

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

**Substantive Hearing
Monday, 28 July 2025- Thursday, 7 August 2025**

Virtual Hearing

Name of Registrant:	Kerry Nicola Gentry
NMC PIN:	99H0315E
Part(s) of the register:	RNA: Adult nurse, level 1 (26 August 2002)
Relevant Location:	Nottingham
Type of case:	Misconduct
Panel members:	John Henry Millar (Chair, Lay member) Claire Martin (Registrant member) Mr Kevin Connolly (Lay member)
Legal Assessor:	Sean Hammond
Hearings Coordinator:	Dennis Kutyaauripo
Nursing and Midwifery Council:	Represented by Alex Granville, Case Presenter
Miss Gentry	Not present and not represented
Facts proved:	1a), 1b), 1c), 1d), 2), 3a), 3b), 3c), 3d), 3e), 3f), 3g), 3h), 3i), 3j), 4a), 4b), 4c), 4d), 4e), 4f), 5)
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Miss Gentry was not in attendance and that the Notice of Hearing had been sent to Miss Gentry's registered email addresses by secure email on 26 June 2025.

Mr Granville, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 8 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the interim order being reviewed, the time, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Miss Gentry's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Miss Gentry has been served with notice of this hearing in accordance with the requirements of Rules 8 and 34.

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

At the outset of the hearing, Mr Granville invited the panel to hold parts of this case, namely when there is mention of Miss Gentry's [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold

hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel accepted the advice of the legal assessor.

Having heard that there will be reference to Miss Gentry's [PRIVATE], the panel determined to hold those parts of the hearing in private in order to protect Miss Gentry's [PRIVATE].

Decision and reasons on proceeding in the absence of Miss Gentry

The panel next considered whether it should proceed in the absence of Miss Gentry. It had regard to Rule 8 and heard the submissions of Mr Granville who invited the panel to continue in the absence of Miss Gentry. He submitted that Miss Gentry had voluntarily absented herself and has disengaged from the proceedings.

Mr Granville submitted that although Miss Gentry has previously engaged with the NMC, there has been no engagement by Miss Gentry in relation to this hearing and no evidence or reasons have been provided, consequently, there was no reason to believe that an adjournment would secure her attendance on some future occasion.

He further submitted that this is the third time the hearing has been listed, and time has passed since the case was listed. He also noted that Miss Gentry was unable to attend two previously listed hearings due to personal circumstances and evidence of this was received from her then representatives.

Mr Granville invited the panel to proceed in the absence of Miss Gentry. He submitted there is a public interest in this case being dealt with as a result of some serious allegations. He submitted that there are three witnesses due to give live evidence, there is CCTV footage to be viewed by the panel and there has been some acknowledgment of the charges by Miss Gentry. He submitted that there is some prejudice to Miss Gentry,

however, it is outweighed by the necessity to have this case heard and the public interest in this matter.

The panel accepted the advice of the legal assessor.

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

The panel has decided to proceed in the absence of Miss Gentry. In reaching this decision, the panel has considered the submissions of Mr Granville, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- Reasonable notice of the hearing was served on Miss Gentry via secure email on 26 June 2025.
- Through Mr Granville, it is now aware of Miss Gentry's personal circumstances that led to the adjournment of two previous hearings.
- Miss Gentry has not provided any evidence of her personal circumstances to substantiate her absence.
- Whilst it appears that Miss Gentry is no longer represented by the Royal College of Nursing ('RCN'), she has been provided with very clear guidance by the NMC about the opportunity to seek an adjournment. However, no application for an adjournment has been made by Miss Gentry.
- Miss Gentry has the responsibility to engage with her regulator.
- There are three witnesses scheduled to give live evidence, and not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice.

- This is a serious case, therefore it is in the interest of the public for it to be dealt with expeditiously.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Miss Gentry.

There is some disadvantage to Miss Gentry in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered email address. She will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that 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 Miss Gentry's decisions to absent herself from the hearing, be represented, and to not provide evidence or make submissions on her own behalf.

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

Details of charges (as amended)

That you, a registered nurse:

1) *On 16 February 2022 in respect of Colleague A:*

a) *Stated to them "if you are on duty with me, you will do what I tell you because I am the Nurse in charge" or words to that effect.*

- b) *Shouted at them “Not everyone wants the windows shut” or words to that effect.*
 - c) *Commented “he better not be on my shift” or words to that effect.*
 - d) *Stated to them “I hope you are not on my shift” or words to that effect.*
- 2) *Your conduct at all or part of charge 1 above amounted to bullying in that your unwanted behaviour directed at Colleague A was offensive and/or intimidating and/or malicious and/or insulting that undermined, humiliated, or caused physical or emotional harm to them.*
- 3) *On 2 March 2022 in respect of Patient A:*
- a) *Stated to them “well do it, smash the lot up” or words to that effect.*
 - b) *Failed to use verbal de-escalation techniques.*
 - c) *Did not walk away from them and/or give them space.*
 - d) *On one or more occasion walked towards them.*
 - e) *On one or more occasion pushed them backwards.*
 - f) *Failed to assist Colleague B to place them in an approved hold/CPI Safety Intervention.*
 - g) *On one or more occasion pushed their forehead with your hand.*
 - h) *Screamed at them.*
 - i) *Closed and/or held the door to the room shut so that they could not leave.*

j) *Shouted at them “What are you bloody doing?” or words to that effect.*

4) *Between 2 March 2022 and 3 March 2022 in respect of Colleague B:*

a) *Stated to them “Fuck this, I’m not having this” or words to that effect.*

b) *Stated to them “Fuck off” or words to that effect.*

c) *Locked yourself in the office leaving them alone with Patient A.*

d) *Refused to let them into the office.*

e) *Stated to them “I’m going to try and blag as much as I can” or words to that effect.*

f) *Asked them if they would “back [them] you up” or words to that effect.*

5) *Your actions at charge 4(e) and/or (f) above were dishonest in that you were intending to provide a misleading account and/or were trying to influence Colleague B to provide an account of the incident with Patient A that was misleading.*

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

Decision and reasons on application to amend the charge

The panel brought a typographical error in the charges to Mr Granville's attention, specifically Charge 4b. In response, Mr Granville sought instructions from the NMC and made an application to amend the wording of Charge 4b.

The proposed amendment reads as follows (suggested amendment in bold):

"That you, a registered nurse:

4) Between 2 March 2022 and 3 March 2022 in respect of Colleague B:

b) **Stated to them** "Fuck off" or words to that effect."

It was submitted by Mr Granville that the proposed amendment did not change the substantive nature of the charge and would simply correct a typographical error.

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

The panel was of the view that the proposed amendment was merely a correction of a typographical error and determined that it did not materially change the charges. It was inherent in the rest of the charges which patient the concerns related to as no other is identified. The panel was satisfied that there would be no prejudice to Miss Gentry and no injustice would be caused to either party by the proposed amendment being allowed. The panel therefore decided it was fair and appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

Accordingly, the panel accepted the application to amend Charge 4b.

Background

The NMC received a referral on 16 May 2022 from [PRIVATE], the management company for [PRIVATE] (the Home) in relation to Miss Gentry's employment. Miss Gentry

commenced employment with the Home on 31 January 2022, where she worked as a Clinical Lead Nurse/Junior Matron at the Home until her dismissal on 29 March 2022.

It is alleged that Miss Gentry displayed aggressive and/or bullying behaviour towards Colleague A.

It is also alleged that on 2 March 2022, Miss Gentry was on a night shift duty at the Home as a nurse in charge of the unit, working alongside a Senior Carer, Colleague B. The referral alleges that the Senior Carer reported concerns regarding care provided, the contact Miss Gentry made with Patient A during this shift and her attitude/behaviour. The Home Manager and Matron (Witness 3) reviewed CCTV footage of the night in question, and it is alleged that the CCTV footage shows that Miss Gentry allegedly failed to use approved restraint techniques, failed to de-escalate a number of situations involving Patient A and acted in an unnecessary and disproportionate physical and aggressive way towards the service user in her care.

It is indicated that an investigatory meeting was held on 3 March 2022 and following a view of the CCTV footage, Ms Gentry was suspended from work with immediate effect pending an investigatory meeting. A disciplinary hearing was subsequently held on 29 March 2022 and Miss Gentry's employment was terminated.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Granville on behalf of the NMC.

The panel has drawn no adverse inference from the non-attendance of Miss Gentry.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will

be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

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

- Witness 1: Health care training provider at the Home at the time of the incident
- Colleague B: Senior Care Assistant at the Home at the time of the incident
- Witness 3: Matron at the Home at the time of the incident

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by the NMC, and the case management form (CMF) completed by the RCN on behalf of Miss Gentry when she was represented by them, dated 12 February 2024.

The panel noted that the CMF is a procedural document; it is detailed and sets out each of the charges in full, with a checkbox for Miss Gentry to indicate whether she admits each charge or not. The panel further noted that in this case, the CMF was completed by the RCN on 12 February 2024 at a time, when the RCN was acting as Miss Gentry's legal representative. As such, the panel was satisfied that the RCN would have been acting on Miss Gentry's instructions. The CMF indicates that Miss Gentry admits several of the charges against her. The panel noted that two of the admissions were qualified as partial admissions and that this had led to the NMC amending the charges prior to the commencement of this hearing, leading to them being subsequently fully admitted by Miss Gentry.

Given Miss Gentry's absence, the fact that she is no longer represented by the RCN, and the passage of time since the CMF was completed, the panel decided that whilst it could attach significant weight to the admissions indicated in the CMF, it should nevertheless consider these in the light of the other available evidence.

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

Charge 1a)

*That you, a registered nurse, whilst employed as a clinical lead nurse at
[PRIVATE]:*

On 16 February 2022 in respect of Colleague A:

*Stated to them "if you are on duty with me, you will do what I tell you
because I am the Nurse in charge" or words to that effect.*

This charge is found proved.

In reaching its decision, the panel considered the written and oral evidence of Witness 1. It also took into account meeting minutes from a meeting held on 21 February 2022 with Miss Gentry, Witness 3 and the Home Manager in attendance. The panel noted that there is no direct evidence from Colleague A who is the alleged victim in charge 1.

In his witness statement, Witness 1 states:

"During a group discussion about a procedure at the Home (I cannot recall the procedure), [Colleague A] shared an idea with the group which I considered to be reasonable and proportionate to the conversation. The Nurse reacted to [Colleague A's] idea saying "if you are on duty with me, you will do what I tell you because I am the Nurse in charge" or words to this effect. This came across very abrasive and as a result, I considered whether I should call Miss Gentry to the side to discuss the

comment but I did not as I was running short on time in the session. The male was visibly upset by the comment but did not respond to Miss Gentry's comment."

The panel noted that Witness 1 expanded in his oral evidence, explaining that it was not a singular comment but rather a reflection of a discussion between Miss Gentry and Colleague A regarding a matter which he believed might have been clinical in nature. He felt that the comment seemed to reflect what took place in that discussion, though he did not know the exact content or context. Witness 1 said he considered intervening at the time but chose not to due to time constraints. The panel further noted that Witness 3 confirmed that Witness 1 did report the matter on that day to her.

The panel also took into account Witness 1's statement, in which he contextualised his comment within his overall assessment of Miss Gentry's behaviour:

"Miss Gentry did not seem accepting of other staff member's ideas and seemed to disagree with them if they did not originate from themselves. Following the comment made and general disagreement with other ideas, the other staff members seemed stand-offish and seemed to try to avoid Miss Gentry."

The panel noted that Witness 1 provided evidence regarding this incident, stating that the comment came across as "very abrasive," and that Colleague A was "visibly upset" by it.

The panel also had regard to the notes of the meeting held on 21 February 2022 with Miss Gentry, Witness 3 and the Home Manager in attendance. The minutes from this meeting show that Miss Gentry became defensive when concerns of her behaviour that has been described as targeting, were raised in relation to Colleague A, stating that *"to be fair, I wasn't happy he was videoing us"*. Miss Gentry also went on to say that *"I will apologise to him if he thought that, that wasn't my intention"*

The panel noted that as Miss Gentry is not present at this hearing, the meeting minutes are the only way it can assess and understand her position. The panel was also informed

by Witness 3 that Miss Gentry's behaviour had improved by the second day of the training session.

Given the evidence of direct eyewitnesses, and on the balance of probabilities, the panel finds this charge proved.

Charge 1b

Shouted at them "Not everyone wants the windows shut" or words to that effect.

This charge is found proved.

The panel noted that Miss Gentry admits charge 1b in the case management form (CMF).

The panel took into account the witness statement and oral evidence of Colleague B. In Colleague B's statement she stated, with respect to the incidents in this charge:

"Miss Gentry and I got on really well. However, I do recall concerns I had about their behaviour and attitude towards another member of staff, [Colleague A] during a training session in or around late 2021/ early 2022 (I cannot recall the exact date). Miss Gentry was being rude to [Colleague A] in the training. I recall one incident during the training when Miss Gentry started shouting at [Colleague A] about shutting the window. Myself and other members of staff had to put our coats on as it was freezing and [Colleague A] saw this and shut the window. Miss Gentry was screaming at [Colleague A] saying "not everyone wants the windows shut". I recall talking to [Witness 3], the Matron at the Home about Ms Gentry's behaviour but I am not aware if any action was taken"

In considering the evidence of Colleague B, the panel found that she had merged her account of several interactions between Miss Gentry, patient A and herself into one description of what took place during the incident. The panel nevertheless considered it to

be credible evidence overall with consistency between Colleague B's written account and oral evidence.

Having deemed the evidence by Colleague B credible and consistent, and considering Miss Gentry's admission of the charge, the panel found charge 1b) proved on the balance of probabilities.

Charge 1c) and d)

Commented "he better not be on my shift" or words to that effect.

Stated to them "I hope you are not on my shift" or words to that effect.

This charge is found proved.

Whilst the panel determined each limb of this charge separately, it considered them together as the sub-charges arise from the same set of facts.

The panel took into account the witness statement of Witness 3 in which she stated comments made by Miss Gentry with respect to the incidents in this charge:

"I am aware that Miss Gentry was quite vocal and opinionated, if they had a problem with and would show this both verbally and physically...Miss Gentry also made comments during the training about Colleague A saying "he better not be on my shift" and "I hope you're not on my shift" directed at Colleague A or words to this effect..."

Having heard oral evidence from Witness 3 and comparing it to their written statement, the panel bore in mind that this is hearsay evidence. Whilst the details corroborate the accounts given by other witnesses in relation to Miss Gentry's attitude and behaviour

towards Colleague A during training, the source of information is not identified in Witness 3's written statement and oral evidence.

The panel further noted that, whilst the evidence relied upon for these charges is considered hearsay, the comments are consistent with those in charge 1a. The panel linked the potential power imbalance, by respect of their roles, to Miss Gentry's behaviour at the training session.

The panel determined that Witness 3 was a reliable witness, and the detail of the comment is consistent with other behaviour the panel has found proved. Therefore, the panel found that charges 1c and 1d proved on the balance of probabilities.

Charge 2

Your conduct at all or part of charge 1 above amounted to bullying in that your unwanted behaviour directed at Colleague A was offensive and/or intimidating and/or malicious and/or insulting that undermined, humiliated, or caused physical or emotional harm to them.

This charge is found proved.

The panel took into account the definition of bullying outlined in the NMC Guidance, which states:

***“Bullying** can be described as unwanted behaviour from a person or a group of people that is either offensive, intimidating, malicious or insulting. It can be an abuse or misuse of power that undermines, humiliates, or causes physical or emotional harm to someone. It can be a regular pattern of behaviour or a one-off incident and can happen face-to-face, on social media or over emails or telephone calls.¹⁴ Usually bullying would be a pattern of behaviour, but an example of when it could be a one off incident could be if a member of the public felt that they had*

been bullied into agreeing to a do not resuscitate decision by a healthcare professional.”

The panel noted that the behaviour was repeated on four separate occasions during the same event on the same date. Based on the evidence provided by the witnesses regarding these comments and considering the broader context of Miss Gentry's behaviour during the training session, the panel concluded that Miss Gentry's conduct was considered to be offensive, intimidating, malicious, or insulting, and undermined, humiliated, or caused physical or emotional harm.

The panel has noted when the events that have now amounted to bullying took place, no one intervened. It then referred back to Witness 3's written statement where he stated that *“I considered whether I should call Miss Gentry to the side to discuss the comment but I did not as I was running short on time in the session”*. However, he was concerned by the behaviour portrayed by Miss Gentry towards Colleague A and he informed Witness 3 who was the Matron at the Home at the time.

The panel also noted that Witness 3's evidence stated that Miss Gentry had been diagnosed with ADHD. However, the panel did not have supporting medical evidence of this diagnosis or its impact on Miss Gentry's behaviour.

On the other hand, the panel is aware of the impact of her Miss Gentry's behaviour on Colleague A who has a disability. Witness 1 stated that *“I was concerned that staff members may leave the Home due to Ms Gentry's behaviour if it were to be repeated on shift”*, further evidencing that her actions in charge 1 amounted to bullying.

In light of all the above reasons, the panel found charge 2 proved.

Charge 3

In examining charge 3, the panel considered the evidence presented by Colleague B, including an email from Colleague B to Witness 3 dated 3 March 2022, as well as Witness 3's evidence. The panel also reviewed the notes from the meeting involving Witness 3, the Home Manager, and Miss Gentry, although the date of this meeting remains unknown. Additionally, the panel considered the minutes from the disciplinary hearing held on 29 March 2022, chaired by Witness 3, with Miss Gentry and her RCN representative present. Miss Gentry's written statement, which is unsigned and undated, was also taken into account; it describes issues relating to the night shift on 2/3 March 2022 and events she claims to have happened previously on 25/26 February 2022. Furthermore, the panel reviewed the care record entries made by Miss Gentry and Colleague B along with CCTV footage and the police disclosure recording their attendance at the Home.

In assessing the facts of charge 3, the panel regarded the CCTV footage as the primary evidence concerning the circumstances surrounding the charge.

The panel paid very close attention to the two video exhibits related to events within the Home. It was aware of certain limitations, notably that the recording started at 20:51 on the night of 2 March 2022, without accompanying audio recordings. Additionally, the physical layout of the lounge, particularly the position of the cupboards, restricted visibility of some parts of the incidents. The panel then cross-referenced the footage with relevant documentary and oral evidence provided during the hearing. This included Colleague B's written statement and oral evidence, her email to Witness 3, the care records for Patient A covering that night, Witness 3's oral evidence, two local-level interviews involving Miss Gentry, and Miss Gentry's statement submitted to the Home.

When comparing Colleague B's written statement with the CCTV footage, the panel identified several discrepancies. It concluded that her email to Witness 3 immediately following the incident offered a more accurate account of what occurred. During her oral evidence, Colleague B acknowledged that the email was a contemporaneous record and, therefore, more likely to be accurate than her statement written a year afterward. Following questioning, the panel determined that her account was fundamentally accurate,

although it reflected her conflation of multiple incidents involving Patient A's aggression and her and Miss Gentry's responses, creating the impression of a single incident.

Reviewing the CCTV footage, the panel identified two distinct incidents where Patient A exhibited aggressive behaviour, prompting responses from Colleague B and Miss Gentry. In her witness statement, Colleague B conflated these separate incidents into one. The panel accepted that the stressful nature of the situation and the passage of time could have influenced her recollection. The panel noted that Colleague B had not viewed the CCTV footage prior to submitting her statement, relying solely on her memory. Nevertheless, the panel was satisfied that her oral responses did not suggest any intent to mislead; rather, her account was a genuine conflation of multiple incidents into a single one.

The panel also considered Witness 3's statement and her assessment of the appropriateness of Miss Gentry's actions, considering the policies and procedures of the Home, evidence based practice and the needs of Patient A. Witness 3 stated:

"Miss Gentry failed to meet the needs of patient A in responding appropriately to them whilst in crisis. Miss Gentry also put their colleague, [Witness 3] at the risk of harm when they did not complete the hold as taught and when they left [Witness 3] on the floor whilst Miss Gentry locked themselves in the office. Even if Miss Gentry was frightened by the situation, they received training to safely manage these situations so that they can be de-escalated efficiently and without harm, although I appreciate this cannot always be the case."

The panel found that the CCTV footage was consistent with both Witness 3's statement and her oral evidence.

Although Miss Gentry did not provide a formal statement for the fitness to practise hearing or attend in person, the panel considered the documents provided by the NMC to seek to understand her position. These included her entry in the care record for Patient A made

immediately after the incident, detailing her account and shift evaluation; notes from a local meeting involving Miss Gentry, Witness 3, and the Home Manager - date unspecified; minutes from the disciplinary hearing held on 29 March 2022; Miss Gentry's unsigned and undated statement; and the details of the CMF submitted prior to the hearing.

In evaluating the evidence on Miss Gentry's behalf, the panel identified discrepancies between her care plan entry, her statement to the investigation, and her oral account to her managers. The CCTV evidence again indicated some inconsistency. The panel considered that some, but not all of these differences could stem from honest misjudgements, given her involvement in a prolonged, complex, and stressful situation. It also concluded that some of Miss Gentry's assertions conflicted directly with the CCTV footage, with the intent of exaggerating the level of aggression displayed by Patient A in justifying her robust response. During her disciplinary interview, Miss Gentry responded to Colleague B's email with the following:

"KG This is not a true reflection and [Colleague B] has only picked out the negatives around the incident. I went into the lounge and the gentleman was aggressive and agitated and had already threatened to smash the place up. He tried to violently attack me with the leg from the coffee table which nearly hit my head. I worked 3 nights with him and he was aggressive I have never received this before and I have never attended safety intervention training before. He made threats to kill me and he threatened to smash the TV so I used reverse psychology and told him to go ahead and do it."

The panel noted that the reference to a violent attack on Miss Gentry by Patient A, involving a leg from a coffee table, did not occur on 2 or 3 March. However, Miss Gentry outlined in her statement provided during the local investigation, under the heading "*Extenuating Circumstances*", that there was an incident on 25 and 26 February, where a coffee table was broken, and the leg was used as a weapon against her by patient A. This incident was reflected in an entry within patient A's Care Plan and is also consistent with

records of the aggressive behaviour previously displayed by Patient A in this and a previous care home. These incidents were described as him “weaponising” objects against staff. The Home was unable to provide any video coverage or Care Record entries relating to the 25/26 February 2022. The panel asked Witness 3, as a Matron of the Home, if she had any knowledge of this previous incident and she replied that she was unaware of it.

Charge 3a

On 2 March 2022 in respect of Patient A:

Stated to them “well do it, smash the lot up” or words to that effect.

This charge is found proved

In respect of charge 3a, the panel recognised that this was admitted within the CMF provided by Miss Gentry’s representative at the time.

Additionally, Miss Gentry admitted this comment in the notes from the disciplinary hearing dated 29 March 2022, which states: *“He made threats to kill me and he threatened to smash the TV up, so I used reverse psychology and told him to go ahead and do it.”*

The panel found that, based on Miss Gentry’s own admissions, charge 3a was proved.

Charge 3b

Failed to use verbal de-escalation techniques.

This charge is found proved

In respect of charge 3b, the panel noted that Miss Gentry denies this in the CMF.

The panel noted that during her disciplinary hearing, Miss Gentry stated: *“At the time I was desperate, I was trying to de-escalate the situation, but I was so frightened.”* When asked by Witness 3, *“What would you do differently in the future?”* Miss Gentry responded, *“Everything, I’ve researched holds and de-escalation techniques, etc.”*

The panel considered Miss Gentry’s written statement concerning the night shift of 2 March 2022, which states:

“I did use appropriate holds during the shift, but I also know that there was an incident when I pushed the gentleman backwards...

The gentleman was shouting and being aggressive in my face and I unprofessionally copied him, I did this in the hope that it would calm the situation down and it would stop his aggressive behaviour. Upon reflection and in hindsight I realised that this was not an appropriate action to take...

When I spoke to the police, I said that I didn’t feel that I’d handled the situation well and that there were actions I could have changed...”

The panel reviewed the CCTV footage and considered Witness 3’s account of the footage. Her assessment was that Miss Gentry had not used appropriate verbal de-escalation during the incident. The panel noted that Witness 3 has significant experience in the Home’s policies and procedures regarding de-escalation, along with her knowledge of Patient A’s condition and her background in dealing with patients with dementia.

In this assessment, the panel recognised that there may have been occasions when Miss Gentry appropriately used verbal de-escalation techniques, but for most of the interaction, these were not used consistently or appropriately.

Based on this evidence, the panel found charge 3b proved.

Charge 3c

Did not walk away from them and/or give them space.

This charge is found proved

In respect of charge 3c), Miss Gentry denies this charge in the CMF. The panel noted that charge 3c is not directly addressed within the statement of Colleague B, nor in the interview records and statement relating to Miss Gentry. The panel carefully reviewed the CCTV evidence and notes that, although Miss Gentry did walk away from Patient A, on some occasions she clearly did not do consistently or appropriately.

Within the statement of Witness 3, it states that after reviewing the CCTV footage and considering the Home's policies on de-escalation:

"It can be seen that Miss Gentry was moving forward towards patient A rather than away from the patient as taught in safety intervention training."

The panel accepts the evidence from the CCTV and the assessment made by Witness 3 that Miss Gentry did not appropriately walk away from Patient A or give them space as part of the de-escalation process. Accordingly, the panel found charge 3c proved.

Charge 3d

On one or more occasion walked towards them.

This charge is found proved

In relation to charge 3d), Miss Gentry admits this charge in the CMF. The panel considered all of the evidence, including that of Witness 3, which acknowledges that while Miss Gentry, on some occasions, walked towards Patient A with justification or appropriately, there are instances when she did so when it was not appropriate.

The panel considered the disciplinary hearing minutes dated 29 March 2022. Miss Gentry was asked *“why did you keep going forward towards the gentleman?”*, to which she replied *“to support [colleague B] and move cups”*

The panel determined that this response inadequately justifies Ms Gentry’s repeated actions in moving towards Patient A and that this, together with her own admission, charge 3d is found proved.

Charge 3e

On one or more occasion pushed them backwards.

This charge is found proved

In respect of charge 3e), Miss Gentry admits this charge in the CMF. The panel considered her statement, which states: *“I did use appropriate holds during the shift, but I also know that there was an incident when I pushed the gentleman backwards.”*

The panel also considered the disciplinary hearing minutes of 29 March 2022, where, when asked by Witness 3 why *“you are pushing the gentleman in the corner,”* Miss Gentry replied: *“I can’t answer that, I don’t know, it could have been because of the close proximity of him to me.”*

Further, during that hearing, when asked by Witness 3 if *“it would be fair to say you lost your temper and couldn’t control yourself at this point, as in the video we see you screaming in his face and pushing him backwards with your hand on his forehead,”* Miss Gentry responded: *“No, I didn’t lose my temper, again I don’t know what made me think copying his behaviour would calm him down.”*

In considering the CCTV footage and Witness 3’s assessment, the panel recognised multiple occasions where Miss Gentry was physically pushing Patient A backwards. Accordingly, the panel found charge 3e proved.

Charge 3f

Failed to assist Colleague B to place them in an approved hold/CPI Safety Intervention.

This charge is found proved

Regarding charge 3f, there is no response to this charge in the CMF and this matter is not dealt with in the disciplinary interview.

The panel noted that the evidence in Colleague B's statement indicates that Miss Gentry did not appropriately assist her in applying CPI to restrain Patient A, as supported by Witness 3's statement.

After reviewing the CCTV footage, the panel identified brief points where Miss Gentry sought to use techniques in line with CPI restraint procedures. However, there was only one instance among many physical interactions between Colleague B, Miss Gentry, and Patient A where Colleague B is holding Patient A's arm, and Miss Gentry does not directly assist by taking hold of the other arm.

The panel also noted that after viewing the CCTV footage that there were multiple occasions involving Colleague B and Miss Gentry applying forcible restraint to Patient A. On some but not all occasions, both colleagues were clearly applying restraints together but there were numerous occasions where Miss Gentry was not actively engaged. In addition, the panel saw no evidence of clear communication or coordination between Miss Gentry and Colleague B whilst effecting restrains. However, there is CCTV footage supporting Colleague B's evidence that on one occasion that Miss Gentry did not support her with mutual application of CPI.

Therefore, the panel found charge 3f proved.

Charge 3g

On one or more occasion pushed their forehead with your hand.

This charge is found proved

In relation to charge 3g, the panel noted that Miss Gentry admits this charge in the CMF. The panel primarily relies on the CCTV footage, which clearly demonstrates three instances where Miss Gentry pushed Patient A's forehead with her hand.

During the disciplinary hearing, when asked by [witness 3] if *"Would it be fair to say that you lost your temper and couldn't control yourself at this point as in the video we see you screaming in his face and pushing him backwards with your hand on his forehead?"*, Miss Gentry responded; *"I don't know what made me think copying his behaviour would calm him downUpon reflection and in hindsight, I realised that this was not the appropriate action to take."*

In respect to this charge, the panel relies primarily on the CCTV video evidence which clearly demonstrates that on three occasions Miss Gentry forcibly pushed Patient A backwards with their hand on his forehead. Therefore, the panel finds it proved.

Charge 3h

Screamed at them.

This charge is found proved

This charge is admitted on the CMF by Miss Gentry. This is dealt with in the disciplinary hearing where Miss Gentry is asked by [witness 3], *"Would it be fair to say that you lost your temper and couldn't control yourself at this point as in the video we see you screaming in his face and pushing him backwards with your hand on his forehead?"*, to which Miss Gentry replied, *"The gentleman was shouting and being aggressive in my face*

and I unprofessionally copied him..... Upon reflection and in hindsight, I realised that this was not the appropriate action to take.”

The panel found charge 3h proved.

Charge 3i

Closed and/or held the door to the room shut so that they could not leave.

This charge is found proved

The panel noted that Miss Gentry provides no response in the CMF regarding charge 3i. However, there is clear evidence from Colleague B's written and oral evidence that this incident occurred.

Upon reviewing the CCTV footage, the panel noted that the particular area is obscured, preventing a definitive view. However, in her statement Miss Gentry stated that *“there was a point I shut the door and tried to prevent him from leaving “.*

In light of the above, the panel finds this charge proved.

Charge 3j

Shouted at them “What are you bloody doing?” or words to that effect.

This charge is found proved.

This charge is not admitted by Miss Gentry in the CMF. Upon viewing the CCTV video footage, the panel noted that there is no audio recording, and it recognises that this therefore limits the assistance it provides in making its decision. Additionally, it also noted that this matter is not dealt with in the disciplinary interview. However, the actions are clearly described in the statement of Colleague B and confirmed in her oral evidence

The panel has considered whether it is likely that Miss Gentry shouted at patient A. It noted that there had been previous admissions by Miss Gentry on the CMF in respect to charges of a similar nature and evidence of this from Colleague B. Therefore, whilst there is no audio recording, the panel found from the body language displayed in the video recording in conjunction with other evidence that it is highly likely that this occurred.

The panel therefore concluded that, on the balance of probabilities, this charge is proved.

Charge 4a) and b)

Between 2 March 2022 and 3 March 2022 in respect of Colleague B:

Stated to them “Fuck this, I’m not having this” or words to that effect.

“Fuck off” or words to that effect.

These charges are found proved

These charges are denied by Miss Gentry on the CMF. In relation to charge 4a and b, the panel is completely reliant on the evidence of Colleague B and the email from Colleague B to Witness 3 sent on 3 March 2022. It notes that this matter is not dealt with in the disciplinary hearing. Having viewed the CCTV footage, it recognises that it does not assist the panel in forming its decision due to obscured views and the unavailability of audio recording. The panel notes that Colleague B’s statement does match the events captured in the video footage. It also accepts that her email to Witness 3 evidences these words being used by Miss Gentry.

In reaching its decision, the panel also acknowledges that Colleague B had no access to the CCTV footage before completing her witness statement, meaning she only relied on her memory. It also accepts that she may have conflated some of the physical aspects of the interaction into one incident, when two protracted incidents took place.

However, in deciding on the specific words used in both charge a and b, the panel determined that Colleague B's evidence is credible and consistent with the circumstances seen in the CCTV footage.

Therefore, the panel found charges 4a and 4b proved.

Charge 4c) and d)

Locked yourself in the office leaving them alone with Patient A.

Refused to let them into the office.

These charges are found proved

Charge c is admitted on the CMF by Miss Gentry. The CCTV footage is of limited value as the particular area of the lounge where is said to have occurred is obstructed, leaving the panel only reliant on the evidence of [colleague B] *"At this point I knew that this incident has gone too far, and Ms Gentry's actions were not in line with the safety intervention training that we had received. As Miss Gentry was my senior on shift, I didn't feel that I could take control of the situation. I shouted "Deprivation of liberty" as Miss Gentry was locking patient A in a room. Miss Gentry responded, "Fuck off" and let go of the door then locked themselves in the office. Miss Gentry should have safeguarded myself and as well themselves. I was left with patient Who was further agitated from being locked in a room. The office that Miss Gentry locked themselves in was the only room with a lockable door, so I was left on my own. At this point, another patient had awoken and was trying to come over due to the noise. Patient A did grab me by my wrist which left a scratch, however I managed to verbally reason with them and they let go."*

When questioned about this by [witness 3] in her disciplinary hearing Miss Gentry stated *"He was trying to make physical contact with me and felt the best option for safety would be to lock the door There was no glass in the door, so I was able to clearly hear and had a*

visible view.” “I locked myself in the office as I was petrified, I didn’t feel witness 3 was in any danger”

In light of the above, the panel finds these charges are proved.

Charge 4e) and f)

Stated to them “I’m going to try and blag as much as I can” or words to that effect.

Asked them if they would “back [them] you up” or words to that effect.

These charges are found proved

Charge e was admitted in the CMF by Miss Gentry. There is no annotated response to charge 4f but Miss Gentry’s representative at the time said this albeit incorrectly, was a duplicate charge. The panel notes that this matter was not dealt with in Miss Gentry’s disciplinary hearing.

The panel is reliant on Colleague B’s statement and her email to Witness 3 immediately after the incident. In the latter she states *“She told me that the bosses will be watching the cameras... to which she said if they do, I’ll get the sack and I agreed with that and told her you did look like you were mental. Kerry told me I’m going to try and blag as much as I can and asked me if I would back her up and I told Kerry I will tell the truth as I had to her last night”*.

This is further evidenced in Colleague B’s statement which states *“On 3 March 2022 at 09:14, I received a call from Miss Gentry explaining that they had been in a meeting with witness 3 and the Homeowner. Miss Gentry said, “I’m going to try and blag as much as I can” and asked if I would back them up. I understood this to mean that Miss Gentry wanted to lie about the incident so I told Miss Gentry that I will tell the truth about the*

incident. Following this, I was told by witness 3 and the homeowner to not answer if Miss Gentry reached out again". Witness 3 confirmed this during her live evidence.

These charges are found proved

Charge 5)

Your actions at charge 4(e) and/or (f) above were dishonest in that you were intending to provide a misleading account and/or were trying to influence Colleague B to provide an account of the incident with Patient A that was misleading.

This charge is found proved.

In respect to this case, the panel is reliant on the evidence available is the email from Colleague B and her witness statement.

In determining whether Miss Gentry's actions were dishonest the panel had regard to the test set out in *Ivey v Genting Casinos* [2017] UKSC 67. There was no doubt that Miss Gentry committed the acts alleged in charges 4(e) and (f).

The first limb of the test assesses the knowledge or beliefs as to the facts at the time Miss Gentry said those words to Colleague B who was her subordinate. At the time of this request Miss Gentry was aware of what she was saying, understood what she was doing and why, as Colleague B stated "*She told me that the bosses will be watching the cameras... to which she said if they do, I'll get the sack*".

The second limb of the test assesses whether Miss Gentry's conduct was honest or dishonest by the (objective) standards of ordinary decent people. The panel had no doubt that Miss Gentry's actions were and would be viewed as dishonest. Miss Gentry stated "*I'll get the sack*", whilst inviting a junior colleague to back them up, "*Kerry told me I'm going to try and blag as much as I can and asked me if I would back her up*".

Accordingly, the panel find these charges proved.

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 Miss Gentry'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 ability to practise kindly, safely and professionally.

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

Submissions on misconduct

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

Mr Granville submitted that the panel should have regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in making its decision. He identified the specific, relevant standards where Miss

Gentry's actions amounted to misconduct. He invited the panel to find that Miss Gentry's conduct as found proved in the charges breached parts 1, 2, 7, 8, 10,11,13,16,19,20, and 25 of the Code, and fell far short of the standards expected of fellow practitioners.

Mr Granville invited the panel to have regard to the breaches of the code in relation to the charges against Miss Gentry, the fact that Miss Gentry's actions placed Patient A at risk and had a detrimental impact on colleagues. In his submission, Miss Gentry's conduct fell far below that which is expected of registered nurses and would be regarded as deplorable by fellow practitioners.

Mr Granville referred the panel to specific findings of the panel. He submitted that Miss Gentry failed to prioritise people in that Miss Gentry failed to treat people with kindness and compassion; that on one occasion she made several unwarranted comments, particularly in relation to Colleague A; Miss Gentry exhibited behaviour that amounted to bullying. Miss Gentry failed to assist and lead Colleague B, ultimately placing Patient A at an unwarranted risk of harm.

Mr Granville referred the panel to the NMC Fitness to Practise guidance on misconduct, reference FTP-2A, which, provides a number of behaviours which are more likely to suggest a risk of harm to the public and impaired fitness to practise, regardless of where it takes place. He submitted it outlines that discrimination, bullying, harassment and victimisation are some of those behaviours, and such conduct has been found proved in this case.

In addition, Mr Granville submitted that Miss Gentry failed to ensure, as a Clinical lead, that Patient A's aggressive behaviour was appropriately de-escalated, which impacted patient care, ultimately leading to the concerns that gave rise to the proceedings. This resulted in her using her position of power to pressurise Colleague B into supporting her dishonest account of the events in relation to patient A.

Mr Granville submitted that, in all of the circumstances of the case, Miss Gentry's actions and the charges proved are a departure from good professional practice and are sufficiently serious to constitute misconduct.

Decision and reasons on misconduct

The panel accepted the advice of the legal assessor

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

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

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

1.5 respect and uphold people's human rights'

'2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

2.1 work in partnership with people to make sure you deliver care effectively

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

'3 Make sure that people's physical, social and psychological needs are assessed and responded to

To achieve this, you must:

3.1 *pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages*

3.4 *act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care'*

'4 Act in the best interests of people at all times

To achieve this, you must:

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

'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'*

'7 Communicate clearly

To achieve this, you must:

7.1 *use terms that people in your care, colleagues and the public can understand*

7.2 *take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs*

7.3 *use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs'*

'8 Work co-operatively

To achieve this, you must:

8.2 *maintain effective communication with colleagues*

8.3 keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff

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'

'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

9.3 deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times

9.4 support students' and colleagues' learning to help them develop their professional competence and confidence'

'10 Keep clear and accurate records relevant to your practice

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'

'11 Be accountable for your decisions to delegate tasks and duties to other people

To achieve this, you must:

11.2 make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care

11.3 confirm that the outcome of any task you have delegated to someone else meets the required standard'

‘13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care’

‘14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place

To achieve this, you must:

14.3 document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly’

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

To achieve this, you must:

16.5 not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wants to raise a concern’

‘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’

‘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'

'20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

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

20.4 keep to the laws of the country in which you are practising

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

20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers

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

'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.'

Charges 1 and 2:

The panel considered charges 1 and 2 together as they amount to a course of conduct which the panel has determined amounted to bullying. In reaching its decision, the panel considered the written and oral evidence of Witness 1. It also took into account meeting

minutes from a meeting held on 21 February 2022 with Miss Gentry, Witness 3 and the Home Manager in attendance.

It further noted that that a Junior Matron/ Clinical Lead holds a position of leadership and is required to be a role model. The conduct found proved in the entirety of this charge, including shouting at Colleague A, in the presence of other individuals fell far below the expectation of a responsible and professional leader in Miss Gentry's position.

The panel noted that whilst there is no direct evidence from Colleague A who is the victim in charge 1, Witness 1 stated in relation to Colleague A that, *"The male was visibly upset"*. It further noted that, is has been assisted by the accounts of several witnesses in relation to day one of the safety training. The panel has found that the behaviour displayed, and comments made by Miss Gentry to the effect of, *"He better not be on my shift"*, and *"I hope you are not on my shift"*, constitutes a course of conduct that amounts to bullying towards a member of staff who was Miss Gentry's subordinate.

The panel noted that the charges related to multiple instances of unprofessional behaviour towards Colleague A. Given the range of the conduct and the unacceptable language used, the panel found that the conduct at charges 1 and 2 was sufficiently serious to amount to misconduct.

Charge 3:

The panel next considered Miss Gentry's conduct at charge 3. In assessing this charge in its entirety, the panel is reliant on the CCTV footage with no audio recording, statements from Colleague B, Witness 3, statement of Witness 4 and their exhibits, relevant extracts from the care record, two interviews at a local level and a statement provided to the local investigation.

In its assessment, the panel was of the view that Miss Gentry failed to use appropriate de-escalation techniques and physical restraints in respect of Patient A. It noted that, whilst

there are some instances where Miss Gentry's response to Patient A's aggressive behaviour has been in line with the Home's policies there are multiple instances where she has not acted proportionately in her responses and as such has departed from the policies. In the policy titled *'Reducing Physical Intervention Policy and Procedure'*, it is stated, *"To creative a culture of positive and proactive care to reduce the need for restrictive interventions and set out mechanisms to ensure accountability to reduce the use of restrictive practices, including effective governance and transparent reporting and monitoring"*

The panel made further reference to the Home's policy titled *"Reducing Physical Intervention Policy and Procedure"*, in supporting its finding of Miss Gentry's failure to de-escalate and manage the aggressive behaviour of Patient A. The document lists its objectives as follows:

'5.7 The care worker taking action must reasonably believe that physical intervention is necessary to prevent harm to the person who lacks capacity, and the amount and type of restraint used and the amount of time it lasts must be a proportionate response to the likelihood and seriousness of harm'.

'5.8 The Safe and Ethical Use of Physical Intervention

- *Restrictive interventions should never be used to punish or for the sole intention of inflicting pain, suffering or humiliation*
- *There must be a real possibility of harm to the Ladies and Gentlemen or to staff, the public or others if no action is taken*
- *The nature of techniques used to restrict must be appropriate to the risk of harm and the seriousness of that harm*
- *Any restriction should be imposed for no longer than absolutely necessary*
- *What is done to people, why and with what consequences must be subject to audit and monitoring, and must be open and transparent*
- *Restrictive interventions should only ever be used as a last resort*

- *A Ladies and Gentlemen's carer and advocate involvement is essential when reviewing plans for restrictive interventions'*

The panel further referred to the statement of Witness 3 in its assessment of policy adherence by Miss Gentry in her responses to the behaviour of Patient A. In her statement, Witness 3 states:

"Miss Gentry failed to meet the needs of Patient A in responding appropriately to them whilst in crisis. Miss Gentry also put their colleague, Colleague Bat risk of harm when they did not complete the hold as taught and when they left Colleague Bon the floor whilst Miss Gentry locked themselves in the office. Even if Miss Gentry was frightened by the situation, they received training to safely manage these situations so they can be de-escalated efficiently and without harm, although I appreciate this cannot always be the case."

The panel had a further regard to the meeting notes from the disciplinary interview which was attended by Miss Gentry, Witness 3 and the Home Manager. During the interview Witness 3 asked Miss Gentry, *"Would you say this is a fair and professional response to a gentleman in your care with a psychological diagnosis that you were aware of?"*, to which Miss Gentry responded, *"At the time, I was desperate, I was trying to de-escalate the situation, but I was so frightened"*.

The panel has also taken into account that there are three occasions within the CCTV footage where Miss Gentry is seen pushing Patient A's backwards by his arm and his forehead. It has further noted that on one of those occasions there is an aggravating feature which the panel determined compounded the seriousness of Miss Gentry's actions. Not only is Miss Gentry seen pushing Patient A's head, but she is seen physically shaking it from side to side whilst expressing aggressive facial features which was not compassionate, and a particularly egregious breach of the Home's policies. It also noted that there was no clinical justification for a registered Nurse at the level of Miss Gentry's

experience who had recently received CPI training and has knowledge of the NMC code. Therefore, she should have led on the use of appropriate de-escalation techniques, providing guidance to Colleague B who was her inexperienced subordinate.

Following its review of the CCTV footage, the panel was of the view that Miss Gentry was taunting Patient A, and this resulted in an escalation of his behaviour rather than a de-escalation, which should have been her priority.

The panel has concluded that the consistent failure to properly de-escalate the situation or to physically respond to the aggressive behaviour of Patient A in an appropriate manner compliant with policy, has led the panel to conclude that Miss Gentry's actions in relation to this charge were sufficiently serious to amount to misconduct.

Charges 4a to 4d:

The panel noted that the charges 4 a, b, c and d amounted to a course of conduct and therefore considered them together.

The panel considered that Miss Gentry's multiple instances of unprofessional behaviour towards her colleague, as found proved in charges 4a to 4d, demonstrated a deep-seated attitudinal concern.

Furthermore, the panel was of the view that the behaviour displayed by Miss Gentry was inappropriate for a registered professional who at the time held a leadership role. It was highly inappropriate that she stated to Colleague B *"Fuck this, I'm not having this"*, and *"Fuck off"*. It considered that during the incident involving patient A, Miss Gentry's priority should have been to offer support to Colleague B who was a junior and inexperienced colleague, but instead she withdrew from the scene and left Colleague B alone and vulnerable. During her disciplinary interview, Miss Gentry stated that *"I locked myself in the office as I was petrified, and I didn't feel that Colleague B was in any danger"*, further

evidencing her lack of appreciation of the gravity of the situation that she did not respond in the way expected of a Clinical Lead.

The panel therefore found that the conduct at charges 4a, b, c, and d was sufficiently serious to amount to misconduct.

Charges 4 e, f and 5:

The panel considered charges 4 e, f and 5 together as they are linked.

In the panel's view, Miss Gentry's conduct in these charges was particularly serious. It involved Miss Gentry expressing an intent to provide a misleading and dishonest account to her managers to cover up her inappropriate actions in a clinical setting towards a vulnerable patient. Further, it involved her attempting to abuse her position of seniority over Colleague B to support her into supporting her dishonest account.

The panel also noted that Miss Gentry breached the professional duty of candour in relation to being open and honest when things go wrong, particularly "*Encouraging a learning culture by reporting errors*". Through her actions, the panel has noted that Miss Gentry's actions encourage colleagues not to be open and honest, otherwise contributing to a culture and suppressing the safety of care.

In these circumstances, the panel was satisfied that Miss Gentry's conduct in charge 4 e, f and 5 was sufficiently serious to amount to misconduct.

Submissions on impairment

Mr Granville on behalf of the NMC, moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference

to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927

Mr Granville submitted that that a member of the public would be alarmed and distressed if they were to view the CCTV footage. He noted that there would be a concern that Miss Gentry's actions do not amount to professional standards of conduct upheld by a regulated member of the NMC.

Mr Granville submitted that there is no material evidence before the panel to evidence that Miss Gentry's insight has developed. He noted that there no information of her current employment before the panel today to evidence that Miss Gentry has undertaken the necessary steps in trying to remediate her actions found proved in all charges.

Mr Granville directed the panel to the lack of material evidence in the form of an up-to-date reflective piece, that details how Miss Gentry's actions put Patient A, Colleague A Colleague B at risk of harm and the reputation of the nursing profession. He also noted that there is no evidence before the panel today to evidence that Miss Gentry's practice has strengthened and that she is no longer impaired.

Mr Granville submitted that given the charges found proved against Miss Gentry, the panel must consider the risk of harm she posed to Patient A, Colleague B, and the profession, those in her care and the risk she poses in the future if allowed to practice with no restrictions. He also submitted that the NMC suggests there are deep seated attitudinal issues from the registrant in that her behaviour, taking unreasonable risks with patient safety despite warnings from Colleague B, and displaying bullying and humiliating behaviour to those she works with, do not seem easily remediable.

Mr Granville also submitted that Miss Gentry is liable to repeat matters of the kind found proved. He noted that Miss Gentry was aware that the incident was being recorded on CCTV, yet she proceeded to breach the Home's policies. He noted that the risk of harm inflicted by Miss Gentry's conduct could have been mitigated as clear and well-established

processes were in place coupled with the safety training she had received and warnings from Colleague B. He also stated that her behaviour was unwarranted and alarming even to the two witnesses from the Home when they saw the CCTV footage.

Mr Granville further submitted that Miss Gentry is highly skilled Nurse, occupying the position of Junior Matron, as such she possesses adequate knowledge on appropriate de-escalation techniques and CPI holds. He also submitted that there is no alternative explanation or clinical justification for the manner in which Miss Gentry acted.

Mr Granville submitted that a finding of impairment of the grounds of public interest is required to mark the seriousness of Miss Gentry's actions. He further stated that failure to do so, would undermine public confidence in the profession, the regulator as a whole and bring the nursing profession into disrepute.

The panel heard and accepted the advice of the legal assessor

The panel next went on to decide if as a result of the misconduct, Miss Gentry's fitness to practise is currently impaired.

The panel were aware that there is no statutory guidance on what constitutes impairment. However, it was guided by NMC Guidance and the leading Case of *Grant*.

In paragraph 76 of *CHRE v NMC and Grant*, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel determined that limbs (a) (b), (c) and (d) were engaged in this case in respect of Miss Gentry's proven misconduct.

In relation to limb (a) of the test, the panel found that Patient A was put at risk of harm as a result of Miss Gentry's misconduct because she not only failed to de-escalate his aggressive behaviour but inflamed it by failing to use appropriate techniques to de-escalate the situation. Furthermore, the panel was satisfied that by her misconduct Miss Gentry exposed Colleague B to a risk of harm.

With regard to limbs (b) and (c), the panel was satisfied that Miss Gentry's actions had brought the nursing profession into disrepute. Furthermore, it was satisfied that she has breached the fundamental tenets of the nursing profession, including to: prioritise people, practise effectively, preserve safety and promote professionalism and trust.

With regard to limb (d), the panel found that Miss Gentry had been dishonest in providing false and exaggerated accounts of the incident relating to Patient A to her managers and in attempting to persuade Colleague B into supporting a dishonest account.

Having determined that Miss Gentry's past conduct engaged all four limbs of the Grant test, the panel next considered the forward-looking aspect of the test. In this regard, the panel addressed the three questions derived from the case of Cohen, namely is the misconduct remediable, has it been remediated, and is it highly unlikely to be repeated.

The panel was of the view that the type of misconduct displayed by Miss Gentry is attitudinal in nature and therefore not easily capable of being remediated, however, it could be remediated through appropriate insight, reflection, training and engagement.

The panel was mindful that Miss Gentry made some admissions during her disciplinary interview and in the CMF form, but in the panel's view she has only demonstrated limited insight into her misconduct. The panel also noted that Miss Gentry has not provided evidence of reflection (beyond her original statement), nor has she provided evidence of any training or other steps taken to remediate the concerns raised against her. Accordingly, the panel determined that Miss Gentry has not remediated her misconduct.

In relation to the third question in Cohen, given the lack of remediation, the panel determined that the misconduct was not highly unlikely to be repeated. On the contrary, the panel was of the view that there is high risk of repetition.

In light of the above, the panel determined that the answer to the four forward-looking limbs of the Grant test is "yes".

The panel noted that Miss Gentry had not practised kindly, safely and professionally and that, therefore, a finding of impairment is necessary on the ground of public protection.

For all the reasons outlined above, the panel determined that Miss Gentry remains liable to repeat misconduct of this kind, and any repetition would bring a significant risk of harm to vulnerable patients in her care and to other professional colleagues. It does not have confidence that Miss Gentry is capable of practising kindly, safely and professionally and that, therefore, a finding of impairment is necessary on the ground of public protection.

In addition, the panel was of the view that not making a finding of impairment could affect the future engagement of vulnerable patients with health and social care services, as well as decrease the likelihood of colleagues speaking out if they found themselves in a similar situation to Miss Gentry. It could also negatively impact on the confidence of their families

with regard to patient safety and standards of care. Furthermore, given the panel's findings of bullying and dishonesty in a clinical setting, the panel was satisfied that a finding of current impairment is required to maintain public confidence in the nursing profession, to declare and uphold professional standards, and to maintain confidence in the NMC as a regulator.

As such, the panel also found Miss Gentry's fitness to practise impaired on public interest ground.

Having regard to all of the above, the panel was satisfied that Miss Gentry's fitness to practise is currently impaired by reason of her misconduct on the grounds of both public protection and the wider public interest.

Submissions on sanction

Mr Granville invited the panel to consider specific factors outlined in the NMC's guidance documents, including 'Factors to consider before deciding on sanctions' (Reference SAN-1, last updated on 2 December 2024), 'Sanctions for particularly serious cases' (Reference SAN-2, last updated on 6 May 2025), and 'Available sanction orders' (Reference SAN-3, last updated on 28 July 2017).

Mr Granville submitted that there are several aggravating factors which the panel should take into account, including harm to Patient A; Miss Gentry's lack of engagement with the NMC and denial of some charges; an abuse of position of trust; lack of insight and absence of any remedial action; and a number of charges proven that are intrinsically dishonest.

Mr Granville outlined the available sanctions for the panel. He submitted that there have been a large number of allegations proved against Miss Gentry, and the panel has found misconduct and impairment for both public protection and the wider public interest. He stated that, regarding no action, a caution order, or a conditions of practice order, these

would not protect the public or uphold the wider public interest. Mr Granville referred the panel to SAN-3 under suspension order and the associated checklist that can help determine whether a suspension order is appropriate. He further submitted that, although a suspension order is a temporary removal from the register and would protect the public, it would not uphold the public interest due to the seriousness of the charges proved, the attitudinal issues, and her lack of insight.

Therefore, Mr Granville submitted that the only appropriate sanction in these circumstances would be a striking-off order, to both protect the public and satisfy the public interest.

Decision and reasons on sanction

The panel accepted the advice of the legal assessor.

Having found Miss Gentry'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 Sanction Guidance (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 in accordance with the guidance in SAN1:

- Providing an exaggerated account of the risk presented by Patient A on the night in question
- An attempt to persuade a junior colleague to support a dishonest account
- Abuse of a position of trust
- Limited insight into failings
- Limited expression of regret
- Repeated misconduct over a short period of time

- Conduct which put a patient receiving care under the risk of suffering harm

The panel also took into account the following mitigating features:

- Admission to some of the charges
- Initial engagement with regulatory proceedings with the NMC
- Previous engagement with the investigation at a local level
- Offered to apologise to Colleague A during a local investigation meeting (but no evidence of the apology)
- In her disciplinary hearing, she stated that her actions were influenced by being frightened of Patient A

When assessing the seriousness of the case, the panel had also had regard to the NMC's guidance on serious cases involving dishonesty in SAN 2, it recognised that not all dishonesty is equally serious. In this case it noted that the following may be more serious and apply to this case:

- *Deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if it could cause harm to people receiving care*
- *Misuse of power*
- *Vulnerable victims*
- *Direct risk to people receiving care*
- *Premeditated.....deception*

In light of the above, the panel determined that the dishonesty was of a higher end of the spectrum. It also involved persuading a junior member of staff to support a dishonest account.

In reaching its decision, the panel first considered whether to take no action but concluded that this would be inappropriate because this would not restrict Miss Gentry's practice and would not protect the public. Furthermore, given the nature and seriousness of the

misconduct, it would not sufficiently address the wider public interest concerns identified by the panel.

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 Miss Gentry'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 Miss Gentry'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 Miss Gentry's registration would be a sufficient and appropriate response. The panel noted the following factors: the serious nature of the charges found proved in this case; Miss Gentry's deep-seated attitudinal behaviour, including dishonesty; an intention to persuade a junior member of staff to support a dishonest account; and bullying. The panel had no evidence before it to show that Miss Gentry had remediated any of the behaviours found proved. The panel had no evidence that she had properly addressed her inappropriate behaviour and actions towards colleagues and patients. Therefore, the panel found an absence of any mitigation of risk to the public. The panel was of the view that particularly because of Miss Gentry's deep-seated attitudinal behaviour, there are no practical or workable conditions that could be formulated which would adequately protect the public. Further, given the seriousness of this case it would not be sufficient to maintain confidence in the profession and satisfy the wider public interest.

The panel next considered imposing a suspension order and took into account the NMC guidance concerning the suitability in specific circumstances. The guidance states that a suspension order would be appropriate if the following factors applied:

- ...
- *A single instance of misconduct but where a lesser sanction is not sufficient*
- *No evidence of harmful deep-seated personality or attitudinal problems*
- ...
- *The committee is satisfied that the nurse has insight and does not pose a significant risk of repeating behaviour*
- ...

The panel found that Miss Gentry did not commit a single instance of misconduct but that there were a number of incidents where inappropriate behaviour was found. The panel were of the view that Miss Gentry's behaviour demonstrated deep-seated personality issues and also due to her limited insight and lack of remediation there was a high risk of her behaviour being repeated.

In light of the above, the panel concluded that in the particular circumstances of this case, Miss Gentry's misconduct was so serious that it was fundamentally incompatible with her continuing to be a registered professional. Accordingly, in the panel's view, a suspension order would not be sufficient to protect the public or satisfy the wider public interest.

The panel then went on to consider whether a striking off order would be an appropriate sanction. Recognising that this is a sanction of last resort with potentially significant consequences for Miss Gentry in relation to its financial and emotional impact, the panel carefully considered the NMC guidance SAN 3 which states that key considerations for the panel to take into account:

- *Do the regulatory concerns about the nurse raise fundamental questions about their professionalism?*
- *Can public confidence in nurses be maintained if the nurse is not struck off from the register?*
- *Is striking off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

When considering these questions, the panel had regard to its finding in accordance with the guidance at SAN 2 that the dishonesty in this case was at the upper end of the spectrum. It also took into account that the misconduct also involved causing harm to both a vulnerable patient and a professional colleague, and that her behaviour towards another subordinate colleague was of a bullying nature.

The panel therefore concluded that the regulatory concerns about Miss Gentry leading to the panel's finding of impairment do raise fundamental questions about her professionalism and character. The panel was satisfied that public confidence in nurses could not be maintained unless Miss Gentry is struck off from the register and that such a sanction is the only sanction sufficient to protect patients, members of the public, and to maintain professional standards.

The panel therefore determined that a striking off order is the appropriate and proportionate sanction in this case.

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 Miss Gentry's own interests until the striking-off sanction takes effect.

Submissions on interim order

Mr Granville invited the panel to impose an interim suspension order for a period of 18 months.

Decision and reasons on interim order

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

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. 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 for the possibility of an appeal to be made and determined.

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

That concludes this determination.

This will be confirmed to Miss Gentry in writing.