

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

**Substantive Order Review Hearing
Tuesday, 9 April 2024**

Virtual Hearing

Name of Registrant: Christie Nonye Okwaraji

NMC PIN 18B0302E

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing – March 2018

Relevant Location: Camden

Type of case: Lack of competence

Panel members: Sarah Lowe (Chair, lay member)
Janet Williams (Registrant member)
Matthew Wratten (Lay member)

Legal Assessor: Fiona Barnett

Hearings Coordinator: Flynn Cammock-Nicholls

Nursing and Midwifery Council: Represented by Rosie Welsh, Case Presenter

Mrs Okwaraji: Present and represented by Kayleigh McKeith, instructed by Community Trade Union

Order being reviewed: Conditions of practice order (12 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (9 months) to come into effect at the end of 17 May 2024 in accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

The panel decided to impose a conditions of practice order.

This order will come into effect at the end of 17 May 2024 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive conditions of practice order imposed by a Fitness to Practise Committee panel on 19 October 2021 for a period of 18 months. This was reviewed on 6 April 2023 when the panel imposed a substantive conditions of practice order for 12 months.

The current order is due to expire at the end of 17 May 2024.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved by way of admission which resulted in the imposition of the substantive order were as follows:

'That you, a registered nurse:

1) Between 20 August 2018 and 17 February 2019, failed to demonstrate the standards of knowledge, skill and experience required to practise safely as a Band 5 nurse in that you:

a) ...

b) on one or more occasion, used incorrect drug codes on medication charts;
[PROVED]

c) did not demonstrate that you had knowledge of what each code represented;
[PROVED]

- d) *on one or more occasion, inaccurately recorded drugs on medication charts;*
[PROVED]
- e) *on an unknown date, failed to follow instructions to send medication home with a patient despite having received specific instructions from the pharmacy to do so;*
[PROVED]
- f) *on an unknown date, transferred a patient to another ward without the patient receiving their medication despite having been given specific instructions not to do so;* **[PROVED]**
- g) *on an unknown date, incorrectly noted that a patient had self-administered IV medication when they had not;* **[PROVED]**
- h) *on an unknown date, having been told that a patient's NG tube had come out by accident, failed to re-insert the tube and/or escalate to a colleague;* **[PROVED]**
- i) *on an unknown date, having received specific instructions on how to perform checks on a syringe driver, failed to complete the required checks during the course of your shift and failed to record the readings;* **[PROVED]**
- j) *on an unknown date, failed to change a patient's soiled dressing despite having been asked by the patient to do so;* **[PROVED]**
- k) *on an unknown date, called a patient by the wrong name throughout the course of the shift;* **[PROVED]**
- l) *on an unknown date, having been advised by a patient that they were in pain, failed to escalate and seek assistance;* **[PROVED]**
- m) *on an unknown date, failed to obtain consent from a patient before administering pain relief;* **[PROVED]**

n) *on one or more occasion, failed to communicate effectively with colleagues at handovers; [PROVED]*

o) *on an unknown date, having been told specifically by Colleague 1 how to deal with a challenging clinical scenario, you failed to relay the relevant information to the doctor: [PROVED]*

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

The first reviewing panel determined the following with regard to impairment:

'The panel considered whether your fitness to practise remains impaired.

The panel noted that the original panel found that you had insufficient insight. At this hearing the panel noted that your insight and reflection on the regulatory concerns had improved but you have not fully demonstrated your ability to prioritise and focus on patient care in your practice.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the training you have undertaken and noted a brief report from your supervisor which stated you are moving ahead and making progress. The panel had regard to your updated Supervised Medication Administration Assessment for Trained Staff records dated 19 March 2023 but it was unclear from the scanned pages submitted whether the assessment was complete as it appeared to contain blank pages. The panel were therefore not confident that it provided evidence of competence in the areas of medicines management.

The panel also noted that there was no clear evidence of assessed competence in communication with patients and colleagues, prioritisation and record keeping highlighted in the regulatory concerns.

In light of this, this panel determined that you are still liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that your fitness to practise remains impaired.'

The first reviewing panel determined the following with regard to sanction:

'Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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 your 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 your lack of competence was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The

panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether imposing a further conditions of practice order on your registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

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

The panel also noted your continuing engagement with the NMC and these proceedings.

The panel was of the view that an extended and varied conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that there was no evidence of deep-seated attitudinal problems. In this case, there are conditions that could be formulated which would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case as you have demonstrated a willingness to strengthen your practice and have made efforts to address the concerns identified.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 12 months , which will come into effect on the expiry of the current order, namely at the end of 17 May 2023. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role.

Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must ensure that you are supervised by another registered nurse any time you are working. Your supervision must consist of working at all times on the same shift as, but not always directly observed by another registered nurse until assessed as competent in the following areas:
 - a) Communication with patients and colleagues including handovers.
 - b) Medicines management.
 - c) Record keeping and documentation.
 - d) Prioritisation.
2. You must not administer medication without supervision from another registered nurse until you are signed off as competent by a clinical supervisor who is at least Band 6 or above.
3. You must work with a clinical supervisor who is at least Band 6 or above to create a personal development plan (PDP). Your PDP must address the concerns about:
 - Communication with patients and colleagues, including handovers.
 - Medicines management.
 - Record keeping and documentation.
 - Prioritisation.

You must:

- a) Send your case officer a copy of your PDP before the NMC review hearing.
 - b) Meet with your clinical supervisor who is at least Band 6 or above at least every month to discuss your progress towards achieving the aims set out in your PDP until deemed competent in the aforementioned areas above.
4. You must keep the NMC informed about anywhere you are working by:

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

The period of this order is for 12 months, which should allow you enough time to be signed off as competent to practise in the areas of concern.'

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has said that the question which will help decide fitness to practise is whether a nurse can practise kindly, safely, and professionally. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and the written representations made on your behalf. It has taken account of the submissions made by Ms Welsh on behalf of the Nursing and Midwifery Council (NMC), and by Ms McKeith, on your behalf.

Ms Welsh outlined background of the case and the decisions of previous panels. She referred the panel to the relevant pages in the bundle. She confirmed that the report from your employer confirms that you have complied with condition 1 in that you have been supervised by another nurse while working, that you have complied with condition 2 in that you have been supervised while administering medication, that you have complied with condition 3 in that you have provided your personal development plan to the NMC, and, due to some uncertainty regarding dates, that it was a matter for the panel to determine whether you have complied with condition 4 by keeping the NMC fully updated about where you were working. She submitted that the NMC did not believe you had strictly complied with condition 4. She submitted you had complied with conditions 5 to 8.

On the matter of impairment, Ms Welsh submitted that it was a matter for the panel to determine whether you have demonstrated sufficient insight since the last review to return to unrestricted practice. She acknowledged the training certificates you have provided,

your reflective piece, and the letters of support from your employer and submitted that it was for the panel to determine whether your fitness to practise remains impaired.

On the matter of sanction, Ms Welsh submitted that if the panel found that your fitness to practise remains impaired, then taking no further action or issuing a caution would be insufficient in this case. She submitted that if the panel were to impose a conditions of practice order, it should ensure the conditions remain workable, measurable, and proportionate to the risks identified.

Ms McKeith provided the panel with written and oral submissions. She submitted that the panel should revoke the current conditions of practice order or allow it to lapse on expiry on the grounds that you have demonstrated compliance with the conditions, a period of safe practice, and that you have developed insight into the previous failings in your practice. In the alternative, she submitted that the panel should vary the conditions to remove the requirement for direct supervision.

Ms McKeith informed the panel that you secured employment on a trial basis in a care home on 9 October 2023, and at the end of the trial period you may be given the opportunity to remain in the role. She submitted that in this role you have demonstrated a willingness to improve your practice and skills. She referred the panel to certificates for several training courses you have completed to improve upon specific areas of concern. She informed the panel that you have received positive feedback from colleagues and residents about your communication skills, and that you have demonstrated an understanding of the importance of clear communication to ensure patients are actively involved in decisions relating to their own care. She submitted that you have also improved your skills in prioritising patients, record keeping, and medication administration.

Ms McKeith told the panel that you have accepted, during the time of the incidents, that your actions fell short of the standards expected of a registered nurse. However, she submitted that at the time you were newly qualified and still in a probationary period in a unit you were hesitant to join and working in an under-resourced and demanding environment. She submitted that you remain committed to returning to unrestricted practice.

Ms McKeith submitted that you have complied with all the conditions since the last review and that a conditions of practice order is no longer necessary for the protection of the public, nor is it in the public interest. If the panel were to find that your fitness to practise remained impaired, she submitted that the panel should remove the condition which requires you to be directly supervised. She told to the panel that this condition often means you are unable to perform tasks until a suitable supervisor is available, and that in waiting for a supervisor, you miss valuable learning opportunities and are unable to provide the level of care required. She further informed the panel that this condition would limit your future employment prospects.

In response to panel questions about your employment, Ms McKeith informed the panel that you currently work 11-hour shifts two days a week, on either Monday, Tuesday, or Friday. You were on bereavement leave from 8 December 2023 until 7 January 2024.

In response to panel questions about which assessment was used to sign you off as competent to administer medication, Ms McKeith informed the panel that it was a one-on-one assessment of your competence in medication preparation, documentation, and administration. You will be reassessed every six weeks. You are currently directly supervised for all tasks including medication administration, wound care, updating care plans, and preparing resident for appointments.

The panel asked what you would do to ensure your medication administration practice was safe if you moved into a new clinical environment in the future. Ms McKeith submitted that you would ensure you have undertaken sufficient training in the new area. She said that you would complete practical assessments, particularly in relation to intravenous medications, before undertaking any new medication administration tasks. She said you would ensure that you have appropriate supervision to ensure that you feel competent and comfortable providing medications within the limits of your knowledge and that if you were asked to administer medications outside of your training, you would communicate that you did not have sufficient knowledge and would require training in that area.

The panel heard and accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

The panel considered the documentation before it and determined that you had complied with the current conditions. The evidence you provided was detailed, cogent, and from a reliable source. It determined from your written statement and the responses provided to the panel from Ms McKeith, that you are developing insight into how you would act differently in the future. However, it determined that you have demonstrated insufficient insight into how your actions in the past impacted on patients, colleagues, and the reputation of the profession.

The panel recognises the significance of the steps you have taken to date to address the competency concerns which are the subject of this review. It noted you have had a period of safe practice, have completed training courses, and have been signed off as competent in medications administration on one occasion. However, the panel noted that whilst there is evidence of improvement in your practice, your line manager at your most recent performance meeting on 29 January 2024 did not document that you have achieved competency in all the identifiable areas of concern. The panel was not persuaded that any improvements have been sustained and embedded into your regular practice. The panel therefore determined a risk of repetition remains and that a finding of impairment therefore remains necessary on the ground of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that your fitness to practise remains impaired.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the public protection concerns. 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 public protection issues identified, an order that does not restrict your 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 your lack of competence was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether imposing a further conditions of practice order on your registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable, and workable. It determined that it would be possible to formulate appropriate and practical conditions which would protect the public and give you opportunity to strengthen your practice. The panel accepted that you have been complying with current substantive conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 9 months, which will come into effect on the expiry of the current order, namely at the end of 17 May 2024. The conditions of practice order is similar to the previous order. However, condition 1 has been varied to remove the reference to medication management due to this area of concern being separately addressed in condition 2. Condition 1 was further varied to require you to undertake repeated assessments to ensure that you demonstrate competence in the areas of concern identified over a sustained period of time. Condition 2 has also been varied to ensure you demonstrate consistent competence in medication administration over a sustained period of time. Condition 3 has been varied to specify that your personal development plan must use competency assessment framework(s).

It appeared to the panel, having heard the submissions, that you may have misconstrued the requirement for direct supervision in the conditions of practice. The panel wished to emphasise that the requirement for direct supervision applies only to medication administration. At all other times, supervision of your practice may be indirect.

The panel decided to impose the following conditions which it considered are appropriate and proportionate in this case:

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

1. You must ensure that you are supervised by another registered nurse any time you are working. Your supervision must consist of working at all times on the same shift as, but not always directly observed by another registered nurse until you are assessed as competent in the following areas:
 - a) Communication with patients and colleagues including handovers.
 - b) Record keeping and documentation.
 - c) Prioritisation.

You must be signed off as competent in three consecutive assessments occurring every six weeks utilising a competency assessment framework(s).

2. You must not administer medication without direct supervision from another registered nurse until you are signed off as competent to do so in three further consecutive assessments occurring every six weeks. The assessment must utilise a competency assessment framework and be carried out by a clinical supervisor who is at least Band 6.
3. You must work with a clinical supervisor who is at least Band 6 or above to create a personal development plan (PDP). Your PDP must use competency assessment frameworks to address the concerns about:
 - Medicines management.
 - Communication with patients and colleagues, including handovers.
 - Record keeping and documentation.
 - Prioritisation.You must:
 - a) Send your case officer a copy of your PDP before the next NMC review hearing.
 - b) Meet with your clinical supervisor who is at least Band 6 or above at least every month to discuss your progress towards achieving the aims set out in your PDP until deemed competent in the aforementioned areas above.
4. You must keep the NMC informed about anywhere you are working by:
 - a) Telling your case officer within seven days of accepting or leaving any employment.
 - b) Giving your case officer your employer's contact details.
5. You must keep the NMC informed about anywhere you are studying by:
 - a) Telling your case officer within seven days of accepting any course of study.

- b) Giving your case officer the name and contact details of the organisation offering that course of study.
6. You must immediately give a copy of these conditions to:
- a) Any organisation or person you work for.
 - b) Any agency you apply to or are registered with for work.
 - c) Any employers you apply to for work (at the time of application).
 - d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
 - e) Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity
7. You must tell your case officer, within seven days of your becoming aware of:
- a) Any clinical incident you are involved in.
 - b) Any investigation started against you.
 - c) Any disciplinary proceedings taken against you.
8. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
- a) Any organisation with which you volunteer in a nursing capacity.
 - b) Any current or future employer.
 - c) Any educational establishment.
 - d) Any other person(s) involved in your retraining and/or supervision required by these conditions.

The period of this order is for 9 months. The panel decided, given the improvements you have made to date, that nine months should be a sufficient period of time for you to strengthen your practice, develop your insight fully, and demonstrate safe practice over a sustained period of time.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 17 May 2024 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may allow the order to expire, further extend the order, or may make an order falling within Article 29(5).

Additionally, you or the NMC may ask for the substantive order to be reviewed early if any new evidence becomes available that may be relevant to the order.

This will be confirmed to you in writing.

That concludes this determination.