Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Friday, 22 August 2025

Virtual Hearing

Name of Registrant:	Karuru Satala (Also known as Olivia Satala)
NMC PIN:	03Y0279O
Part(s) of the register:	Registered Nurse – Sub part 1 RNA - Adult Nursing (14 August 2003)
Relevant Location:	Stoke-on-Trent
Type of case:	Misconduct
Panel members:	James Lee (Chair, Registrant member) Victoria Elizabeth Head (Registrant member) Anita Kaur Mobberley (Lay member)
Legal Assessor:	Graeme Dalgleish
Hearings Coordinator:	Emma Hotston
Nursing and Midwifery Council:	Represented by Andrew Molloy, Case Presenter
Mrs Karuru Satala:	Present and unrepresented
Order being reviewed:	Suspension order with review (6 months)
Fitness to practise:	Impaired
Outcome:	**Suspension order (12 months) to come into effect on 30 September 2025 in accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

The panel imposed a suspension order for a period of 12 months.

This order will come into effect at the end of 30 September 2025 in accordance with Article 30 (1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of six months by a Fitness to Practise Committee panel on 28 February 2025.

The current order is due to expire at the end of 30 September 2025.

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

The charges which resulted in the imposition of the substantive order were as follows:

'That you, a registered nurse, working a day shift on 17 October 2021:

1. *During one-to-one observation of Resident A, failed to maintain constant eyesight observation in that you:*

a) *…*
b) *…*
c) *…*
d) *Slept on duty* ***[PROVED]***

2. *Failed to provide Resident A with the requisite care in that you did not:*
a) *Monitor Resident A's breathing and/or* ***[PROVED]***
b) *Monitor the development of secretions and/or* ***[PROVED]***
c) *Remove the saliva Resident A had secreted and/or* ***[PROVED]***
d) *Monitor Resident A's risk of choking* ***[PROVED]***

3. *Your actions as particularised at 1 – 2 above exposed Resident A to the risk of aspiration and/or choking and/or harm* ***[PROVED]***

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

The original panel determined the following with regard to impairment:

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

…

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

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

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *….'*

The panel found that Resident A was put at risk of harm as a result of Mrs Satala's misconduct. Mrs Satala's misconduct breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. As such, the panel found that limbs a, b and c were engaged.

In assessing whether Mrs Satala is liable in the future to cause unwarranted risk of harm, bring the profession into disrepute and/or breach one of the fundamental tenets of the medical profession the panel applied the test as set out in Cohen with regard to impairment:

'a. is the misconduct easily remediable?
b. has the misconduct in fact been remedied?
c. is the misconduct highly unlikely to be repeated?'

The panel considered that the misconduct was remediable. It noted that Mrs Satala in her evidence stated that falling asleep on duty is wrong. However, the panel considered that there is no information before it to show that Mrs Satala has remediated the misconduct. Mrs Satala has not provided any reflections on the incident, nor provided any evidence to the panel of any relevant learning, training or courses she has undertaken since the incident to address the concerns. The panel had no information regarding Mrs Satala's nursing career since she left the Home and Mrs Satala has not produced any testimonials concerning her practice as a nurse in the intervening period since the matters charged.

The panel has not drawn any adverse inference against Mrs Satala on account of her not attending or being represented at this impairment stage.

The panel was concerned that it appears that Mrs Satala has not reflected on the impact of her misconduct on Resident A, their family, colleagues and the wider nursing profession. The panel considered that because Mrs Satala has not shown insight into the impact of her misconduct it was not satisfied that she would handle a similar situation differently in future or therefore that she can practise in a safe manner.

Accordingly, the panel determined that a finding of impairment on the public protection ground is required due to the risk of repetition identified and consequent risk of harm.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing profession and upholding the proper professional standards.

The panel determined that a finding of impairment on public interest grounds is required because public confidence in the profession would be undermined if a finding of impairment were not made in this case, where on all the facts and circumstances of this case an especially vulnerable patient was exposed to the risk of serious harm. Therefore, it also finds Mrs Satala's fitness to practise impaired on the grounds of public interest.

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

The original panel determined the following with regard to sanction:

'The panel next considered whether placing conditions of practice on Mrs Satala's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*

The panel is of the view that there are no practical or workable conditions that could be formulated. Mrs Satala has not provided the panel with any insight into these concerns, any testimonials regarding her practice since the incident and the panel has no indication that she has 'potential and

willingness to respond positively to retraining' as identified in NMC guidance SAN-3c. The panel has not been provided with any information about Mrs Satala's current work or her willingness to comply with any conditions.

Therefore, the panel concluded that the placing of conditions on Mrs Satala's registration would not adequately protect the public nor address the public interest concerns.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register.

In any event, the panel considered the misconduct was serious and aggravated by the fact that Resident A was [PRIVATE]. The panel would have required careful information and meaningful reflection by Mrs Satala before the panel would have been likely to consider that a conditions of practice order was appropriate and proportionate to protect the public and in the public interest. In the absence of any evidence of reflection the panel has already found that there is risk of repetition and therefore a need to protect the public with a suspension order.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the

panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mrs Satala's case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause Mrs Satala. However, this is outweighed by the public interest in this case.

The panel considered that this order is also necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse when caring for [PRIVATE].

The panel determined that a suspension order for a period of six months was appropriate in this case to mark the seriousness of the misconduct.'

Decision and reasons on current impairment

The panel has considered whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. 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 documentation provided by you.

Mr Molloy on behalf of the Nursing and Midwifery Council (NMC), outlined the regulatory concerns and the background of the case. He reminded the panel that the persuasive burden is on you to demonstrate that you are no longer impaired. He submitted that you have not discharged this burden.

He submitted that, since the previous order, the NMC has received no evidence from you to demonstrate strengthening of your practice, including the undertaking of any appropriate training or professional development. Therefore, Mr Molloy submitted that you have shown no evidence that you have developed sufficient insight since the order was imposed.

He submitted that, in the absence of any new evidence of appropriate training or strengthening of practice and a continuing lack of insight and understanding into the concerns raised, the panel should find your fitness to practise currently impaired on both public protection grounds and in the wider public interest.

Therefore, there has been no material change in the circumstances.

Although you attended the hearing today, you did not wish to provide any oral evidence or submissions.

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 took into account that you have engaged with these proceedings. The panel had regard to your written statement and reflection. The panel acknowledged that this is not a case where deep-seated attitudinal concerns have been identified. It acknowledged that you admitted to the regulatory concerns and have demonstrated some insight through your written reflection, although minimal. However, the panel submitted that this reflection lacks depth of insight and remorse for your misconduct, as although you recognise that you should not have been ‘nodding off’ whilst on-duty, you have not demonstrated a sufficient understanding of the impact of your actions on the resident and their family. Therefore, the panel decided that you have not demonstrated sufficient insight or remediation, at this time.

The panel noted it has received no new information that shows that you have taken steps to develop your insight or strengthen your practice through training or professional development to remediate the concerns found. The panel has also received no new evidence of where you are currently working or your future plans for returning to nursing and how you plan to maintain safe practice.

The last reviewing panel determined that you were liable to repeat matters of the kind found proved. Having had regard to all the information before it, today's panel determined that you remain liable to repeat matters of the kind found proved, given the insufficient evidence of insight and remediation in respect of the areas of regulatory concern. 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 both public protection and public interest grounds is required. This is because members of the public would have their confidence in the profession and the NMC undermined in circumstances whereby a nurse who represented a risk of harm to the public were permitted to return to practice without restriction.

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 noted that you have provided limited evidence that you have addressed any of the fitness to practise concerns raised by the previous panel and have had had limited

engagement with the NMC since the order was imposed. You have provided very limited new information to the panel.

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 misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel agreed with the original panel that the concerns identified in this case could be remedied and that conditions could be formulated to address them. However, to be effective, the panel would have to be satisfied that you are committed to complying with them and could be trusted to do so. The panel has determined that due to your lack of insight, the current risks to public protection are too great and accordingly, conditions at this stage are not workable and would not mitigate these risks. However, if you are able to demonstrate insight into your failings and show a willingness to strengthen your practice, then this could be an option for a future reviewing panel.

The panel next considered the imposition of a further period of suspension. The panel noted that you have shown limited remorse for your misconduct, as although in your written reflection you recognise that you should not have been 'nodding off' whilst on-duty, the panel are not assured that you have demonstrated sufficient insight into the impact of your behaviour and recognise the risks to the resident, or the wider profession.

The panel was of the view that extending the suspension order would allow you further time to fully reflect on your previous misconduct. The panel concluded that a further 12-month suspension order would be the appropriate and proportionate response and would afford you adequate time to demonstrate meaningful insight, and address the concerns raised by the previous panel regarding your fitness to practise. This includes taking steps to develop insight and demonstrate strengthening of your practice through providing evidence of professional development or training, alongside written reflections.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to protect both the public and satisfy the wider public interest. It considered this to be the most appropriate and proportionate sanction available.

The panel did consider whether to make a striking-off order but considered such a sanction to be disproportionate when focusing on the matters found proved at the original hearing. However, you should be aware that if you choose to not re-engage with these proceedings, then you risk such an outcome at any subsequent review. It would not be appropriate for panels to continuously extend their suspension orders in the hope that a registrant will eventually comply with its suggestions. Accordingly, the panel wishes to encourage you to follow the suggestions made below to assist the future panel reviewing this case.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 30 September 2025 in accordance with Article 30 (1).

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Your continued engagement and attendance at NMC proceedings.
- Evidence of completed relevant training/courses on high dependency and critical care, risk assessment and accountability and professionalism.
- Testimonials or character references.

- Detailed reflection using a recognised reflective model to demonstrate insight on addressing patient safety and care, accountability and assessment of priorities, and what you have learnt since the incident.
- An update on your employment since the incident and your future intentions regarding your nursing career.

This will be confirmed to you in writing.

That concludes this determination.