk of harm in the past and that there is a risk in the future as there has been no evidence to show that the misconduct has been addressed. The panel noted its findings in relation to misconduct and, in particular the failings regarding safeguarding, safety and checking of equipment (including electrical), medicines management, risk assessment, infection control and the recruitment training and supervision of staff (including doctors).

The panel was also satisfied that Mr Jeetoo had brought the profession into disrepute by his repeated serious failings in relation to a number of fundamental tenets which included multiple serious breaches of the Code, and that Mr Jeetoo had acted

dishonestly in attempting to mislead the NMC. Given the lack of insight, remorse and any evidence of strengthening his practice, the panel was also satisfied that Mr Jeetoo, in the future, would be likely to bring the profession into disrepute, breach the fundamental tenets and act dishonestly.

The panel was of the view that the misconduct in this case is capable of remediation, noting however that dishonesty can be difficult to remediate.

In considering whether Mr Jeetoo had strengthened his practice, the panel was of the view that Mr Jeetoo had multiple opportunities to put proper processes and policies in place following CQC inspections but had failed to do so. It noted that Mr Jeetoo did take some action to remedy some of the failings, however the panel considered the actions taken were insufficient to eliminate the risks posed to service users and comply with the Regulations.

With regard to insight, the panel was of the view that, although Mr Jeetoo did engage with the NMC and informally admitted to some of the charges in writing prior to the hearing, he failed to demonstrate an understanding of the significance of the consequences and risks for service users, staff and the public as a result of his misconduct. The panel determined that Mr Jeetoo lacked insight into his role and responsibilities as the Registered Manager.

The panel noted that throughout the CQC process, there was little acceptance from Mr Jeetoo that he needed to make improvements to the service to ensure that it was safe and effective and compliant with the Regulations. The panel noted that Mr Jeetoo's lack of constructive and positive engagement with the CQC process demonstrated attitudinal issues. In this regard, the panel also noted Mr Jeetoo's persistent and repeated failure to address breaches of the Regulations and requirements of the CQC. The panel was of the view that this indicated that Mr Jeetoo had attitudinal issues towards the CQC, his regulator as the Registered Manager of the Clinic.

The panel had careful regard to Mr Jeetoo's written submissions to the NMC in relation to the regulatory concerns and the charges listed above. The panel found that there was

little evidence of insight, remorse or strengthening of his practice and was therefore of the view that there was a high risk of repetition of his misconduct. The panel was satisfied that Mr Jeetoo presented a high level of risk to service users. 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 determined that a finding of impairment on public interest grounds is also required as members of public would expect a nurse to adhere to appropriate standards, particularly in relation to the health and safety and well-being of the public and service users. The panel was of the view that Mr Jeetoo, a registered nurse in a position of management and leadership had failed the public's expectations; the public would expect a nurse to be honest, to comply with the Regulations and requirements of the CQC and ensure that the clinics provided safe and effective treatment for service users. It therefore concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and found Mr Jeetoo's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mr Jeetoo's fitness to practise is currently impaired on both the grounds of public protection and in the wider public interest.

Decision and reasons on service of Notice of Hearing

At the start of the resumed hearing Ms Bass informed the panel that the only document in the Proof of Posting bundle that was relevant to the issue of service was a Notice of Hearing which had been sent to Mr Jeetoo at his registered address by Recorded

Delivery on 11 October 2022. This did not appear to be in compliance with the Rules as Rule 32 (3) applied to this case. The rules required that the Registrant should have been informed “*as soon as reasonably practicable*” of “*the date time and venue of the resumed hearing.*”

Ms Bass informed the panel that an email was sent by the NMC to Mr Jeetoo’s son, with other relevant parties “*blind copied*” into said email, on 13 June 2022, informing parties of the resuming dates for this hearing. Ms Bass told the panel that she was aware of this as Mr Jeetoo’s son had replied to the email on the same day, informing the NMC that he was no longer representing Mr Jeetoo and had not been since before the final hearing. Mr Jeetoo’s son asked that the NMC remove him as the representative and cease contacting him.

Ms Bass told the panel that she could not be sure that this email had also been sent to Mr Jeetoo as it was not possible to see who had been “*blind copied*”. She submitted, however that, Mr Jeetoo knew about the previous hearing in May 2022 and had received the transcripts from this hearing.

Miss Bass further submitted that the sending of the notice on 11 October 2022 could be construed as informing Mr Jeetoo as soon as was reasonably practicable. On the basis that the NMC had discovered that it had “*dropped the ball*”, she submitted that the sending of the notice was as sent ‘*as soon reasonably practicable*’ after this error had been discovered.

Ms Bass submitted that Mr Jeetoo would have known about the proceedings today as he was sent the Notice of the Hearing on 11 October 2022 and would have had an opportunity to attend should he wish to do so.

The NMC had not had a response from Mr Jeetoo. In response to panel questions, Ms Bass stated that although she had checked the track and trace for the letter of 11 October 2022 she could not confirm if the recorded letter had been delivered. Ms Bass submitted that the Rules only required that the NMC send the letter, not that it was received by the Registrant. Ms Bass submitted that it had been sent to the address on the NMC register which Mr Jeetoo was required to keep up to date.

Ms Bass, on behalf of the NMC, submitted that it had complied with the requirements of Rules 32(3) and 34 of the Rules.

The panel took into account that the Notice dated 11 October 2022 provided details of the allegations, the time, dates and nature of the hearing and, amongst other things, information about Mr Jeetoo's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

The panel accepted the advice of the legal assessor, who referred to Rule 32 (3) and suggested that the date when Mr Jeetoo should have been notified was on or around 13 June 2022. This was the time when everyone else was notified. He told the panel that this could be a situation where it should consider whether to apply the legal maxim *Omnia praesumuntur esse acta*. It is a presumption that everything is done validly in accordance with the necessary formalities.

In the light of all of the information available, the panel was not satisfied that Mr Jeetoo has been served with the Notice of Hearing in accordance with the requirements of Rules 32(3) and 34. The panel noted that an email was sent by the NMC on 13 June 2022, which contained notice of today's proceedings, to several relevant parties (including Mr Jeetoo's son, the panel and the Case Officer). However, the NMC were not able to prove that this email had been sent to Mr Jeetoo. The individual at the NMC who sent this email was on leave and therefore unavailable to confirm if in fact they had emailed Mr Jeetoo on or around 13 June 2022.

The panel was of the view that this email should have been sent to Mr Jeetoo in order for notice to have been served '*as soon as reasonably practicable*'. The panel further noted that Mr Jeetoo's son was no longer his representative and had not been for some time. The panel did not consider that the Rules permitted service at a later time if the NMC had "*dropped the ball*". Sending a notice at a later date could not cure a defect in service. The panel determined that notice for this hearing has not been served to Mr Jeetoo as required by the Rules and decided to adjourn proceedings today to allow the NMC to effect good service.

Decision and reasons on service of the resuming Notice of Hearing

Mr Rye, on behalf of the NMC, informed the panel at the start of this resumed hearing that Mr Jeetoo was not in attendance and that the Notice of Hearing letter had been sent to his registered address by recorded delivery and by first class post on 16 November 2022. Mr Rye submitted that the NMC had complied with Rule 32 (3) of the Rules and that Mr Jeetoo had been served in accordance with the requirements of 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 allegations, the time, dates, virtual hearing link, and information about Mr Jeetoo's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence. The panel was satisfied that the Notice of Hearing was served as soon as practicable on Mr Jeetoo.

In light of all of the information available, the panel was satisfied that Mr Jeetoo has been served with the Notice of Hearing in accordance with the requirements of Rules 32 and 34 of the Rules.

Decision and reasons on proceeding in the absence of Mr Jeetoo

The panel next considered whether it should proceed in the absence of Mr Jeetoo. It had regard to Rule 21(2).

Mr Rye invited the panel to continue in the absence of Mr Jeetoo. He submitted that there had been good service, and reminded the panel that it had the discretion to proceed in light of the public interest.

Mr Rye informed the panel that there had been no communication from Mr Jeetoo since his telephone call initiated by the NMC in November 2021, and submitted that there was no evidence before the panel to suggest that adjourning the hearing would serve any useful purpose. Mr Rye submitted that it would be reasonable to proceed in the absence of Mr Jeetoo.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant should be exercised '*with the utmost care and caution*' as referred to in the case of *Jones*.

The panel has decided to proceed in the absence of Mr Jeetoo. It noted that there had been no material change since the last hearing. Mr Jeetoo made it previously known that he did not wish to participate in the hearing, and nothing has changed since then. The panel was satisfied that the Notice of Hearing had been served appropriately and that there has been no request for an adjournment. It was therefore satisfied that Mr Jeetoo had voluntarily absented himself. The panel was of the view that it was in the public interest to proceed in order to ensure the expeditious disposal of this matter. It was also of the view that it was in Mr Jeetoo's own interest to bring this matter to a close.

Sanction

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

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

Submissions on sanction

Mr Rye invited the panel to impose a striking-off order and outlined a number of aggravating and mitigating factors. He then considered each form of sanction in turn, starting with the least restrictive first. In summary, he submitted that no further action or a caution order would not be appropriate in the circumstances of this case due to the wide-ranging number of issues in relation to Mr Jeetoo's practice which include serious dishonesty. Mr Rye submitted that it would be extremely rare for no sanction or for a caution order to be imposed in these circumstances, given the seriousness of the misconduct and how wide-ranging concerns are. He noted that these forms of sanction would be insufficient to protect the public.

Mr Rye submitted that a conditions of practice order would be inappropriate due to evidence of an attitudinal problem and Mr Jeetoo's unwillingness to make improvements when given the opportunity to do so. He submitted that Mr Jeetoo's misconduct involves concerns relating to safeguarding, recruitment and staffing, infection control, staff training, governance, health and safety assessments and dishonesty. Mr Rye submitted that there had been flagrant disregard to act on CQC's requirements and that Mr Jeetoo's misconduct goes beyond identifiable areas in need of retraining. He submitted that, if conditions were imposed, Mr Jeetoo would still present a risk to the public as he may well ignore any conditions imposed.

Mr Rye referred the panel to the SG in relation to imposing a suspension order. He submitted that Mr Jeetoo's conduct was not a single incident of misconduct. Mr Rye submitted that Mr Jeetoo presents evidence of harmful attitudinal problems and that the NMC have not heard from him in relation to any insight, therefore he remains a high-level risk to service users. Mr Rye submitted that a suspension order would not be sufficient to address those risks.

Mr Rye referred the panel to the SG in relation to imposing a striking-off order and drew the panel to the key considerations it should take account of. He submitted that Mr Jeetoo has acted dishonestly, placed patients at risk of harm and failed to make improvements when given the opportunity to do so. He submitted that these concerns

raise questions about Mr Jeetoo's professionalism and trustworthiness and that his actions put service users at unwarranted risk of harm. Mr Rye submitted that the only appropriate sanction for the panel is to impose a striking-off order, in order to maintain public confidence in the NMC and in order to uphold the good name of the nursing profession.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Mr Jeetoo'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:

- As Registered Manager of the Clinics, Mr Jeetoo failed to meet a wide range of fundamental standards during four CQC inspections over a prolonged period;
- As Registered Manager of the Clinics, Mr Jeetoo largely failed to address the breaches and concerns identified by the CQC;
- Serious dishonesty;
- Failure to safeguard service users and staff;
- Deep-seated attitudinal behaviour towards the CQC and the NMC (his regulators);
- Lack of insight, remorse and no evidence of Mr Jeetoo strengthening his practice;
- Lack of trustworthiness and professionalism.

The panel took into account the following mitigating features:

- No evidence of direct patient harm;

- Mr Jeetoo made limited changes in response to CQC recommendations to improve the service provided by the Clinics.

Before considering the proportionate and appropriate sanction to apply in this case, the panel bore in mind the NMC Guidance, SAN-2 ‘Considering sanctions for serious cases: Cases involving dishonesty’, dated 17 December 2021, which states:

“The most serious kind of dishonesty is when a nurse, midwife or nursing associate deliberately breaches the professional duty of candour to be open and honest when things go wrong in someone’s care.

However, because of the importance of honesty to a nurse, midwife or nursing associate’s practice, dishonesty will always be serious.

In every case, the Fitness to Practise Committee must carefully consider the kind of dishonest conduct. Not all dishonesty is equally serious. Generally, the forms of dishonesty which are most likely to call into question whether a nurse, midwife or nursing associate should be allowed to remain on the register will involve:

- ...
- ...
- ...
- *personal financial gain from a breach of trust*
- *direct risk to patients*
- *premeditated, systematic or longstanding deception*

Dishonest conduct will generally be less serious in cases of:

- *one-off incidents*
- *opportunistic or spontaneous conduct*
- *no direct personal gain*

- *no risk to patients*
- ...

The law about healthcare regulation makes it clear that a nurse, midwife or nursing associate who has acted dishonestly will always be at risk being removed from the register.”

The panel considered, in the circumstances of this case, that the dishonesty was not at the lower end of the spectrum of seriousness because it was deliberate, pre-meditated and he intended to mislead the NMC.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Jeetoo’s practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *‘the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.’* The panel considered that Mr Jeetoo’s misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mr Jeetoo’s registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the facts found proved in this case.

The panel noted that Mr Jeetoo failed to undertake fundamental duties in relation to his role as a Registered Manager of the Clinics. The panel bore in mind his dishonesty and repeated failure to engage with recommendations and requirements of the CQC. The panel also considered Mr Jeetoo’s deep-seated attitudinal issues and his lack of

engagement with the NMC proceedings and noted that Mr Jeetoo has clearly indicated that he is no longer interested in practicing as a nurse. The panel therefore determined that conditions of practice were not workable or practicable in the circumstances of this case.

The panel concluded that the placing of conditions on Mr Jeetoo's registration would not adequately address the seriousness of this case and would not protect the public.

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

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

The panel noted that the facts found proved were not a single incident of misconduct, but amounted to wide-ranging breaches of the Regulations and of the Code. The panel considered that Mr Jeetoo's misconduct demonstrated deep-seated attitudinal concerns given his repeated failure to address the CQC requirements and concerns and his dishonesty. The panel determined that a deep-seated attitudinal problem is also evidenced by Mr Jeetoo's unwillingness to accept that his failures, his inability to provide any sufficient explanation into the regulatory concerns, or insight and it considered it's earlier finding that "*risk of repetition is very likely*" in this case.

The misconduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel therefore determined that a suspension order would not be an appropriate or proportionate sanction.

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

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

The panel determined that Mr Jeetoo's actions were significant departures from the standards expected of a registered nurse, involved serious dishonesty and raised fundamental questions about his professionalism. The panel was of the view that the findings in this particular case demonstrate that Mr Jeetoo's actions were serious and to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body. The panel has concluded that Mr Jeetoo's misconduct is incompatible with him remaining on the register.

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

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

This will be confirmed to Mr Jeetoo in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Mr Rye. He submitted that an interim order is necessary to protect the public and is otherwise in the public interest. Mr Rye submitted that an interim suspension order for a period of 18 months is necessary to cover any possible appeal period. He submitted that an interim suspension order would be appropriate as it would be consistent with the panel's decision to impose the substantive striking-off order.

The panel heard and accepted the advice of the legal assessor.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to allow sufficient time for an appeal to be made by Mr Jeetoo, should he wish to do so.

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

That concludes this determination.