Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 1 December 2025 – Tuesday, 9 December 2025

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	**Davina Ann Owen**	
NMC PIN:	86H0148E	
Part(s) of the register:	Registered Nurse – Adult RN1 June 1990	
Relevant Location:	Wirral	
Type of case:	Misconduct	
Panel members:	Caroline Rollitt Gary Trundell Melanie Lumbers	(Chair, lay member) (Lay member) (Registrant member)
Legal Assessor:	Oliver Wise	
Hearings Coordinator:	Max Buadi	
Nursing and Midwifery Council:	Represented by Iwona Boesche, Case Presenter	
Mrs Owen:	Not present and not represented	
Facts proved:	Charges 1a, 2a, 2b, 3a, 4a and 4b	
Facts not proved:	Charges 1b and 1c	
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 Mrs Owen was not in attendance and that the Notice of Hearing letter had been sent to Mrs Owen's registered email address by secure email on 30 October 2025.

Further, the panel noted that the Notice of Hearing was also sent to Mrs Owen's representative, Dr Owen on 30 October 2025.

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

The panel accepted the advice of the legal assessor.

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

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

Decision and reasons on proceeding in the absence of Mrs Owen

The panel next considered whether it should proceed in the absence of Mrs Owen. It had regard to Rule 21 and heard the submissions of Ms Boesche. She submitted that there has been no application to adjourn the hearing. She drew the panel's attention to an email from Mrs Owen's representative, Dr Owen, dated 26 November 2025. He indicated that

Mrs Owen may not attend due to personal circumstances. He added that the NMC should *"just carry on with what you must do"* and that he and Mrs Owen "will do what we must do". She submitted that, in light of this, Dr Owen wanted the hearing to proceed and that both he and Mrs Owen had voluntarily absented themselves.

Ms Boesche submitted that there is no prejudice in proceeding in the absence of Ms Owen and it is in the public interest to do so.

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'*.

The panel has decided to proceed in the absence of Mrs Owen. In reaching this decision, the panel has considered the submissions of Ms Boesche, the representations made on Mrs Owen's behalf, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones (Anthony William) (No.2) [2002] UKHL 5* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. The main considerations were:

- There had been numerous emails sent between Dr Owen and Mrs Owen and the NMC between 30 October 2025 and 28 November 2025;
- Mrs Owen had informed the NMC that she has received the Notice of Hearing and Dr Owen was content with the hearing proceeding in their absence;
- No application for an adjournment has been made by Mrs Owen;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- It had received a 90-page registrant's bundle from Mrs Owen;
- Four witnesses are due to attend the hearing this week;

- Not proceeding is likely to inconvenience the professional witness, the residents who are due to give evidence and those who are employed to assist this at the care home;
- The charges relate to events that occurred in 2023;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mrs Owen in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address, she will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give oral 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 Mrs Owen's decisions to absent herself from the hearing, waive her rights to attend, and/or 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 Mrs Owen. The panel will draw no adverse inference from Mrs Owen's absence in its findings of fact.

Details of charge (as amended)

That you, a registered nurse:

1) On or around 12 October 2023, you:

   a) Pushed medication into Resident A's mouth.
   b) Shouted at Resident A.

c) Threatened to call Resident A's wife so that he would be in trouble.

2) On or around 18 October 2023, you:
   a) Administered medication into Resident B's mouth without water.
   b) Dabbed steroid and/or hormonal medication onto Resident B and asked him to rub it in without giving him gloves.

3) On one or more occasions, on or around 18 October 2023, you:
   a) Fed Resident C to increase his blood sugar levels, when this was not clinically required.

4) On an unknown date, on one or more occasions, you:

   a) Administered Resident E's medication by pushing one or more tablets into his mouth at a time.
   b) Administered Resident E's medication by pushing it against his lips before he had swallowed previous medication.

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

Background

The charges arose whilst Mrs Owen was employed as a registered nurse at Norway Lodge Nursing Home (the Home). Mrs Owen was employed to work two night shifts a week from 6 July 2020 until her dismissal on 22 November 2023.

On 12 October 2023, Resident A informed a healthcare assistant that during the night shift, Mrs Owen had allegedly forced medication into his mouth without giving him water. It was alleged that this was done whilst he was on his back, leading him to feeling he was going to choke. Resident A further reported that Mrs Owen had allegedly threatened to call his wife when he spat the medication out.

On 16 October 2023, Resident C raised concerns with the Home Manager about Mrs Owen's management of his diabetes, including that she was allegedly forcing him to eat.

As a result of the concerns raised by Residents A and C the Manager of the Home, Witness 1, arranged for all residents of the Home with mental capacity to be asked about Mrs Owen's behaviour towards them. Mrs Owen was also suspended pending the conclusion of this investigation.

Upon speaking to residents, Resident A, Resident B, Resident C and Resident E all raised concerns about Mrs Owen's treatment of them.

Decision and reasons on application to admit hearsay evidence of Resident E into evidence

The panel heard an application from Ms Boesche, on behalf of the Nursing and Midwifery Council (the NMC) to admit Resident E's witness statement, dated 25 May 2024, Resident E's care plan, dated 16 November 2022, Resident E's local statement, dated 18 October 2024 and Resident E's death certificate as hearsay evidence.

Ms Boesche informed the panel that Resident E had passed away in February 2025. She referred the panel to the Criminal Justice Act 2003. She submitted that while it was not binding for the purposes of this hearing, it was helpful in situations where the witness is unavailable, and hearsay evidence may be used. She cited section 116 which allows a witness statement to be used even if the witness is not present to give live evidence, but only if the witness is unavailable.

Ms Boesche submitted that the evidence of Resident E is directly relevant to the charges and would have been admissible in this hearing. She submitted that the author off the statement had been identified, albeit anonymised for the purpose of this hearing, and that person had passed away.

Ms Boesche submitted that Mrs Owen and her representative have had sight of the evidence of Resident E in advance and no new evidence would need to be submitted to them.

Ms Boesche submitted that it is therefore not prejudicial to Mrs Owen to admit the evidence of Resident E. She submitted that while Mrs Owen would not be able to cross examine Resident E, she reminded the panel that Mrs Owen and her representative had voluntarily absented themselves.

Ms Boesche submitted that the evidence is fair and relevant and invited the panel to admit the evidence of Resident E.

The panel accepted the legal assessor's advice, during which he referred the panel to the case of *Thorneycroft v Nursing and Midwifery Council [2014] EWHC 1565 (Admin)* which pertains to the admissibility of hearsay evidence.

The panel was also satisfied that there was a good reason for the non-attendance of Resident E given the fact that he had passed away.

The panel was also satisfied that the evidence of Resident E was the sole and decisive evidence with regard to charge 4. With regard to whether the evidence is demonstrably reliable, the panel was cautious. It bore in mind that it was stated on this death certificate that he was diagnosed with dementia and noted that it was the primary cause of death. The panel bore in mind that the incident occurred 15 months prior to his death according to his death certificate. It also noted that Witness 1, in her witness statement stated that Resident E's mental capacity "*fluctuates"* but he is aware of *"his own care needs".* While the panel have no reason to believe that Resident E fabricated what has been alleged, the panel are still cautious considering the mental capacity of Resident E.

The panel took account of Mrs Owen's "Response to the Nursing and Midwifery Council's Regulatory Concerns" letter dated 19 February 2024. With regard to Resident E's local

statement, Mrs Owen questioned that if the incident described in charge 4 had occurred, then why had Resident E not informed anyone of this before. She also questioned whether the signature provided to the statement was from Resident E and stated that his Parkinson's Disease prevented him from writing.

The panel took account of an email sent to Mrs Owen and her representative, dated 12 November 2025 which contained the evidence the Resident E. It was accessed by Mrs Owen on 14 November 2025. It bore in mind that there was no challenge to the admissibility of the evidence made. It was therefore satisfied that Mrs Owen had prior notice that his witness statement would be read.

In light of the above, the panel decided that it would be fair and relevant to admit the witness statements of Resident E. In due course the panel will determine what weight, if any, to attach to it.

Decision and reasons on application to amend the charge

The panel of its own volition invited submissions from Ms Boesche on its proposal to amend the wording of charge 2b.

The proposed amendment was to add "and/or hormonal" after the words "Dabbed steroid". The panel was of the view that the proposed amendment would more accurately reflect the evidence.

Ms Boesche accepted the panel's proposal and had no objection to the amendment being made. She submitted that there is no prejudice to Mrs Owen as she has been provided with all the evidence for this hearing and no new additional evidence is required for this application. She submitted that it is in the public interest to make this amendment.

Proposed amendment

2) On or around 18 October 2023, you:
   b) Dabbed steroid **and/or hormonal** medication onto Resident B and asked him to rub it in without giving him gloves.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel was of the view that such an amendment, as applied for, was in the interests of justice. It noted that both terms, namely 'hormonal' and 'steroid' are used together throughout the evidence from the Home, including within the medication policy, which is available to Mrs Owen. The panel was satisfied that there would be no prejudice to Mrs Owen and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment to ensure that the charge was accurately expressed in order to reflect the written evidence concerning what medication was used.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Boesche.

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

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: Care Home Manager of the Home, who conducted an investigation into the claims made by Resident A, Resident B, Resident C and Resident E;

- Resident A: Resident at the Home who raised a complaint against Ms Owen;

- Resident B: Resident at the Home who raised a complaint against Ms Owen;

- Resident C: Resident at the Home who raised a complaint against Ms Owen.

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

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

Charge 1a

1) On or around 12 October 2023, you:
   a) Pushed medication into Resident A's mouth.

This sub-charge is found proved.

In reaching this decision, the panel took account of the evidence of Resident A, Mrs Owen and Witness 1.

When considering this charge, the panel bore in mind that evidence to support this charge came from the account of Resident A. Mrs Owen in her written responses has denied the charge. In light of the conflicting accounts, the panel considered that a key factor in determining whether this charge is proved or not proved would come down to the credibility of Resident A and Mrs Owen.

The panel took account of the oral and written evidence of Resident A. It noted that Resident A, at the beginning of his oral evidence, could not recall providing a local statement; however, he was able to recognise his signature.

During Resident A's oral evidence, Ms Boesche asked him to demonstrate how Mrs Owen administered his medication. Resident A responded by using hand gestures to illustrate the process. The panel asked him to repeat the demonstration, and it verbalised the movements being shown for the record. Resident A brought his hand to his mouth and used his index finger to indicate the medication being used to place the medication inside his mouth. He confirmed the accuracy of the panel's description. He also stated that he was lying down when this occurred.

Resident A stated that he informed Mrs Owen that he did not take his medication "by mouth". He further stated that Mrs Owen did not provide him with a cup containing his medication, nor did she provide him with a drink to take his medication with.

The panel also took account of Mrs Owen's "Response to the Nursing and Midwifery Council's Regulatory Concerns" letter dated 19 February 2024. With regard to Resident A, she stated that he *"likely has a degree of multi-infarct dementia"* and she deemed him to have *"fluctuating capacity at best"*. She further stated in this letter that, the incident described in charge 1a did not occur *"neither that night nor any other one"*.

In a document entitled "Defence Statement" dated 9 November 2025, Mrs Owen described Resident A as having a *"significant degree of cognitive impairment, who lacks capacity"*. She stated that the incident described in charge 1a did not occur.

The panel bore in mind that Mrs Owen in her aforementioned letters denied the charge but had not explain how she administered medication to Resident A. The panel also bore in mind that she appeared to contradict herself when describing Resident A's mental capacity, namely, stating in February 2024 that he had *"fluctuating capacity at best"* and then in November 2025 stating that he *"lacks capacity"*.

However, the panel was of the view that this did not appear to be apparent during Resident A's oral evidence. Resident A was clear about what he could and could not recall. When Ms Boesche asked Resident A if he could remember what Mrs Owen had said during the incident, he stated that he could not.

Nevertheless, he was able to recall Mrs Owen's actions in administering his medication. When asked to demonstrate this again, he remained adamant and able to do so consistently. The panel further noted that he was also able to explain how Mrs Owen's actions differed from those of other nurses at the Home. Resident A stated that other nurses would put the tablets in a tub allowing him to administer them himself.

The panel also bore in mind the evidence of Witness 1, who was not present during the events of charge 1a, but confirmed that she spoke to Resident A after the incident. She recalled him saying that he had been lying in bed when the door opened and Mrs Owen put the tablet in his mouth. He stated that he spat them out and Mrs Owen told him that he would have to pick them up, at which point he swore at her. This is supported by the contemporaneous safeguarding referral she provided, dated 12 October 2023 regarding the incident which demonstrated that Resident A had made a complaint at the time.

The panel was persuaded by the evidence of Resident A which it deemed to be credible, reliable and consistent. It preferred the evidence of Resident A over Mrs Owen.

The panel therefore found this sub-charge proved.

Charge 1b and 1c

1) On or around 12 October 2023, you:
   b) Shouted at Resident A.
   c) Threatened to call Resident A's wife so that he would be in trouble.

These sub-charges are found not proved.

During Resident A's oral evidence, he was unable to recall what Mrs Owen had said during the events described in charge 1a.

Mrs Owen, in her "Response to the Nursing and Midwifery Council's Regulatory Concerns" letter dated 19 February 2024 and in her "Defence Statement" dated 9 November 2025 denied shouting at Resident and threatening to call Resident A's wife.

The panel bore in mind that Resident A's account dated 12 October 2023 is not a firsthand account. There is no further independent documentation and no other witnesses to support these sub-charges.

The panel therefore found these sub-charges not proved.

Charge 2a

2) On or around 18 October 2023, you:
   a) Administered medication into Resident B's mouth without water.

This charge is found proved.

In reaching this decision, the panel took account of the evidence of Resident B, Mrs Owen and Witness 1.

The panel took account of Resident B's care plan provided by Witness 1. It noted that the care plan did not indicate that Resident B's medication had to be administered with water. However, it took account of the Homes "Medication policy" dated 19 March 2023. It stated that *"The person administering the medication provides the recipient with a drink and stays with them whilst taking it. Medication is never left unattended"*. In light of this, the panel was satisfied that Mrs Owen was required to administer the medication to Resident B with water.

In his contemporaneous local statement dated 18 October 2023, Resident B is quoted as saying that Mrs Owen puts the tablets down his throat without water. He also stated that the other nurses at the Home do not do this, just Mrs Owen.

In his oral evidence Resident B stated that one night he was lying down on a bed and Mrs Owen entered the room. He said that, instead of handing him his medication as he requested, Mrs Owen just put the medication down his throat without providing any juice or water.

Resident B further stated that other nurses would hand him the medication rather than administer it in the way Mrs Owen did.

The panel also took account of Mrs Owen's "Response to the Nursing and Midwifery Council's Regulatory Concerns" letter dated 19 February 2024. With regard to Resident B, she stated that she has never administered medication to him. Mrs Owen stated that she would leave his medication in a pot for him take himself and has never placed any medication in his mouth.

In a document entitled "Defence Statement" dated 9 November 2025, Mrs Owen described Resident B as having a *"significant learning difficulties"* and *"lacks capacity"*. She denied administering oral medication to him and therefore *"could not have forced medication down his throat"*. She further stated that residential patients administer their own medication so she placed his medication in a cup for Resident B to take.

The panel also bore in mind that within the aforementioned “Response to the Nursing and Midwifery Council’s Regulatory Concerns”, Mrs Owen described Resident B as *“almost child like…and almost certainly cannot read”*.

The panel noted that Resident B was able to explain his limitations regarding literacy and the difficulties he experiences. However, in the panel’s view, this did not appear to affect the reliability of his recollection in his oral evidence. Resident B was able to clearly describe what occurred, demonstrated understanding of the questions put to him and provided appropriate responses. In the panel’s assessment, Resident B presented clearly and consistently throughout.

The panel was persuaded by the evidence of Resident B which it deemed to be credible, reliable and consistent with his contemporaneous local statement. It preferred the evidence of Resident B over the evidence of Mrs Owen.

The panel therefore found this sub-charge proved.

Charge 2b

2) On or around 18 October 2023, you:
    b) Dabbed steroid and/or hormonal medication onto Resident B and asked him to rub it in without giving him gloves.

This charge is found proved.

In reaching this decision, the panel took account of the evidence of Resident B, Mrs Owen and Witness 1.

In his oral evidence Resident B was unable to identify the specific medication applied to him but described it as a *“white cream”* or *“gel”* that was applied to his chest and arms. The panel took account of Resident B’s care plan provided by Witness 1. It noted that the care plan recorded that Resident B required “Testogel” each morning, with “hormone replacement” noted in brackets. The panel bore in mind that the Testogel was confirmed to be a hormonal medication by both Witness 1 in her oral evidence and by Mrs Owen in her written response to the charges describing the gel as *“testosterone gel”*. In light of this the panel was satisfied that the medication referred to by Resident B was hormonal medication.

The panel further noted that under the section entitled "Planned Care” the care plan states that Testogel must be applied daily in the morning, and that the nurse must wear gloves and wash their hands afterward with soap and water. The panel also took account of the fact that these instructions are taken from the “Topical medication policy” dated 20 August 2022.

In light of this, the panel was satisfied as to the procedure Mrs Owen was required to follow when administering the hormonal medication to Resident B.

Resident B, in his contemporaneous local statement dated 18 October 2023, stated that Mrs Owen *“dabs cream (gel) on me and then tells me I have to rub it in myself and doesn’t give me any gloves”.*

Resident B stated that Mrs Owen would apply the gel on his arms and chest. The panel was satisfied that this was the Testogel referred to in his care plan. He stated that he wanted Mrs Owen to apply it but she held his wrist to move his hand and instructed him to rub it in himself. He then demonstrated how Mrs Owen would hold his wrist and use his hand to apply the gel. He added that he was not wearing gloves and was unable to wash his hand afterwards.

Resident B stated that other nurses would apply the gel and rub it in whilst wearing gloves.

The panel also took account of Mrs Owen's "Response to the Nursing and Midwifery Council's Regulatory Concerns" letter dated 19 February 2024. With regard to Resident B, she stated that she has never administered medication to him. Mrs Owen stated that she would leave his medication in a pot for him to take himself and that she has never placed any medication in his mouth.

In a document entitled "Defence Statement" dated 9 November 2025, Mrs Owen described Resident B and the role in administering his medication, she stated that *"this is for him to apply"*. She also confirmed that this was a *"testosterone gel, and thus clearly not requiring gloves".*

In a document entitled "Defence Statement" dated 9 November 2025, Mrs Owen stated that *"there have been occasions where I have administered the correct amount of gel and encouraged [Resident B] to rub it into the skin...the policy of wearing gloves when rubbing into the skin should only apply when another rubs it into his skin".*

The panel was of the view that Mrs Owen's account of how she administered the hormonal medication did not adhere to Resident B's care plan or the topical medication. In her own account, Mrs Owen accepted that she applied hormonal medication onto Resident B and asked him to rub it in without giving him gloves.

The panel therefore found this sub-charge proved.

Charge 3a

3) On one or more occasions, on or around 18 October 2023, you:

   a) Fed Resident C to increase his blood sugar levels, when this was not clinically required.

This charge is found proved.

In reaching this decision, the panel took account of the evidence of Resident C, Mrs Owen and Witness 1.

When considering this charge, the panel bore in mind that it had first needed to determine the point at which it became clinically necessary to provide Resident C with food. The panel accepted that giving Resident C food to raise his blood sugar level is not, in itself, inappropriate. Rather, the issue at the centre of the charge is whether this was done at a time when it was not clinically required.

In his oral evidence, Resident C stated that he had lived with diabetes for over 10 years. He stated that has to check his blood sugar level at *"breakfast, dinner and tea time"*. He stated that when the reading is 8 mmol, then he is absolutely fine. However, when it is below 5mmol/L, this is when he knows his blood sugar is low and requires additional glucose.

The panel took account of Resident C's care plan. It noted that in the section titled *"Aim of Care"*, it is recorded that the goal is to *"To maintain a safe range of blood glucose levels"*. In the section titled *"Planned Care"* it confirms that the ideal blood sugar range for Resident C is 6 to 10 mmol/L. This was also confirmed by Witness 1 in both her witness statement and her oral evidence.

To prove this charge, NMC would have to demonstrate that Mrs Owen provided Resident C with food to increase his blood sugar levels when this was not clinically required, namely when his blood sugar level was above 5mmol/L.

Resident C in his oral evidence stated that he had informed Mrs Owen that his blood sugar level was 8. However, he stated that Mrs Owen fed him biscuits anyway. The panel noted that this was supported by his contemporaneous local statement, dated 18 October 2023, when he said *"My diabetes says its 8, [Mrs Owen] will load me up with biscuits,*

cakes etc until its has high as she wants it. Even when I feel OK and my level are OK, she forces me in a way."

The panel also took account of Mrs Owen's *"Response to the Nursing and Midwifery Council's Regulatory Concerns"* letter dated 19 February 2024. With regard to Resident C, she stated that his blood sugar levels can *"fluctuate greatly"*, particularly in the morning *"as his glucose levels and glucose stores will be lower"*.

In a document entitled "Defence Statement" dated 9 November 2025, Mrs Owen denied forcing Resident C to eat.

When considering both accounts, the panel noted that Mrs Owen stated in the aforementioned *"Response to the Nursing and Midwifery Council's Regulatory Concerns"* letter that Resident C has a *"variety of diabetic complications from decades of poor control"* and *"…has a modern subdermal glucose monitor, and thus does not require the regular "finger pricks"".*

The panel bore in mind Resident C's oral evidence, in which he described the procedure he used to check his blood sugar levels. He explained that he used a *"pen with a needle in it"* to prick his finger and then placed the blood into a *"blood glucose machine*" which would give him a reading. He stated that he always performed this check before a meal. If his level was normal, then he did not repeat this check. If his level was low he would have something to eat and check it again. Resident C also added that when Mrs Owen was working she would give him food after his supper, and when his blood sugar reading was around 8. This left him feeling uncomfortable.

The panel was of the view that Resident C, as a long-standing diabetic, demonstrated great understanding of his condition. He was able to explain in detail how he managed his diabetes and how he monitored his blood sugar level through finger pricks and subsequently obtained a reading. In the panel's view, he would have been aware of what his reading was which is how he was able to know he did not require food. It also bore in

mind that Resident C was a residential patient rather than a nursing patient. Accordingly, he could be expected generally to manage his health condition.

The panel was persuaded by the evidence of Resident C which it deemed to be credible, reliable and consistent with his contemporaneous local statement. It preferred the evidence of Resident C over the evidence of Mrs Owen.

The panel therefore found this sub-charge proved.

Charge 4a

4) On an unknown date, on one or more occasions, you:
   a) Administered Resident E's medication by pushing one or more tablets into his mouth at a time.
   b) Administered Resident E's medication by pushing it against his lips before he had swallowed previous medication.

These sub-charges are found proved.

The panel considered these sub-charges separately, but as the evidence in relation to each is similar, it has dealt with them under one heading. In reaching this decision, the panel took account of the evidence of Resident E, the evidence of Mrs Owen and Witness 1.

Resident E in his contemporaneous local statement, dated 18 October 2023, stated that Mrs Owen would often push tablets into his mouth. He also stated that she would push tablets against his lips and try to put them into his mouth before he had swallowed the previous tablets.

Resident E's reiterated this in his witness statement, dated 25 May 2024, where he stated that Mrs Owen was forcing medication tablets into his mouth.

The panel was mindful that the evidence of Resident E amounted to hearsay. This was because Resident E had passed away. As a result, there was no way to test the veracity of the contents within the statement.

Witness 1, in her oral evidence, confirmed that Resident E had reported that Mrs Owen had tried to force medication against his lips and put them in his mouth before he had been able to swallow the medication already in his mouth.

The panel also took account of Mrs Owen's *"Response to the Nursing and Midwifery Council's Regulatory Concerns"* letter dated 19 February 2024. With regard to Resident E, she stated that he may have had a *"degree of dementia due to his Parkinson's but likely has capacity."* She stated that he does have swallowing difficulties and liked his tablets in a specific way, namely two at a time with water in between. She stated that she had always been careful when administering his medication as he had a real risk of aspiration. She also questioned that if this occurred, then why had he not informed anyone of it before.

In a document entitled "Defence Statement" dated 9 November 2025, Mrs Owen denied forcing medication in Resident E's mouth at any time.

When considering both accounts, the panel bore in mind that Resident E had dementia. It also noted that is was listed on of the primary causes of his death and considered whether this may have affected his recollection of the incident.

However, the panel also noted that within his aforementioned contemporaneous local statement, he stated *"I said I'd bit her fingers if she carried on shoving tablets down my mouth".* The panel considered that the graphic nature of this description suggested that it was a memorable event he was able to recall.

The panel took account of Resident E's care plan. It stated that if medication is administered during the night or early morning, staff were required to turn on a low light and introduce themselves first. The care plan further recorded that Resident E liked to take his time when taking his medication and that staff were to remain patient. In the panel's view, this indicated that administering medication to Resident E was likely going to take longer than for other residents.

The panel bore in mind that Resident E's description of how Mrs Owen administered his medication was inconsistent with his care plan, particularly the requirement for staff to be patient.

The panel reminded itself of the evidence of the other residents at the Home, specifically Resident A, Resident B and Resident C. They were all present and gave oral evidence to the panel. A consistent theme in their accounts was that Mrs Owen administered medication very quickly without giving them time to have a drink of water. It also noted that these residents stated that Mrs Owen was the only nurse at the Home that administered medication in this manner. The panel was therefore satisfied that a pattern of behaviour had been established in relation to Mrs Owen's approach to medication administration.

The panel was persuaded by the evidence of Resident E which it deemed to be credible, reliable and consistent with his contemporaneous local statement and with the evidence of the other residents at the Home. It preferred the evidence of Resident E over the evidence of Mrs Owen.

In light of the above the panel concluded, on the balance of probabilities, on one or more occasions, Mrs Owen administered Resident E's medication by pushing one or more tablets into his mouth at a time and administered Resident E's medication by pushing it against his lips before he had swallowed previous medication.

The panel therefore found these sub-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 Mrs Owen'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, Mrs Owen's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

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

Ms Boesche invited the panel to take the view that the facts found proved amount to misconduct. She submitted that Mrs Owen's actions amounted to serious clinical failings which were a significant departure from the fundamental principles of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code).

Ms Boesche directed the panel to specific paragraphs within the Code and identified where, in the NMC's view, Mrs Owen's actions amounted to misconduct.

Submissions on impairment

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

Ms Boesche reminded the panel of the Dame Janet Smith test from the Fifth Shipman report and submitted that the first three limbs are engaged.

Ms Boesche submitted that Mrs Owen had not admitted to any of the facts and has demonstrated no insight into her actions. She reminded the panel that Mrs Owen had submitted a response to the charges but had not engaged with this hearing.

Ms Boesche submitted that Mrs Owen had not provided any evidence of strengthened practice nor had undertaken any relevant training.

Ms Boesche submitted that there is a risk to the public due to Mrs Owen's lack of insight, failure to undertake relevant training and not having the opportunity to demonstrate strengthened practice through work in the relevant areas.

Ms Boesche invited the panel to find Mrs Owen's fitness to practise currently impaired on the grounds of public protection and public interest.

The panel accepted the advice of the legal assessor which included reference to *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Decision and reasons on misconduct

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

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

> ***'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*
>
> ***2 Listen to people and respond to their preferences and concerns***
>
> *To achieve this, you must:*
>
> *2.2 recognise and respect the contribution that people can make to their own health and wellbeing*
>
> *2.6 recognise when people are anxious or in distress and respond compassionately and politely*
>
> ***4 Act in the best interests of people at all times***
>
> *To achieve this, you must:*

4.1 balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or refuse treatment

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

To achieve this, you must:

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

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel bore in mind that Resident A, Resident B and Resident E were nursing residents, now residing in a nursing home, which meant that they were vulnerable. Their individual care plans, addressing their needs, were essential to ensuring they received safe and appropriate care.

The panel considered that Mrs Owen's conduct in charges 1a, 2a, 4a and 4b put Resident A, Resident B and Resident E at a potential risk of physical harm due to the way she administered their medication. It bore in mind that each of them stated that they were forced to take the medication. Resident A was lying down when this occurred, and all three residents stated that they were required to take the medication without fluid. The panel also took into account that, in the case of Resident E, medication was not taken due to the manner in which Mrs Owen administered it. Resident E explained in his local

statement that he would no longer take tablets from Mrs Owen as he felt she was always “hurrying” him.

The panel further considered the impact of Mrs Owen’s behaviour on Resident C, a residential patient, who was made to eat biscuits despite knowing this was inappropriate for his care and not clinically required.

It also noted that Mrs Owen’s conduct in using Resident B’s hand to rub the hormonal medication without gloves was contrary to both his care plan and the Home’s policy.

The panel also considered the impact Mrs Owen’s conduct had on the resident’s mental health and wellbeing. Resident A stated, in his local statement, that Mrs Owen’s conduct made him upset at the time. Resident B stated that her behaviour negatively affected the way he takes his medication.

In the panel’s view, Mrs Owen ought to have known how to administer medication in accordance with the resident’s care plans, wishes and the Home’s policy, and ought to have recognised the risks associated with forcing medication on the residents.

The panel was of the view that Mrs Owen’s actions were unacceptable and breached multiple aspects of the code. It was of the view that her actions would be considered deplorable by fellow practitioners.

In light of the above, the panel found that Mrs Owen’s actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

> *'The question that will help decide whether a professional's fitness to practise is impaired is:*
> *"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*
> *If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. At paragraph 74, she said:

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

At 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) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel began by considering whether these limbs were engaged with regard to the past. The panel determined that limbs a, b and c were engaged by Mrs Owen's misconduct with regard to the past.

The panel finds that Resident A, Resident B, Resident C and Resident E were all put at potential risk of unwarranted physical harm. It bore in mind that forcing medication into the mouths of residents without water could potentially cause them to choke. It also bore in mind that Mrs Owen's conduct had an adverse affect on the residents' mental health and wellbeing.

Mrs Owen's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel view the role of safe and effective medicine administration to residents as a fundamental role of a registered nurse.

The panel recognised that it must make an assessment of Mrs Owen's fitness to practise as of today. This involves not only taking account of past misconduct but also what has happened since the misconduct came to light and whether she would pose a risk of repeating the misconduct in the future.

The panel had regard to the principles set out in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin) and considered whether the concerns identified in Mrs Owen's nursing practice were capable of remediation, whether they have been remedied and whether there was a risk of repetition of a similar kind at some point in the future. In considering those issues the panel had regard to the nature and extent of the misconduct and considered whether Mrs Owen had provided evidence of insight and remorse.

The panel has drawn no adverse inference or conclusion from Mrs Owen's denial of all of the charges. However, the panel considered that Mrs Owen has not demonstrated any insight into why the matters referred to in the charges were poor practice. It also bore in mind that in her response to charge 2b, what Mrs Owen asserted was acceptable conduct was contrary to Resident B's care plan and the Home's policy.

The panel had no evidence before it of any insight or remorse from Mrs Owen, despite the quantity of material she has placed before the panel. It did not have any recognition or acknowledgement of the impact her conduct had on Resident A, Resident B, Resident C, Resident E, their families, colleagues or the nursing profession.

In light of the above, the panel determined that it had no evidence Mrs Owen had any insight in relation to her misconduct.

The panel was satisfied that some aspects of the misconduct in this case are capable of being remediated, in particular certain aspects around clinical care were capable of being remediated. Therefore, the panel carefully considered the evidence before it in determining whether or not Mrs Owen has taken steps to strengthen her practice.

The panel was of the view that there was no evidence before it that would assist in determining whether Mrs Owen has taken steps to strengthen her practice. In the absence of evidence of insight or strengthened practice there was no evidence that the concerns had been remedied to date.

The panel considered that Mrs Owen's conduct had impacted multiple residents of varying ages and vulnerabilities across residential and nursing care settings on different occasions. It bore in mind that it had found a pattern of behaviour concerning Mrs Owen's approach to medication administration, which calls into question whether she can practise kindly, safely and professionally. The panel considered that it had no evidence before it of any steps taken by Mrs Owen to acknowledge, address or remedy the concerns identified in relation to the matters in this hearing, or the attitudinal issues which appear to underpin them.

The panel is of the view that in the absence of insight, remorse and evidence that Mrs Owen had strengthened her practice, in the areas of concern identified by the panel, Mrs Owen was liable to repeat her actions in the future. It followed that the panel determined that limbs a, b and c of *Grant* were engaged with regard to the future.

The panel therefore decided that a finding of impairment is necessary on the grounds of public protection. 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 and midwifery professions and upholding the proper professional standards for members of those professions.

The panel was satisfied that, having regard to the nature of the misconduct and lack of competence in this case, *"the need to uphold proper professional standards and public confidence in the profession would be undermined"* if a finding of current impairment were not made. It was of the view that a reasonable, informed member of the public would be

very concerned if Mrs Owen's fitness to practise was not found to be impaired and therefore public confidence in the nursing profession would be undermined if Mrs Owen were allowed to practise unrestricted.

For all the above reasons the panel concluded that Mrs Owen fitness to practise is currently impaired by reason of misconduct on both public protection and public interest grounds.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mrs Owen off the register. The effect of this order is that the NMC register will show that Mrs Owen has been struck off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Boesche submitted that the most appropriate and proportionate sanction in this case is a striking-off order.

Ms Boesche took the panel through the aggravating factors she submitted were engaged in this case.

Ms Boesche submitted that taking no further or imposing a caution order would not be suitable as there remains public protection and public interest concerns that require addressing. She submitted that these concerns have not been addressed. She submitted that this case is too serious for taking no action or a caution order.

With regard to conditions of practice, Ms Boesche referred the panel to the NMC Guidance entitled “Conditions of practice order” (reference SAN-3c) which provides factors that determine if a conditions of practice order should be imposed.

Ms Boesche submitted that a conditions of practice order would not be appropriate because there is evidence of deep-seated personality or attitudinal problems; Mrs Owen has not demonstrated any willingness to retrain; there is no evidence of insight; there are no workable conditions which would protect the patients.

Ms Boesche submitted that a suspension order would not be appropriate due to a lack of insight, a risk of repetition, a pattern of misconduct and evidence of deep-seated harmful personality or attitudinal problems.

Ms Boesche referred the panel to the NMC Guidance entitled “Sanctions for particularly serious cases” (reference SAN-2). She submitted that the misconduct in this case includes acts of abusing people receiving care. She reminded the panel that Mrs Owen pushed medication into the residents’ mouths, even when they were lying down. She further submitted that Mrs Owen poorly managed a diabetic resident when she gave him food to increase his blood sugar levels despite this not being clinically required.

Ms Boesche submitted that Mrs Owen’s actions raise fundamental questions about her professionalism and make her incompatible with remaining on the NMC register. She submitted that public confidence in nurses cannot be maintained if Mrs Owen, a nurse who committed a breach of fundamental tenets of nursing profession, is not struck off the NMC register

Ms Boesche invited the panel to impose a striking off order.

Decision and reasons on sanction

Having found Mrs Owen's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Charges in this case involve vulnerable patients across residential and nursing care settings;
- Mrs Owen's misconduct occurred over several occasions;
- Mrs Owen administered medication not consistent with a resident's care plans or the Home's policy;
- Abuse of a position of trust when she was the Nurse in Charge of the night shift;
- Conduct which put patients at risk of suffering harm;
- Lack of insight into failings;
- No evidence of strengthened practice through any form of additional training or wider reading.

The panel also took into account the following mitigating features:

- Witness 1 indicated in oral evidence that she thought Mrs Owen was a good nurse up until the incident;
- Mrs Owen's has had a long career with no previous history of adverse findings;
- Mrs Owen engaged with the NMC until the first day of the hearing.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the potential risk of harm her conduct posed to multiple residents. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mrs Owen's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mrs Owen'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 Mrs Owen's registration would be a sufficient and appropriate response. It was mindful that any conditions imposed must be proportionate, measurable and workable.

The panel bore in mind that in her response to the charges, Mrs Owen stated that she had not worked since she left the Home. Whilst conditions of practice could be formulated to address the clinical failings identified, the panel bore in mind that it had no evidence from Mrs Owen to demonstrate a willingness to undergo re-training to address the failing in her clinical practice.

The panel also considered the deep-seated attitudinal problems it had identified in the way Mrs Owen's administered care and medication to multiple residents on several occasions. It bore in mind the way she administered medication was against the wishes of the residents and not consistent with kind, safe and professional practice.

The panel concluded that placing conditions on Mrs Owen's registration would not adequately address the seriousness of this case, would not protect the public nor meet the public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that a 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;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

The panel was of the view that Mrs Owen's misconduct was not a single instance. It occurred over several occasions and was repeated. It considered that the way Mrs Owen delivered care was evidence of harmful deep-seated attitudinal problems. The panel also reminded itself that Mrs Owen had no insight, provided no evidence of strengthened practice and poses a significant risk of repeating the conduct found proved.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel considered that the serious breach of the fundamental tenets of the profession evidenced by Mrs Owen's actions is fundamentally incompatible with Mrs Owen remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*

- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Mrs Owen's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mrs Owen's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

This will be confirmed to Mrs Owen in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mrs Owen's own interests until the striking-off sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Ms Boesche. Given the panel's findings in relation to sanction she submitted that only an interim suspension order for a period of 18 months will be appropriate. She also submitted that an interim order should be made to allow for the possibility of an appeal to be lodged and determined.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public. 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.

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

That concludes this determination.