

Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Tuesday 1 July 2025 – Thursday 17 July 2025

Virtual Hearing

Name of Registrant:	Caroline Omotola Idaomi
NMC PIN	10F1880E
Part(s) of the register:	Registered Nurse – Sub Part 1 RNA: Adult Nurse - (27 October 2010)
Relevant Location:	Sidcup
Type of case:	Misconduct
Panel members:	Shaun Donnellan (Chair, lay member) Rashmika Shah (Registrant member) Dino Rovaretti (Lay member)
Legal Assessor:	Gillian Hawken
Hearings Coordinator:	Rose Hernon-Lynch
Nursing and Midwifery Council:	Represented by Dr Marcia Persaud, Case Presenter
Miss Idaomi:	Not present and unrepresented
Facts proved:	Charges 1a, 1bi), 1bii), 1biii), 3a, 3b, 4a, 4bi), 4bii), 4ci), 4cii), 4di), 4dii), 5a, 5b, 5c, 5d, 5e, 5f, 6, 7a, 7b, 8ai), 8aii), 8aiii), 8aiv), 9b, 10a, 10b, 11ai), 11aii), 11aiii), 11b, 14a, 14b, 15, 16, 17, 18, 19a, 19b, 19c, 20a, 20bi), 20bii), 20c, 20d, 21i), 21ii), 22a,22b,22c, 23, 24a, 24b, 25a, 25b, 26, 27, 28
Facts not proved:	Charges 1c, 2, 9a, 12, 13
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 Idaomi was not in attendance and that the Notice of Hearing letter had been sent to Miss Idaomi's registered email address by secure email on 2 June 2025.

Further, the panel noted that the Notice of Hearing was also sent to Miss Idaomi's representative at the Royal College of Nursing (RCN) on 2 June 2025.

Dr Persaud, 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 that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Miss Idaomi'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 Idaomi 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 Miss Idaomi

The panel next considered whether it should proceed in the absence of Miss Idaomi. It had regard to Rule 21 and heard the submissions of Dr Persaud who invited the panel to continue in the absence of Miss Idaomi. She submitted that Miss Idaomi had voluntarily absented herself.

Dr Persaud referred the panel to an email from the RCN dated 27 June 2025 which stated:

'Further to this hearing proceeding Tuesday 01 July 2025 to Wednesday 23 July 2025, I write to inform you that the RCN are no longer instructed and no representative for the registrant will be attending the hearing. The registrant has instructed that she will not be attending the hearing.

Where the RCN are no longer instructed in respect, we kindly ask that you take us off the record, with all future correspondence to be sent to the registrant directly instead.'

Dr Persaud informed the panel that the NMC had also directly contacted Miss Idaomi by email on 30 June 2025 and the email contained the link to this hearing. Dr Persaud further submitted that there had been no engagement at all by Miss Idaomi with the NMC in relation to these proceedings and, as a consequence, there was no reason to believe that an adjournment would secure her attendance on some future occasion.

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 Idaomi. In reaching this decision, the panel has considered the submissions of Dr Persaud 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:

- No application for an adjournment has been made by Miss Idaomi;
- Miss Idaomi has not engaged with the NMC and has not responded to any of the communication sent to her about this hearing;

- There is no reason to suppose that adjourning would secure her attendance at some future date;
- Witnesses are due to attend today and in subsequent days to give live evidence;
- Not proceeding may inconvenience the witnesses, their employers and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred between 2019 - 2022
- 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 Miss Idaomi 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 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 Idaomi'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 Miss Idaomi. The panel will draw no adverse inference from Miss Idaomi's absence in its findings of fact.

Details of charge (as amended)

That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

1) In or around 2019;

a) Inappropriately accused Colleague Y and/or Colleague Z of running over their break;

b) Spoke about Colleague Y and/or Colleague Z using words to the effect;

i) *'They are lazy.'*

ii) *'They do not care.'*

iii) *'Why are they here as carers.'*

c) Attempted to get Colleague Y and/or Colleague Z to sign a supervision note containing inaccurate information.

2) Your actions in charge 1c) above were dishonest/lacked integrity in that you attempted to direct colleagues to sign information knowing it was not accurate.

3) Between September – December 2019, made inappropriate comments about Colleague T, using words to the effect of;

a) *'Colleague T is fat, sloppy and lazy'*

b) *'She always eats and never stops'*

4) In or around December 2019 after Resident C chose not to eat her supplementary meal of scampi and chips;

a) Shouted/raised you voice at Colleague X using words to the effect 'you should have given her the scampi and chips.'

b) Argued with Colleague X in front of one or more;

i) Residents;

ii) Colleagues.

c) Inappropriately accused Colleague X of;

i) Not listening to your instructions.

ii) Not caring about one or more residents.

d) Spoke to Colleague X using words to the effect;

i) '*You're being lazy.*'

ii) '*You're being bone idled.*'

5) On an unknown date, after witnessing Colleague W emptying Resident D's catheter bag into a washbowl, spoke to Colleague W in a degrading manner using words to the effect of:

a) '*You don't like taking advice.*'

b) '*You are not willing to listen.*'

c) '*How do you expect to go far in nursing.*'

d) '*You are unworthy of the nursing profession.*'

e) *'I hope your parents are not around/do not have to rely on your care when they get old'*

f) *'God help the patients when they're yours'*

6) In or around February 2020 inappropriately argued/raised your voice at Resident G's family member.

7) Around July/August 2020 whilst Colleague W was facilitating a telephone call for Resident E, loudly and inappropriately spoke to Colleague W, using words to the effect;

a) *'Your voice is loud and common.'*

b) *'You should speak properly and not screechy/common.'*

8) In or around August 2020, whilst/after Colleague W assisted Resident A;

a) Inappropriately accused and/or spoke and/or whispered to Colleague W using words to the effect;

i) *'You are a racist!'*

ii) *'It's disgusting what the nursing profession is going to have.'*

iii) *'Racist.'*

iv) *'Bigot.'*

9) In or around July/August 2020:

a) Said to Colleague W, words to the effect of *'You are crap at your job'*.

b) On one or more occasion kissed your teeth at Colleague W.

10) On an unknown date, did not respond to an emergency buzzer pressed for Resident F, in timely manner, in that you;

a) Ignored/did not respond to the emergency buzzer for approximately 15 minutes.

b) Had a chat with another member of staff, whilst the emergency buzzer was activated.

11) On an unknown date in room 16, after Resident H had fallen onto the floor;

a) Spoke to Resident H in an inappropriate manner, using words to the effect of;

i) *'What's the matter with you? You're like a big baby'.*

ii) *'Why do you keep doing this.'*

iii) *'What is wrong with you woman.'*

b) On one or more occasion kissed your teeth at Resident H.

12) On an unknown date attempted to get Colleague V to sign a supervision note containing inaccurate information.

13) Your actions in charge 12 above were dishonest/lacked integrity, in that you sought to misrepresent that Colleague V was not listening during handover.

14) On an unknown date during handover instructed Healthcare Assistants to segregate/pair up based on their race, in that you stated words to the effect;

a) *'Black carers need to work together.'*

b) *'The two white carers need to pair up.'*

15) Your actions in one or more of charges 14) a) and 14) b) above were racially motivated.

16) On an unknown date stated words to the effect '*I do not want to work with the China-man.*'

17) On an unknown date spoke to one or more black Health Care Assistants using words to the effect '*You've got my blood.*'

18) Your actions in one or more of charges 16) & 17) above were racially motivated.

19) On an unknown date, ignored Colleague U when they tried to talk to you about a resident, in that you;

a) Did not respond to Colleague U;

b) Turned around;

c) Walked away from Colleague U.

20) On unknown dates;

a) one or more occasion ignored Colleague V.

b) Spoke to Colleague V using words to the effect;

i) '*I am the boss of this unit, you are not.*'

ii) '*You need to change your shifts, so you are not working the same days as I am.*'

c) Spoke to an unknown Resident using words to the effect '*Zip it!*'

d) Threw water over Resident I.

21) In or around September 2021 during a handover bragged about throwing water over Resident I;

i) To one or more colleagues.

ii) Using words to the effect of '*That is an African woman's way of things.*'

22) On unknown dates, made inappropriate comments about Colleague S, using words to the effect of;

a) '*She is so ugly*'

b) '*Colleague S looks like a dog*'

c) '*Colleague S walks like a crab*'

23) On unknown dates, pushed and/or manhandled one or more residents in a rough manner.

24) On an unknown date whilst conducting a Covid Test on Resident K:

a) Inappropriately wrapped Resident K's arm around their neck;

b) Pressed Resident K's head into your stomach and/or placed Resident K into a headlock.

25) On unknown dates;

a) On one or more occasions, inappropriately man handled Resident L.

b) On one or more occasions pulled and/or yanked Resident L down the corridor.

26) On unknown dates, on more than one occasions whilst on duty said words to the effect of '*White bastards.*'

27) On an unknown date, referred to Resident J as a '*White bastard*'

28) Your actions in charges 26 & 27 above were racially motivated.

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 heard an application made by Dr Persaud, on behalf of the NMC, to amend the wording of charge 13.

The proposed amendment was to correct a typographical error present in the details of the allegation. It was submitted by Dr Persaud that the proposed amendment would correct the typographical error and better reflect both the evidence and the seriousness of the case.

"That you, a registered nurse:

13) Your actions in charge 11 **12** above were dishonest/lacked integrity, in that you sought to misrepresent that Colleague V was not listening during handover.

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

The panel heard submissions from Dr Persaud that the typographical error present in the details of the allegation had previously been sent to Miss Idaomi and so Miss Idaomi was aware of the dishonesty allegation. Dr Persaud further submitted that the amendment would cause no prejudice to Miss Idaomi as she was previously made aware of the allegation.

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. The panel was satisfied that there would be no prejudice to Miss Idaomi and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for due to an observation made and raised by a panel member, to correct the typographical error.

Decision and reasons to amend the stem of the charges

The panel exercised its power under Rule 28(1)(b) of the Rules to amend the stem of the charges.

The amendment reads as follows:

“That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2018 **2019** – April 2022”

The panel was of the view that this would better reflect the evidence as Miss Idaomi began employment at the Home in July 2019.

The panel heard submissions from Dr Persaud who agreed with the amendment. Dr Persaud referred the panel to written evidence from Witness 2 and Witness 3 which further corroborates the 2019 start date of Miss Idaomi's employment at the Home. Dr Persaud submitted that this was a drafting error and that the proposed amendment would better reflect the evidence and not prejudice Miss Idaomi. Dr Persaud further submitted that Miss Idaomi had previously been provided with details of the allegations in the notice of hearing sent to her on 2 June 2025 and therefore she is aware of the charges and was also provided with the witness statements and exhibits. Dr Persaud submitted that the proposed amendment does not add new information but is instead proper particularisation of the charges.

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 determined that such an amendment would ensure the charges are accurate and better reflect the evidence presented. The panel was also satisfied that the amendment is in the interests of justice and that there would be no prejudice to Miss Idaomi by the amendment being made. Accordingly, the panel decided that it was appropriate to make the amendment.

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

During the course of hearing evidence from Witness 2, Dr Persaud made a request that this case be held partly in private on the basis that proper exploration of Miss Idaomi's case involves matters relating to [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 determined to go into private session in connection with matters relating to [PRIVATE] as and when such issues are raised in order to [PRIVATE].

Background

Miss Idaomi is a registered nurse specialising in adult nursing and entered the NMC's register on 27 October 2010. The matters giving rise to these charges arose

between 2019 and 2022 whilst Miss Idaomi was employed as a registered nurse by Bupa at Bupa's [PRIVATE] Nursing Home ('the Home').

The NMC received a referral from Bupa Care Homes on 16 December 2022 raising concerns about Miss Idaomi's conduct. Miss Idaomi commenced work with Bupa on 8 November 2011 and was transferred to work at the Home on 5 July 2019. Whilst Miss Idaomi was working as a staff nurse at the Home another staff member made numerous allegations against Miss Idaomi on the 22 November 2021.

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 Dr Persaud on behalf of the NMC.

No submissions have been received from or on behalf of Miss Idaomi. The panel took into account the brief information regarding Miss Idaomi's apparent responses to the allegations during the Home's local investigation when she was formally interviewed on the 22 November 2021 by senior managers. When asked: *'Why did you throw water at a resident?'*, Miss Idaomi replied:

'God - I have never done that and never would I do that - I have been in the UK for 31 years - since I came to England, I have never done any other job apart from caring - I have never been accused of anything in those 31 years. I don't know what she wants to gain with this.'

When a senior manager then commented: *'These are abuses against the residents'*, Miss Idaomi replied:

'I do not do that - when I feed a resident - I stay with them - I say to staff do to them as you would like done to you.'

The senior manager then stated: *'These allegations are abuse which is why I needed to talk to you - I have a duty of care to interview all of your staff to speak to them'*,
Miss Idaomi responded:

'Oh my god, I am so distressed - I am so scared - I try to help when carers ask me. I laugh with them... its all lies about me. It takes me time to to[sic] cook for people and I do it for lots of people ... I have never done these things - people call me mum.'

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

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: Regional Quality Manager at Bupa at the time of the allegations
- Witness 2: Health Care Assistant (HCA) at the Home at time of the allegations
- Witness 3: Carer at the Home at the time of the allegations
- Witness 4: Senior Carer at the Home at the time of the allegations

Before making any findings on the facts, the panel accepted the advice of the legal assessor in which she referred them to Section 9(1) of the Equality Act 2010, and to the NMC Guidance *Particular features of misconduct charging*, reference PRE-2e, last updated 3 March 2025, specifically the section *Racially motivated misconduct, Evidence*, reference DMA-6, last updated 9 June 2025 and *Making decisions on dishonesty charges and the professional duty of candour*, reference DMA-8 last updated 6 May 2025.

The legal assessor also referred the panel to judgments from relevant case law in relation to the following relevant matters for the panel's consideration: the standard of proof, *Byrne v GMC [2021] EWHC 2237 (Admin)*; the credibility of witnesses, *Dutta v GMC [2020] EWCA 1974 (Admin)* and *Gorgeous Beauty Ltd v Liu and Others [2014] EWHC 3093*; the two-stage 'test' of dishonesty, pursuant to the decision in *Ivey v Genting Casinos [2017] UKSC 67*; the approach to considering allegations of a lack of integrity in the combined appeal of *Wingate and Evans v SRA*; *SRA v Malins [2018] EWCA Civ 366*; the two part 'test' when deciding whether conduct is racially motivated as set out in *Lambert Simpson v HCPC (2023) EWHC 481 (Admin)*, specifically paragraph 24(iii); and the provision of reasons by the panel, *Srinivasan v GMC [2022] EWHC 1606 (Admin)*.

The panel also considered the witness and documentary evidence provided by the NMC.

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

Charge 1a)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

- 1) In or around 2019;
- a) Inappropriately accused Colleague Y and/or Colleague Z of running over their break;

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3 and the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021.

The panel noted Witness 3's Witness Statement which detailed:

'Ms Idaomi did not like Colleague Z or Colleague Y, and it was very apparent from her attitude towards them. In 2019, on one occasion, I cannot remember the exact date, she accused Colleague Z and Colleague Y in a communal area of running over their break, with many other members of staff around. I was a witness to this'.

The panel noted that this information was consistent with the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 which stated:

'Concerns regarding CI's behaviour and workmanship had started to unravel. Communication problems had demonstrated between herself and members of staff. At this period I had seen her should at, goad and belittle... [Colleague Z and Colleague Y] (both HCA's)...CL went on the time Colleague Z and Colleague Y whilst they were on breaks and accused them of over-running their breaks.[sic]'

The panel also took into account Witness 3's oral evidence, specifically when they were asked if it was within Miss Idaomi's role to monitor breaks to which Witness 3 replied that they *"didn't know"*. When Witness 3 was asked if they remembered Colleagues Z and Y going over their breaks, Witness 3 replied that they *"don't*

remember them doing so". Witness 3 also stated in oral evidence that Miss Idaomi was *"very unhappy that they [Colleagues Z and Y] were on their break"*.

The panel considered that there was no evidence to suggest that Witness 3's written and oral testimony was inaccurate in relation to this charge. The panel considered that it was inappropriate for Miss Idaomi to accuse junior members of staff of something they allegedly did in front of others, rather the matter should have been discussed in private.

The panel found on the balance of probabilities, Charge 1a to be proved.

Charge 1b)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

- 1) In or around 2019;
- b) Spoke about Colleague Y and/or Colleague Z using words to the effect;
 - i) *'They are lazy.'*
 - ii) *'They do not care.'*
 - iii) *'Why are they here as carers.'*

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3, the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 and the oral evidence of Witness 4.

The panel noted Witness 3's Witness Statement which detailed:

'...in a morning handover, when neither Colleague Z or Colleague Y were present, Ms Idaomi said such unpleasant things about them. She was saying that they were lazy, and did not care, asking herself why they were here as carers.

I felt these comments were entirely unfair, as they were said without Colleague Z and Colleague Y knowing and were an inaccurate reflection of both carers' ability. I did not respond to the comments, I could not say anything to her.'

The panel noted that this was consistent with Witness 3's supplementary Witness Statement which detailed:

'Ms Idaomi spoke disrespectfully about Colleague Z, calling her lazy and sloppy, and often criticising the work ethic of both Colleague Z and Colleague Y, accusing them of trying to hand over care. I recall that both Colleague Z and Colleague Y were unhappy and felt they were being treated unfairly. This happened on multiple occasions, where Ms Idaomi accused Colleague Z and Colleague Y of being argumentative, strong-headed, and lazy. She frequently referred to them as despicable and made it clear that she had little respect for them, these comments and behaviours were known to several other staff members'

The panel also took into account the oral evidence of Witness 3 in which they stated that they heard Miss Idaomi saying words to the effect *'They [Colleagues Z and Y] are lazy', 'They do not care.'* and *'Why are they here as carers.'*; Witness 3 was adamant that they were not mistaken as they were present when these things were said by Miss Idaomi.

The panel noted that this information was consistent with the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 which stated:

'I dealt with this issue by bad-mouthing Colleague Z and Colleague Y to other members of staff in the communal areas saying they are useless, lazy and just have no care in the world.'

The panel also took into account that Witness 3 stated in oral evidence that this took place in front of Witness 4, however Witness 4 stated in oral evidence that she did not hear Miss Idaomi make these comments about other carers. The panel took the view that this does not suggest that Miss Idaomi did not make these comments but perhaps Witness 4 was not present during the specific handovers or that they did not remember.

The panel therefore found on the balance of probabilities, Charge 1bi) ii) and iii) to be proved.

Charge 1c)

“That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

1) In or around 2019;

c) Attempted to get Colleague Y and/or Colleague Z to sign a supervision note containing inaccurate information.”

This charge is found not proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3 and the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021.

The panel noted Witness 3’s supplementary Witness Statement which detailed:

‘Ms Idaomi spoke disrespectfully about Colleague Z, calling her lazy and sloppy, and often criticising the work ethic of both Colleague Z and Colleague Y, accusing them of trying to hand over care. I recall that both Colleague Z and Colleague Y were unhappy and felt they were being treated unfairly. This happened on multiple occasions, where Ms Idaomi

accused Colleague Z and Colleague Y of being argumentative, strong-headed, and lazy. She frequently referred to them as despicable...'

The panel considered that this provides contextual information as to the relationships between Miss Idaomi and Colleagues Z and Y.

The panel also took into account the oral evidence of Witness 3 who confirmed that they had no knowledge of when the supervision note was given to Colleagues Z and Y by Miss Idaomi nor of its contents. Witness 3 confirmed in oral evidence that their awareness of this incident arose from comments made by Colleague Z to Witness 3.

The panel also noted the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 which stated:

'Colleague Z and Colleague Y have both claimed to be in receipt of an unfair supervision and had escalated this issue...In addition, both refused to sign the supervision on the grounds of unfair treatment. No outcome known.'

The panel determined that it had no evidence as to the content of the supervision note and, as such, was not satisfied that the NMC had discharged its burden of proof that the note contained 'inaccurate information'.

The panel found charge 1c not proved.

Charge 2)

2) Your actions in charge 1c) above were dishonest/lacked integrity in that you attempted to direct colleagues to sign information knowing it was not accurate.

This charge is found not proved.

The panel did not go on to consider charge 2 in light of the decision in relation to charge 1c.

Charge 3a)

“That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

3) Between September – December 2019, made inappropriate comments about Colleague T, using words to the effect of;

a) ‘*Colleague T is fat, sloppy and lazy*’

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3 and the Local Investigation Summary dated 18 May 2022 prepared by Colleague Q.

The panel noted the Local Investigation Summary dated 18 May 2022 prepared by Colleague Q which detailed:

‘CI made cruel comments regarding Colleague T’s appearance, particularly her weight. CI spoke disrespectfully regarding Colleague T’s work ethic, calling her sloppy and lazy.’

The panel also considered the supplementary Witness Statement of Witness 3 which detailed:

‘Miss Idaomi made cruel and adverse comments about Health Care Assistant (“HCA”) Colleague T’s appearance, particularly regarding her weight. Ms Idaomi repeatedly referred to Colleague T as “fat, sloppy, and lazy” and would frequently comment that she “always eats and never stops”. These remarks

were not only unkind but also very catty in nature, in the sense that they were cruel and unkind.'

The panel also took into account the oral evidence of Witness 3 who stated that Miss Idaomi said during a handover when others were present *"Colleague T is always eating McDonalds and Greggs"*. When Witness 3 was asked in oral evidence if they could have been mistaken, they affirmed that they were not mistaken and had *"heard her [Miss Idaomi] say this at handover when others were present"*. Witness 3 also confirmed that the comments regarding McDonalds and Greggs occurred once.

The panel found on the balance of probabilities, Charge 3a to be proved.

Charge 3b)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

3) Between September – December 2019, made inappropriate comments about Colleague T, using words to the effect of;

b) 'She always eats and never stops'

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3.

The panel considered the supplementary Witness Statement of Witness 3 which detailed:

'Miss Idaomi made cruel and adverse comments about Health Care Assistant ("HCA") Colleague T's appearance, particularly regarding her weight. Ms Idaomi repeatedly referred to Colleague T as "fat, sloppy, and lazy" and would frequently comment that she "always eats and never stops". These remarks

were not only unkind but also very catty in nature, in the sense that they were cruel and unkind.'

The panel also took into account the oral evidence of Witness 3 who stated that Miss Idaomi on one occasion during a handover when others were present said:

"Colleague T is always eating McDonalds and Greggs". When Witness 3 was asked in oral evidence if they could have been mistaken they affirmed that they were not mistaken and have *"heard her [Miss Idaomi] say this at handover when others were present"*.

The panel considered that it is inappropriate for a registered nurse to make such comments about a junior member of staff as Miss Idaomi had made them during handover in front of other members of staff.

The panel therefore found on the balance of probabilities, Charge 3b to be proved.

Charge 4a)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

4) In or around December 2019 after Resident C chose not to eat her supplementary meal of scampi and chips;

a) Shouted/raised you voice at Colleague X using words to the effect 'you should have given her the scampi and chips.'

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3 and the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021.

The panel considered that, in her position of seniority as a registered nurse, it is more likely than not that Miss Idaomi had knowledge of Resident C's care plan and would be in a position to monitor the plan.

The panel also considered the Witness Statement of Witness 3 which detailed:

'On this particular day, Resident C, decided that she did not want to have the scampi and chips, and was happy to proceed with her pudding. Colleague X was looking after Resident C at this time and listened to her request, and gave her the pudding. I overheard this conversation in the background while I was helping serve other residents pudding and collecting debris from their main course.'

'Ms Idaomi came up to the pair, and pulled Colleague X aside, shouting something along the lines of, 'you should have given her the scampi and chips!' very loudly. I think Colleague X defended herself, and the resident, by saying 'she didn't want her scampi and chips'. However, very quickly this turned into an argument between Ms Idaomi and Colleague X.'

The panel also noted the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 which stated:

'In December 2019, Colleague X (former HCA) was also victimised by CI...The issues had climaxed during a lunch service in the busy dining room, consisting of residents and staff. This time a dispute was regarding Res C. This lady had already eaten a lunch that was on the menu. Additionally, around this time, she was given an additional scampi and ships as part of anti-malnutrition regime. Res C was adamant she did not want the scampi and chips and wanted desert. CI and Colleague X had got into a heated disagreement about 'forcing' Res C to be served the scampi and chips. [sic]'

The panel also took into account the oral evidence of Witness 3 who stated *“I heard a loud argument between Colleague X and Caroline [Idaomi] about Resident C not having scampi and chips”*.

The panel therefore found on the balance of probabilities, Charge 4a to be proved.

Charge 4b)

“That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

- 4) In or around December 2019 after Resident C chose not to eat her supplementary meal of scampi and chips;
- b) Argued with Colleague X in front of one or more;
 - i) Residents;
 - ii) Colleagues.”

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3 and the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021.

The panel considered the Witness Statement of Witness 3 which detailed:

‘Around this time, meal service was stopped, and all of the carers worked to get the residents into the lounge or their rooms, to remove them from this fierce argument between Ms Idaomi and Colleague X.

Once the residents had all evacuated the dining hall, I went to the nurses' station and saw Ms Idaomi and Colleague X still fiercely arguing. Ms Idaomi pulled me over to join them, and told me I needed to be a witness to the argument. I suggested this argument move to the training room, as I could see the room was empty, I think I also gave the reasoning of

'shouting and screaming is not professional'...Ms Idaomi, Colleague X and I moved into the training room.'

The panel also noted the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 which stated:

'The issues had climaxed during a lunch service in the busy dining room, consisting of residents and staff...CI and Colleague X had got into a heated disagreement about 'forcing' Res C to be served the scampi and chips. When all residents were evacuated from the dining room to wherever they wanted to rest after lunch, CI and Colleague X got into a huge argument. Both voices were raised at each other. However, I had seen Colleague X physically shaking and trying to keep her nerve but was unable to as she was provoked by CI's reaction. CI had asked me to be witness to this. I said to both, to come into the empty training room because shouting and hollowing in the corridors is not professional. This only lasted a few minutes, until we went into escalate this issue to Colleague P. During this time, Colleague X had become emotional and said that she wants to enjoy coming into work without any rift between herself and other members of staff. [sic]'

The panel also took into account the oral evidence of Witness 3 who told the panel it was *"not fair to residents to hear this argument"*. In oral evidence Witness 3 also stated the argument happened for a protracted period of time and occurred in the dining room and continued whilst travelling through corridors to the training room. Witness 3 reaffirmed in oral evidence that residents had been initially present in the dining room and that residents' room doors (in the corridors) were left open. Witness 3 also informed the panel in oral evidence that staff were providing care to residents at this time.

The panel therefore found on the balance of probabilities, Charge 4bi) and ii) to be proved.

Charge 4c)

“That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

4) In or around December 2019 after Resident C chose not to eat her supplementary meal of scampi and chips;

c) Inappropriately accused Colleague X of;

i) Not listening to your instructions.

ii) Not caring about one or more residents.

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3 and the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021.

The panel considered the Witness Statement of Witness 3 which detailed:

‘Ms Idaomi, Colleague X and I moved into the training room. However, this conversation was just going around in circles. Ms Idaomi was accusing Colleague X of not listening to her, and was saying unsavoury things like ‘you’re being lazy, and bone idled’. She also accused Colleague X of not caring about her residents. I could see Colleague X was physically shaking, getting overwhelmed by the situation. Colleague X was arguing, stating that she wanted to listen to her resident and respect a resident’s choice.’

The panel also noted the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 which stated:

‘CI and Colleague X got into a huge argument [sic]’.

The panel considered that the information contained in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 details the argument but does not mention specifically that Miss Idaomi accused Colleague X of not listening to instructions, however the panel took the view that the accusation was alluded to and is stated in Witness 3's Witness Statement.

The panel also took into account the oral evidence of Witness 3 who was unable to clarify whether Colleague X was accused by Miss Idaomi of not listening to instructions or not following the care plan. The panel took the view that in the argument it is more likely than not that a lot of things were said.

Witness 3 also told the panel that Colleague X told Miss Idaomi that she was listening to the resident and responding to the resident's choice. Witness 3 told the panel that Colleague X gave a valid argument to Miss Idaomi as to why she gave Resident C pudding and not scampi and chips. The panel considered that it was therefore inappropriate that Miss Idaomi did not take this into account.

The panel therefore found on the balance of probabilities, Charge 4ci) and ii) to be proved.

Charge 4d)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

4) In or around December 2019 after Resident C chose not to eat her supplementary meal of scampi and chips;

d) Spoke to Colleague X using words to the effect;

i) '*You're being lazy.*'

ii) '*You're being bone idled.*'

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3.

The panel considered the Witness Statement of Witness 3 which detailed:

'Ms Idaomi, Colleague X and I moved into the training room. However, this conversation was just going around in circles. Ms Idaomi was accusing Colleague X of not listening to her, and was saying unsavoury things like 'you're being lazy, and bone idled'. She also accused Colleague X of not caring about her residents. I could see Colleague X was physically shaking, getting overwhelmed by the situation. Colleague X was arguing, stating that she wanted to listen to her resident and respect a resident's choice.

The panel also took into account the oral evidence of Witness 3 who was asked: *"Did you hear the words lazy and bone idle?"*. Witness 3 replied "yes" and stated that the comments were directed to Colleague X.

The panel therefore found on the balance of probabilities, Charge 4di) and ii) to be proved.

Charge 5)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

5) On an unknown date, after witnessing Colleague W emptying Resident D's catheter bag into a washbowl, spoke to Colleague W in a degrading manner using words to the effect of:

a) *'You don't like taking advice.'*

b) *'You are not willing to listen.'*

c) *'How do you expect to go far in nursing.'*

d) *'You are unworthy of the nursing profession.'*

e) *'I hope your parents are not around/do not have to rely on your care when they get old'*

f) *'God help the patients when they're yours'*

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3, the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 and the Bupa Interview Form dated 17 November 2021 in which Witness 3 was interviewed.

The panel considered the Witness Statement of Witness 3 which detailed:

'I am not sure exactly when, but Ms Idaomi had walked in at some point and saw me emptying the urine into the wash bowl. Ms Idaomi started goading me, and making nasty comments. Ms Idaomi was saying things like 'you don't like taking advice' 'you are not willing to listen' 'how do you expect to go far in nursing', and that I was 'unworthy of the nursing profession'. I explained that I used the wash bowel as I felt I had to, as it was the only bowl I saw to evacuate the urine into.

Ms Idaomi's comments made me cry. I had been difficult year in general, and June 2020 was a particularly difficult time for the healthcare setting. I think I was so frustrated and upset by these comments as I was willing to work hard as a carer, and student nurse. When Ms Idaomi said I was unworthy to be a nurse, it made me feel very bad about myself, because I wanted to be a nurse so badly at this time. I found it absolutely devastating to hear someone say this to me.'

The panel also considered Witness 3's supplementary Witness Statement which detailed:

'I can recall Ms Idaomi raising her voice at me in around July or August 2020, I do not recall the exact date. This occurred during an incident where I was washing a terminally ill resident with prostate cancer who had a catheter. Due to the urgency of the situation, I emptied the catheter into a washbowl, which was the same type of bowl we use to wash residents, though it was out of desperation to empty the catheter. Ms Idaomi berated me, saying I should respect patient dignity and made reference to my being a student nurse, sarcastically stating, "of course you don't like advice", and adding comments such as "God forbid when they (my parents) become poorly" and "God help the patients when they're yours". I was very upset about this encounter and went to the bathroom, where I cried and my heart was pounding.'

The panel also noted the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 which was consistent with Witness 3's Written Statements and stated:

'CI's unfriendly behaviour continued towards me the following day. Another incident between myself and CO had taken place in [Resident D's] room. I noticed his catheter bag was full up and desperately needed emptying, I wanted to act fast to this situation, whereby I only saw a wash bowl in his ensuite toilet room and emptied the urinary fluid in there. Ideally, I would have liked to empty a catheter in a urinary bottle like I would normally. I recognise my level of infection control was not of a good standard in this situation. However, this does not give CI the right to behave in a bullying manner regarding the situation. She began to ask me in a patronising way whether nursing is for me. She also made some cruel comments regarding my parents becoming old and the thought of me caring for them when they are unable to. She said she hopes they would not be around to have me caring for them and that I cannot take advice from anyone and said my nursing career has failed

before anything has even started. Thereafter, I dashed over to the bathroom on the middle corridor, I locked the door and I burst into tears as I was slowly beginning to sit on the floor and cry for around 10 minutes. After I washed my face to stop crying.[sic]

The panel also took into account the Bupa Interview Form dated 17 November 2021 in which Witness 3 was interviewed which was consistent with other evidence and noted:

'Bad interaction between myself and CI in [Resident D's] room – he had a catheter that needed emptying – the closest thing I could find was washbowl. CI completely lost her temper and got very person about my parents getting old and how I maybe shouldn't be doing nursing.[sic]

The panel also considered the oral evidence of Witness 3 who gave the panel credible evidence that the situation involving the catheter needing addressing quickly whilst admitting to the panel: *"I know that my hygiene standards weren't up to scratch but I had to act quickly in case the bag burst"*. Witness 3 also told the panel that she felt *"ripped apart...sad...majorly upset and...burst into tears"* by the manner and words used by Miss Idaomi.

The panel took account of the consistency between the various written evidence of Witness 3 and their oral evidence, and found Witness 3 to be credible and reliable in relation to this charge and accepted their evidence.

The panel therefore found on the balance of probabilities, Charges 5a), b), c), d) e) and f) to be proved.

Charge 6)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

6) In or around February 2020 inappropriately argued/raised your voice at Resident G's family member.

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3 and the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021.

The panel considered the Witness Statement of Witness 3 which detailed:

'I have witnessed Ms Idaomi in an argument with Res G[sic] niece, around February 2020 (although I cannot be sure of the date). I believe the argument was about medicines ...

Although I cannot recall the altercation word for word, I remember going into room 23, Res G room, to see if everything was okay. I think Miss Idaomi was shouting because a table was not in Res G reach...Miss Idaomi was acting very defensively and was not responding well to Res G niece. She was not allowing the niece to ask questions, she would just raise her voice.

I did not raise this incident with anyone, as I assumed the niece was going to. I considered this from the customer service point of view, if you are paying for a service and one of the members of staff argue with you, I would expect them to escalate the incident to a manager. I am not sure it was raised by the niece.[sic]'

The panel also noted the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 which detailed:

'I had noticed CI's poor interaction with other resident and one relative. In terms of relative, I saw CI get into a heated disagreement with [Resident G's] niece, whilst she was on a medication round. This altercation took place in

[Resident G's] presence. It remains unclear what CI and [Resident G's] niece was disagreeing over. [sic]

The panel also took into account the oral evidence of Witness 3 who informed the panel that the argument between Miss Idaomi and Resident G's family member was about medication.

The panel noted that there was a slight conflict between the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 in which Witness 3 stated with regards to the content of the argument: *"it remains unclear what CI and [Resident G's] niece was disagreeing over"* and Witness 3's oral evidence in which they gave medication as the reason for and content of the argument. The panel however took the view that the charge is in regard to an argument/ Miss Idaomi's raised voice and not the content of the argument/ what was said. The panel also noted that Witness 3 described what they heard as an *"argument"*.

The panel therefore found on the balance of probabilities, Charge 6 to be proved.

Charge 7)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

7) Around July/August 2020 whilst Colleague W was facilitating a telephone call for Resident E, loudly and inappropriately spoke to Colleague W, using words to the effect;

a) *'Your voice is loud and common.'*

b) *'You should speak properly and not screechy/common.'*

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3 and the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021.

The panel considered the Witness Statement of Witness 3 which detailed:

'I wheeled Res. E into the nurses' station to use the phone in the office. Ms Idaomi and ...[a carer] were in the clinical room where the medication is stored. This is a small room off the side of the nurses' station...Once I had checked I was definitely speaking with [Resident E's sister] ... I asked if she was available to talk with Res E I handed over the phone to Res. E and allowed him to speak with his sister.

After I had stopped talking, and stepped away from Res. E speaking with his sister, Ms Idaomi said, very loudly, that my voice was 'loud and common'. I could hear this comment very clearly from the clinical room in the nurses' station. I suspect Res. E heard the comment as well, unless he was too occupied with his call. There is a chance [Resident E's sister] heard this comment, over the phone, as well, as Ms Idaomi made the comment so loudly.

I did not respond in any way, as I did not feel comfortable confronting her or retaliating in front of a resident who was on the phone to his sister.'

The panel also noted the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 which detailed:

'Another altercation that took place was one morning, I wheeled [Resident E] to the nurses station so he can have a telephone conversation with his sister. I dialled his sister and made sure it was her I was speaking to. As a brief encounter flowed, I told her that her brother wanted to speak to her and it would be a good time. As I process to allow [Resident E] to handle the phone call – both CI and ...(HCA)were present standing in the clinic room. CI had

criticised my tone of voice to embarrass myself, saying I could speak more properly and not so screechy and common. I nodded my head and continued to walk to whatever direction I was heading to. [sic]

The panel also took into account Witness 3's oral evidence which was consistent with their Witness Statement and the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021. Witness 3 also confirmed to the panel in oral evidence that the events all took place at the nurses' station.

The panel found on the balance of probabilities, Charges 7a) and 7b) to be proved.

Charge 8)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

8) In or around August 2020, whilst/after Colleague W assisted Resident A;
a) Inappropriately accused and/or spoke and/or whispered to Colleague W using words to the effect;

i) '*You are a racist!*'

ii) '*It's disgusting what the nursing profession is going to have.*'

iii) '*Racist.*'

iv) '*Bigot.*'

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3, the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 and the Bupa Interview Form dated 17 November 2021 in which Witness 3 was interviewed.

The panel considered the Witness Statement of Witness 3 which detailed:

'In August 2020, I was caring for a resident named Res. A. Res. A has since died and around August 2020 she was showing signs of dementia, in that she was getting more profoundly confused day by day. However, she was not officially diagnosed with dementia until 2021 or 2022.

One day, in around August 2020, Res. A was roaming around the corridors on her wheelchair after supper. She wheeled herself to the nurses' station and told me that she was looking for a bag, or a man. After I spoke with her a bit, asking what it was she was after, I realised she was talking about a man. She kept saying '[Person 1]' however, the only male worker we had at the time we called Colleague O, so I thought this would likely be him.

I asked Res. A more about this '[Person 1]'. I know that Colleague O is about 5 foot 9, and was Asian. I used these as profile descriptions to help Res. A recall who she needed to speak with. However, Ms Idaomi was doing a medication round at the time and heard me asking if he was '5 foot 9, and Asian'. After I said this to Res. A Ms Idaomi shouted at me 'you are a racist!'.

Both Res. A and I were quite startled. Res. A was a very fierce and independent woman at the time, though this declined slightly as her memory deteriorated in 2021. However, Res. A omlpleted retracted [sic] into herself, and started apologising over and over, thinking that she had somehow caused Ms Idaomi to shout. This broke my heart at the time, and even looking back now I find this really upsetting. Res. A thought she had upset people, due to Ms Idaomi's reaction, when she had not.

Ms Idaomi said I was being a racist person, and asked me if I would go up to a black man, and ask if he was Nigerian. I felt a need to retaliate to this, and said something along the lines of 'you don't know what you're talking about' I told her she was being nasty and a bully. Ms Idaomi said 'it's disgusting what the nursing profession is going to have', referring to me. Res. A watched this happen.

After this comment, I removed myself from the situation and went to find the unit manager [Colleague S]. I was crying as I was so upset by the incident...

I cried for over an hour after trying to speak with [Colleague S]. I was so upset that I had been accused of something so evil, in front of all of my colleagues. I think I was particularly upset as it was a very racially sensitive time in August 2020. The Black Lives Matter movement was very much in force following the death of [Person 2] in America.

As it was such a racially sensitive time, I felt it important and appropriate I approached my colleagues of colour to assure them I was not racist, as Ms Idaomi said. The following day, I was due to work a half day in the afternoon, meaning my shift started at 14:00. I arrived at around 10:30 or 11:00 to allow me time to speak with some of the staff about the incident. I recall asking to speak with [Colleague P], the clinical service manager, who is a person of colour. As I walked down the corridor I passed Ms Idaomi on my way to Colleague P's office by the lift, and Ms Idaomi whispered the word 'racist' and 'bigot' to me. Ms Idaomi was outside the communal bathroom at the time speaking to Colleague N. Both were present when Ms Idaomi said that and I felt as if they agreed. I was worried that my colleague of colour would think I was a racist.[sic]

The panel also took into account the oral evidence of Witness 3. Witness 3 was asked in oral evidence why they thought that Ms Idaomi had *'whispered the word 'racist' and 'bigot' to them*, Witness 3 responded *"because the previous day she had openly accused me of being racist"*.

The panel also noted the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 which was consistent with Witness 3's Witness Statement and detailed:

'At some point after the supper service ended [Resident A] who was profoundly demonstrating confusion for a lengthy time, had come to speak to me. As her and I spoke [Resident A] wanted to know where the 'man' was, and the

issue regarding the whereabouts of her handbag. As I was speaking to [Resident A] to help jog her memory of this interaction with 'this man', I asked her a few questions such as his name and what does he look like. [Resident A] then said she was with a man called '[Person 1]'. To help [Resident A], I asked her questions regarding [Person 1]'s physical description. As I clocked the only male on this shift was [Colleague O] (HCA), I wanted to know for a fact whether or not it was him. When I asked [Resident A] was this man Asian, CI completely lost control and accused me of being a racist. She also reiterated I should not be a nurse and I am disgusting, and my actions was similar to asking someone of colour if they are from Africa, I said to CI, she does not know what she's talking about and defended myself on not being a racist as I have friends who are of colour, listen to music by artists of colour, look at my playlist on my phone so I could prove I am not a racist. However, CI continued to be dismissive of what I was saying and kissed her teeth at me repeatedly. I was emotionally distressed by CI's accusations and tried to reassure others that I am not a racist person.

The next day, I had the morning off. Therefore I wished to speak to [Colleague P] regarding issued that I had been experiencing with CI. As I was on my way to [Colleague P's] office, I went into the lift, whereby I seen CI and [Colleague N] (former HCA) engaging in interaction. [Colleague N] stood there giving a stern look whilst CI whispered the words 'racist' and 'bigot'. As I spoke to [Colleague P], I broke down in tears when discussing CI's accusation of myself being a racist.[sic]

The panel also took into account the Bupa Interview Form dated 17 November 2021 in which Witness 3 was interviewed and it was noted that Witness 3 stated:

'... I was accused of being racist. I then spoke to [Colleague P] about this and as I approached [Colleague P's] office, I walked into the lift and I heard a conversation between CO and another member of staff calling me a racist bigot.'

The panel took account of the consistency between Witness 3's Witness Statement, oral evidence and the information provided by them in the local investigation interview notes taken and the local investigation witness statement provided closer to the time of the allegations. The panel considered Witness 3 to be credible and reliable in relation to this charge and accepted their evidence. The panel also considered what Witness 3 described as the socio-political and cultural context of and around August 2020 concerning Person 2 and the Black Lives Matter movement when considering the inappropriateness of this accusation and Witness 3's deep concern expressed in their oral evidence that they would be thought of as "a racist".

The panel found on the balance of probabilities, Charges 8ai), 8aii), 8aiii) and 8aiv) to be proved.

Charge 9a)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

9) In or around July/August 2020:

a) Said to Colleague W, words to the effect of 'You are crap at your job'.

This charge is found not proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3.

The panel considered the Witness Statement of Witness 3 which detailed:

'Around July to August 2020, I also became the subject of Ms Idaomi's bullying. She made comments about me being "crap" at my job, as told to me by [Colleague X], who heard this during a break in the smoking area. This was classic bullying, where Ms Idaomi found it easy to bully her victim and continue the behaviour without facing any consequences. [Colleague

X] further informed me that these comments, as well as the verbal abuse, were said multiple times during the summer of 2020.'

The panel took the view that the evidence "*as told to me by [Colleague X] who heard this*" constitutes double hearsay as potentially Colleague X heard this from another person before informing Witness 3/Colleague W. The panel also took account of Witness 3's oral evidence in which they stated of Miss Idaomi's comment "*I was told this, she didn't say it to me directly*".

The panel therefore was not satisfied on the balance of probabilities that this charge is proved.

Charge 9b)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

9) In or around July/August 2020:

b) On one or more occasion kissed your teeth at Colleague W.

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of Witness 3 and the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021.

The panel noted the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 which detailed:

'CI continued to be dismissive of what I was saying and kissed her teeth at me repeatedly.'

The panel also took account of Witness 3's oral evidence. Witness 3 was asked if the registrant made any noises, to which they replied "*she made noises whilst kissing her teeth*". When Witness 3 was asked if Miss Idaomi ever did this to anyone else Witness 3 replied "*multiple times*". When asked if she did this to Witness 3, Witness 3 stated "*yes she done that to me [kissing her teeth] about four times*".

The panel found on the balance of probabilities, Charge 9b) to be proved.

Charge 10)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

10) On an unknown date, did not respond to an emergency buzzer pressed for Resident F, in timely manner, in that you;

a) Ignored/did not respond to the emergency buzzer for approximately 15 minutes.

b) Had a chat with another member of staff, whilst the emergency buzzer was activated.

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3, the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021.

The panel considered the Witness Statement of Witness 3 which detailed:

The emergency bell was ringing for about 15 minutes and neither [Colleague S] nor Ms Idaomi had joined us. [Colleague I]asked at some point 'where are the nurses, this buzzer has been sounding for ages!'. I peeked out of the room to look for either [Colleague S] or another nurse, and saw Ms Idaomi chatting to [Colleague M]. This was a very distinct sound and a very excessive amount of time for the emergency bell to be

ringing and no nurse to arrive.

I shouted down the corridor that she needed to come into room 25 to help us pick up Res. F Ms Idaomi said she would join us in a second. However, before Ms Idaomi joined a senior carer from the Granville unit came down to ask what was going on. When the emergency bell sounds, it rings across the home to ensure someone is able to pick up the emergency call.

The panel also considered the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 which was consistent with Witness 3's Witness Statement and detailed:

'I sounded the emergency button to alert greater help from other staff, including help from the RN's [Registered Nurses]. Such people who attended the scene was...asked at that point "where are the nurses, this buzzer has been sounding for ages". I left the room to look for a nurse, I could not see [Colleague S] at all, but I saw CI chatting away in the reception area with [Colleague M] and...I said to CI, we need help in room 25. As routine in the event of a resident fall, CI and [Colleague S] (who eventually attended the scene) assessed [Resident F] for any injuries prior to moving them.[sic]'

The panel also took into account the oral evidence of Witness 3 who informed the panel that staff would carry pagers informing them where a buzzer was going off. Witness 3 was also asked in oral evidence how they knew that Miss Idaomi ignored/did not respond to the emergency buzzer for approximately 15 minutes. Witness 3 replied that they had looked at their phone as they were waiting for an important call. Witness 3 also confirmed to the panel in oral evidence that there were buzzer alarms positioned "*throughout the Home on all floors*" and they made a "*very distinctive sound*". Witness 3's oral evidence was also consistent with their Witness Statement and the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 regarding who Witness 3 saw Miss Idaomi chatting with whilst the emergency buzzer was sounding.

The panel also considered Miss Idaomi's response as documented in Witness 3's Witness Statement that: "*she would join us in a second*", and took the view that a registered nurse should have gone straight away to the location (room 25).

The panel therefore found on the balance of probabilities, Charges 10a) and 10b) to be proved.

Charge 11a)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

11) On an unknown date in room 16, after Resident H had fallen onto the floor;

a) Spoke to Resident H in an inappropriate manner, using words to the effect of;

i) '*What's the matter with you? You're like a big baby*'.

ii) '*Why do you keep doing this.*'

iii) '*What is wrong with you woman.*'

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3, the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 and the Bupa Interview Form dated 10 March 2022 in which Witness 3 was interviewed.

The panel considered the Witness Statement of Witness 3 which detailed:

I was in room 16 with Res. H. Coincidentally, we found out from her daughter that Res. H pent[sic] her working life as a Home Manager. However, Res. H Nas[sic] now in the Home with a brain tumour. Through risk assessments, she was identified as a resident with a high risk of falls.

When you have a resident at risk of falls, the worst thing you can do for them is put bars on the side of their bed. Especially in Res. H case, where she had spontaneous movement from the neck down, you must be careful for residents flailing their limbs around, as they might get their arms or legs stuck in the bed rail, causing injury.

If a resident is recognised as a fall risk, you lower the bed as low as possible, and place crash mats on the floor, to provide a safer landing.

I cannot remember exact date or time, but [Colleague L] saw Res. H on the floor, and alerted the emergency button to notify the floor that Res. H had fallen. I ran into room 16 to see Res. H on the floor. Ms Idaomi was present at this point, so the carers and I inspected Res. H for any signs of bruising. Ms Idaomi said to Res. H 'what's the matter with you? You're like a big baby'.[sic]

The panel also considered the oral evidence of Witness 3 who was asked to describe what happened. Witness 3 reiterated:

“as we were helping her [Resident H] off the floor, Caroline [Idaomi] made comments to her [Resident H] “she’s like a baby, what are you doing woman?” and she asked her: “what are you doing, why do you do this?”

The panel also considered the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021, which was consistent with Witness 3’s Witness Statement and oral evidence, and detailed:

‘This lady [Resident H] was of severe cognitive impairment due to a terminal brain tumour and was under palliative care. During [Resident H’s] time in the care home, they had multiple falls...One time when ...sounded the emergency button to alter[sic] staff to come to [Resident H’s] assistance, myself, CO and another nurse...attended to her assistance. CI’s attitude

towards the resident was degrading and belittling, CI abruptly asked the resident 'What is wrong with you woman? Why do you keep doing this?'

The panel also took into account the Bupa Interview Form dated 10 March 2022 in which Witness 3 was interviewed and it was noted that Witness 3 stated:

'CI was verbally abusive to [Resident H]. The resident was profoundly confused and at high risk of falls. A housekeeper called the emergency bell to get help as he[sic] was on the floor. I attended with CI...CI made very inappropriate remarks, asking why she was crawling around on the floor like a baby and saying "what is wrong with you woman". She [Miss Idaomi] was also kissing her teeth in disgust.'

The panel took account of the consistency between Witness 3's Witness Statement, oral evidence and the information provided by them in the local investigation interview notes taken and the local investigation witness statement provided closer to the time of the allegations. The panel considered Witness 3 to be credible and reliable in relation to this charge and accepted their evidence.

The panel found on the balance of probabilities Charges 11ai) 11aii) and 11aiii) to be proved.

Charge 11b)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

11) On an unknown date in room 16, after Resident H had fallen onto the floor;

b) On one or more occasion kissed your teeth at Resident H.

This charge is found proved.

In reaching this decision, the panel took into account the Bupa Interview Form dated 10 March 2022 in which Witness 3 was interviewed.

The panel considered the Bupa Interview Form dated 10 March 2022 in which Witness 3 was interviewed and it was noted that Witness 3 stated:

‘CI was verbally abusive to [Resident H]. The resident was profoundly confused and at high risk of falls. A housekeeper called the emergency bell to get help as he[sic] was on the floor. I attended with CI...CI made very inappropriate remarks, asking why she was crawling around on the floor like a baby and saying “what is wrong with you woman”. She [Miss Idaomi] was also kissing her teeth in disgust.’

The panel noted the consistency in the various written and oral evidence of Witness 3 and subsequent credibility when considering Charge 11a) which pertains to the same event. The panel therefore found on the balance of probabilities, Charge 11b) to be proved.

Charge 12)

“That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

12) On an unknown date attempted to get Colleague V to sign a supervision note containing inaccurate information.

This charge is found not proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 4/Colleague V.

The panel considered the Witness Statement of Witness 4 which detailed:

At the beginning of my time working with her [Miss Idaomi], I found her quite rude and intimidating. She was occasionally a little quiet, but when she did speak I found her to be very rude. The first instance I found this was during a morning handover. Handovers are very important as they provide you with all necessary information regarding the residents. Carers listen to the nurses deliver the handover, and on this particular morning we were sat in the lounge[sic], and I was listening to Ms Idaomi conduct the handover. She said something about one of the residents, but I could not hear her, as she was not looking and speaking at me properly. I could not hear if she was telling me to see a resident, or maybe give him fluids, so I asked her to repeat what she had said.

Ms Idaomi disappeared into the nurse's office, and spoke to someone, I think a clinical manager [Colleague P]. Shortly after, she came out with a supervision note, asking for me to sign it. Supervision notes are notes that outline what you are supposed to be doing in the role, sometimes it is just to ensure you understand your role fully. If you are presented with a supervision note, you need to read it and sign it, to confirm you understand everything you have been instructed to do. Ms Idaomi asked me to sign it, saying that I was not listening in the handover. I said to her, 'no', because that was not the case, I just did not understand what she had said. I do not recall the date this occurred.

The panel also considered the oral evidence of Witness 4 who was asked if they had seen the contents of the supervision note and replied:

"no she [Miss Idaomi] had her hand on it, she said I wasn't listening, and I said 'no I wasn't going to sign it'"

The panel took into account that the charge refers to 'a supervision note containing inaccurate information' but was of the view that there was insufficient evidence to determine the information contained within the supervision note, although it was implied in the interaction between Miss Idaomi and Witness 4 that Witness 4/ Colleague V had not been listening.

The panel took the view that they could not determine what information was contained within the supervision note and therefore could not determine if the information was inaccurate.

The panel found this charge to not be proved.

Charge 13)

13) Your actions in charge 12 above were dishonest/lacked integrity, in that you sought to misrepresent that Colleague V was not listening during handover.

This charge is found not proved.

The panel did not go on to consider Charge 13 in light of the decision to Charge 12.

Charge 14)

“That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

14) On an unknown date during handover instructed Healthcare Assistants to segregate/pair up based on their race, in that you stated words to the effect;

a) *‘Black carers need to work together.’*

b) *‘The two white carers need to pair up.’*

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 4, the Bupa Interview Form dated 8 March 2022 in which 5 HCAs were interviewed including Witness 4 and the oral evidence of Witness 3.

The panel considered the Witness Statement of Witness 4 which detailed:

'I think quite a few people thought she was rude to begin with. I say this because there was another incident that occurred within a few days of her joining. Ms Idaomi said in a handover that the black carers needed to work together, while the two white carers needed to pair up. No one said anything, but all of the carers in the talk looked at me. I think this was because I was the senior carer on the floor, and if the carers ever have an issue, they come to me and I work to sort it out for them.'

The panel also considered the oral evidence of Witness 4 who, during their oral evidence, was asked several questions regarding this charge and answered:

'Q: Did you ever come across staff being paired up by race or nationality?

Witness 4 answered: I don't know...she [Miss Idaomi] would choose the carers she would get on with very well

Q: Were carers ever paired up by origin or nationality?

Witness 4 answered: I've never considered that.

Q: How did she [Miss Idaomi] allocate work?

Witness 4 answered: on that particular day two black on one side and two white on the other. I asked why we are doing that?, we've never been split up like that.

Q: Was this the first time?

Witness 4 answered: Yes

Q: Did she [Miss Idaomi] ever do it after?

Witness 4 answered: no

Q: Did she [Miss Idaomi] actually say two black nurses should work together?

Witness 4 answered: Yes, two black on one side and two white on the other, everyone looked at me because I was quite surprised.'

The panel also took into account the Bupa Interview Form dated 8 March 2022 in which 5 HCAs were interviewed including Witness 4 who stated during the interview:

‘CI would always say ‘I want the blacks working together and the whites together, she would never mix us and I told her that was wrong. I went and told ...and she called CI in, but I do not know what was said. When [Colleague S] started as Unit Manager one of the carers said will all the black carers continue working together and [Colleague S] quickly said ‘no we work as a team. I do not want to hear that again’.’

Witness 4 also told the panel that the incident happened soon after Miss Idaomi commenced employment at the Home.

The panel also noted the oral evidence of Witness 3 who informed the panel:

“Caroline had said she would work with the black staff and the white carers should work together, [this] only happened once”.

The panel noted the consistency in the various written and oral evidence of Witness 4 and the credibility of this witness, as well as the consistency between the evidence of Witness 4 and Witness 3 pertaining to the same event. The panel therefore found, on the balance of probabilities, Charges 14a) and 14b) to be proved.

Charge 15)

“That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

15) Your actions in one or more of charges 14) a) and 14) b) above were racially motivated.

This charge is found proved.

In reaching this decision, the panel took into account the evidence pertaining to Charges 14a) and 14b) which consisted of the Witness Statement and oral evidence

of Witness 4, the Bupa Interview Form dated 8 March 2022 in which 5 HCAs were interviewed including Witness 4, and the oral evidence of Witness 3.

The panel also carefully considered the legal advice they were referred to by the legal assessor which included the case of *Lambert Simpson v HCPC (2023) EWHC 481 (Admin)*, specifically paragraph 24(iii) and the two part 'test' when deciding whether conduct is racially motivated:

'Para 24) iii) When I asked Mr Micklewright for his encapsulation of when an "inappropriate" and/or "offensive" communication will be "racially motivated", his answer was that there are really two elements: (i) that the act in question (here, the posting of the content) had a purpose behind it which at least in significant part was referable to race; and (ii) that the act was done in a way showing hostility or a discriminatory attitude to the relevant racial group. I have found that encapsulation helpful. I also agree with Mr Micklewright that the Panel's findings involved being satisfied as to these elements. This combination was a racial slur (blatantly racist) and a well-known racist trait (highly derogatory), in "combination". The intention to try and get a "laugh" does not in any way detract from the fact that this was entirely or in significant part a purpose referable to race; nor from the fact that this was done in a way showing hostility and/or a discriminatory attitude. The Registrant could provide no explanation, other than descriptions of regrets and cringing and his protestations that he was not racist and everybody knew it.'

The panel also had regard to Section 9(1) of the Equality Act 2010, and the NMC Guidance *Particular features of misconduct charging*, reference PRE-2e, last updated 3 March 2025, specifically the section *Racially motivated misconduct* which details:

'When deciding whether an act is "racially motivated" it is likely to be helpful to consider the following questions: (a) Did the act in question have a purpose behind it which at least in significant part is referable to race? and; (b) Was the act done in a way showing hostility or a discriminatory attitude to the relevant racial group?'

In response to questions (a) and (b) the panel was satisfied that both could be answered in the affirmative. The panel took the view that Miss Idaomi's act of pairing up the carers referred to race in that it was based on skin colour, and there was no other justification (for example skills based or based on carers' professional experience) for Miss Idaomi's action other than a discriminatory attitude.

The panel found on the balance of probabilities, Charge 15 to be proved.

Charge 16)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

16) On an unknown date stated words to the effect '*I do not want to work with the China-man.*'

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statements and oral evidence of Witness 4 and the Bupa Interview Form dated 11 March 2022 in which Witness 4 was interviewed.

The panel considered the Witness Statement of Witness 4 which detailed:

'There was one instance when Ms Idaomi said she did not want to work with a Chinese worker, referring to [Colleague K], Health Care Assistant. I cannot remember when exactly this happened, but it was within a few days or weeks from when she started at the Home. I recall Ms Idaomi was complaining as she was due to work with [Colleague K] in rooms 1-17. I explained to Ms Idaomi that we are assigned to the corridors, with some people working in rooms 1-17 and others stationed to work in rooms 18-33.'

The panel also considered Witness 4's supplementary Witness Statement which detailed:

'At paragraph 34 of the First Statement, I stated that Ms Idaomi said she did not want to work with a Chinese worker. I cannot recall exactly what was said by Ms Idaomi but I recall her saying something like "/do not want to work with the China man", or words to that effect. This was in reference to [Colleague K], a HCA at the Home at the time. I told [Colleague K] what was said a few minutes after the incident and I recall him responding with something along the lines of " I do not know why, I have done nothing wrong".'

The panel also took into account the Bupa Interview Form dated 11 March 2022 in which Witness 4 was interviewed which was consistent with other evidence and noted: *'She has said before that she didn't want the china man working with her'.*

The panel also noted Witness 4's oral evidence in relation to this incident which was consistent with the information provided in the Witness Statement and Supplementary Witness Statement.

The panel found on the balance of probabilities, Charge 16 to be proved.

Charge 17)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

17) On an unknown date spoke to one or more black Health Care Assistants using words to the effect *'You've got my blood.'*

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statements and oral evidence of Witness 4, the Bupa Interview Form dated 8 March 2022 in which 5

HCA's were interviewed including Witness 4, and the Bupa Interview Form dated 11 March 2022 in which Witness 4 was interviewed.

The panel considered the Witness Statement of Witness 4 which detailed:

'I do not recall when this was, or who the carers were, but there was also an instance where she gave me a sly look, and was saying to the other black carers that 'you've got my blood'. I told her not to be so bloody stupid.'

The panel also considered Witness 4's supplementary Witness Statement which detailed:

'At paragraph 37 of the First Statement, I stated that Ms Idaomi gave me a sly look and made the statement "you've got my blood". Upon review, I wish to clarify that Ms Idaomi did not say this directly to me. Ms Idaomi and I were stood at the nurse's station and she turned to the black carers and said "you've got my blood", I think Ms Idaomi was being sarcastic because I was the only white carer there but she seemed to say it over and over to make a point. I do not think she meant it in a discriminatory way, more as a way to wind me up. It was a way of pushing me to see how far I would go because it was difficult for me to be with black carers when she spoke to them and not to me. Ms Idaomi and I were not talking at this point in time, she did not talk to me until one morning in the office, I cannot remember when but it was after the incident above, Ms Idaomi said to me that I needed to respect her and I responded something along the lines of"/ will respect you when you respect me". After that conversation, Ms Idaomi would speak to me. This was the only occasion I witnessed Ms Idaomi say something along these lines.'

The panel also took into account the Bupa Interview Form dated 8 March 2022 in which 5 HCA's were interviewed including Witness 4 who stated during the interview:

‘We had days of hell sometimes. One day at the Nursing station there were 3 other carers who were black and CI looked at them and said ‘You have my blood’ she then turned to me and looked away and I must admit I swore at her and told her not to be so stupid.’

The panel also took into account the Bupa Interview Form dated 11 March 2022 in which Witness 4 was interviewed and stated: *‘She used to say that those the same colour as her had her blood’.*

The panel also noted Witness 4’s oral evidence in relation to this incident which was consistent with the information provided in Witness 4’s Witness Statement, Supplementary Witness Statement and notes from both Bupa Interview Forms from two separate dates. The panel found Witness 4 to be credible and reliable in relation to this charge and accepted their evidence.

The panel therefore found on the balance of probabilities, Charge 17 to be proved.

Charge 18)

18) Your actions in one or more of charges 16) & 17) above were racially motivated.

This charge is found proved.

In reaching this decision, the panel took into account the evidence pertaining to Charges 16 and 17 which consisted of the Witness Statement, Supplementary Witness Statement, and oral evidence of Witness 4, the Bupa Interview Form dated 8 March 2022 in which 5 HCAs were interviewed including Witness 4 and the Bupa Interview Form dated 11 March 2022 in which Witness 4 was interviewed.

The panel also carefully considered the legal advice they were referred to by the legal assessor which included the case of *Lambert Simpson v HCPC (2023) EWHC 481 (Admin)*, specifically paragraph 24(iii) and the two part ‘test’ when deciding whether conduct is racially motivated, Section 9(1) of the Equality Act 2010, and the

NMC Guidance *Particular features of misconduct charging*, reference PRE-2e, last updated 3 March 2025, specifically the section *Racially motivated misconduct* which details:

‘When deciding whether an act is “racially motivated” it is likely to be helpful to consider the following questions: (a) Did the act in question have a purpose behind it which at least in significant part is referable to race? and; (b) Was the act done in a way showing hostility or a discriminatory attitude to the relevant racial group?’

The panel firstly considered Miss Idaomi’s actions in Charge 16 and whether these (stating words to the effect ‘I do not want to work with the China – man’/Colleague K) were racially motivated. The panel initially considered if Miss Idaomi’s statement was merely a descriptor of her colleague, however determined that due to Colleague K’s unique name there would be no reason to use such a descriptor.

The panel also went on to consider if there were other possible acceptable reasons as to why Miss Idaomi would not wish to work Colleague K. The panel took the view that Miss Idaomi stated this, as detailed by Witness 4 in their Witness Statement, *‘within a few days or weeks from when she started at the Home’* and therefore there was no historical or other reason available as to why Miss Idaomi would not want to work with Colleague K. The panel’s view was further confirmed by Colleague K’s response to Miss Idaomi’s statement as detailed by Witness 4: *‘I recall him responding with something along the lines of “I do not know why, I have done nothing wrong”*. The panel also noted the oral evidence of Witness 4 who told the panel: *“it’s upsetting. Why would you say that to somebody?”*. The panel took the view that there was no other reason, except racial motivation, for Miss Idaomi’s statement.

The panel therefore determined that the purpose behind Miss Idaomi’s statement was in significant part referable to race and was done in a way showing hostility and/or a discriminatory attitude to the relevant racial group and therefore was racially motivated.

The panel then went on to consider Miss Idaomi's actions in Charge 17 and whether these (speaking to one or more black Health Care Assistants using words to the effect 'You've got my blood') were racially motivated. The panel took into account the oral evidence of Witness 4 who informed the panel that they were of the opinion "*it might have been done to wind me up*" and in addition informed the panel:

"it was a way of pushing me to see how far I would go because it was difficult for me to be with black carers because she spoke to them and not me."

However, the panel applied the two part 'test' when deciding whether conduct is racially motivated provided by The Honourable Mr Justice Fordham in the case of *Lambert Simpson v HCPC (2023) EWHC 481 (Admin)* and also bore in mind from paragraph 24(3):

'The intention to try and get a "laugh" does not in any way detract from the fact that this was entirely or in significant part a purpose referable to race; nor from the fact that this was done in a way showing hostility and/or a discriminatory attitude.'

The panel determined that Miss Idaomi's actions in Charge 17 were at least in significant part referable to race and done in a way which showed a discriminatory attitude.

The panel therefore found on the balance of probabilities, Charge 18 to be proved.

Charge 19)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

19) On an unknown date, ignored Colleague U when they tried to talk to you about a resident, in that you;

a) Did not respond to Colleague U;

b) Turned around;

c) Walked away from Colleague U.

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 4, the Witness Statement and oral evidence of Witness 2/Colleague U and the oral evidence of Witness 3.

The panel considered the Witness Statement of Witness 4 which detailed:

'An example of this would be an incident that happened with [Colleague U] I cannot remember when this happened, but I was working in the nurse's station on the Hatherley unit, writing something down, when [Colleague U] tried to speak to Ms Idaomi about one of the resident's [sic]. I cannot remember what she said, but Ms Idaomi completely ignored her, turned around and walked off.

I did not say anything and completed the task I was doing, but I think [Colleague U] turned around to go see the resident she was asking about. I did not interfere, as I try not to if it is not my business and I am not involved.'

The panel also considered the oral evidence of Witness 4 who stated: "Caroline was standing at the nurses' station", and then was asked the following questions and answered:

Q: Do you think she saw [Colleague U]?

Witness 4 answered: 'Yes, she was right in front of her face.'

Q: Were they looking at each other?

Witness 4 answered: 'Yes.'

The panel considered that this situation denoted an HCA seeking support from Miss Idaomi who, as a registered nurse, was a more senior member of staff. The panel noted also that Witness 4's oral evidence was consistent with their written evidence and Witness 4 was an eye-witness to the situation.

The panel also considered evidence regarding the relationship between Witness 2/ Colleague U and Miss Idaomi. The panel considered the Witness Statement of Witness 2 which detailed:

‘In her first few weeks, Ms Idaomi was relatively quiet and friendly while she settled into this new job. However, after a few weeks our relationship began to decline into a toxic relationship. After about a week or two, Ms Idaomi had gathered such an influence over the team it was as though she was a manager. She had that level of control over the staff, as everyone was afraid of her due to the way she spoke to the staff and residents.

I witnessed countless incidents of concern in relation to Ms Idaomi and her conduct, towards both residents and staff.’

The panel took the view that all of the evidence in relation to this charge is consistent with the “*toxic relationship*” stated by Witness 2/Colleague U. The panel also bore in mind the evidence of Witnesses 2,3 and 4 who all stated their fear of going into work with Miss Idaomi and that they did not always want to challenge the behaviour of Miss Idaomi.

The panel therefore found on the balance of probabilities, Charges 19a) 19b) and 19c) to be proved.

Charge 20a)

“That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

20) On unknown dates;

a) one or more occasion ignored Colleague V.

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 4/Colleague V.

The panel considered the Witness Statement of Witness 4 which detailed:

‘There was also a period of time in which Ms Idaomi did not speak to me, I cannot recall when this was in particular. I found this really difficult, and I had weeks of dreading going into work, as if I needed to ask about a resident, I would have to go to the other nurse in charge of the unit. I think that perhaps she was intimidated by the fact I had been at the Home, and in my position, for longer than her. I got the impression she was seeing how far she could push me, before I responded. I say this, because she tried to tell me, on one occasion, that she was the boss on the unit, and that I was not. However, I responded, explaining carers came to me with their problems, and I just work to sort them out.

However, there was a time I ‘put her straight’... I recall I was walking down the corridor, and she passed me, telling me I needed to change my shifts, so I was not working on the days as she was. I responded, stating that I had been working in the Home for longer, and that my shifts were set. If she wanted a change, she had to change her own. I then walked off and left her, I did not wait for her to respond...

In addition, at the end of the day, she would say bye to the black carers and walk straight passed me without saying anything. I found myself going home at the end of the day, feeling annoyed, but also happy that I had done my job.’

The panel also considered the oral evidence of Witness 4 who informed the panel:

“She [Miss Idaomi] did not speak to me for a few weeks, I did not want to go in in the morning. I was dreading going in.”

The panel noted that Witness 4's oral evidence was consistent with their Witness Statement.

The panel found on the balance of probabilities, Charge 20a) to be proved.

Charge 20b)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

20) On unknown dates;

b) Spoke to Colleague V using words to the effect;

i) *'I am the boss of this unit, you are not.'*

ii) *'You need to change your shifts, so you are not working the same days as I am.'*

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 4/Colleague V.

The panel considered the Witness Statement of Witness 4 which detailed:

'because she tried to tell me, on one occasion, that she was the boss on the unit, and that I was not. However, I responded, explaining carers came to me with their problems, and I just work to sort them out...

However, there was a time I 'put her straight'...I recall I was walking down the corridor, and she passed me, telling me I needed to change my shifts, so I was not working on the days as she was. I responded, stating that I had been working in the Home for longer, and that my shifts were set. If she wanted a change, she had to change her own. I then walked off and left her, I did not wait for her to respond.

The panel noted that Witness 4's oral evidence confirmed and was consistent with their Witness Statement with regards to these events in relation to charge 20bi) and ii).

The panel found on the balance of probabilities, Charge 20bi) and 20bii) to be proved.

Charge 20c)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

c) Spoke to an unknown Resident using words to the effect 'Zip it!'

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 4, the Bupa Interview Form dated 3 December 2021 in which Witness 4 was interviewed and the Local Investigation Summary dated 18 May 2022 prepared by Colleague Q.

The panel considered the Witness Statement of Witness 4 which detailed:

'I was also asked...if I had heard anything about Ms Idaomi being unkind to a resident, by saying 'zip it!' in the longue. I did hear this, but I do not know if she was joking or being rude to the resident.'

The panel also considered the oral evidence of Witness 4 who stated:

"I don't know if she was joking or being rude to the resident...I thought she was being rude, you don't say that to a resident. I didn't find that joking."

The panel also had regard to the Bupa Interview Form dated 3 December 2021 in which Witness 4 was interviewed. When asked during the interview 'Did you hear

anything about CI being not very nice to residents? Saying Zip it', Witness 4 responded *'I don't know if she is joking but she can be rude'*.

The panel also took into account the Local Investigation Summary dated 18 May 2022 prepared by Colleague Q which documented Colleague S reporting: *'I have herd her [Miss Idaomi] shouting at residents in the lounge saying "Zip it"'*.

The panel noted the consistency in the various written and oral evidence of Witness 4 and the credibility of this witness, as well as the consistency between the evidence of Witness 4 and Colleague S pertaining to the same event. The panel therefore found, on the balance of probabilities, Charge 20c) to be proved.

Charge 20d)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

20) On unknown dates;

d) Threw water over Resident I.

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement of Witness1, the Witness Statement of Witness 4, the local investigation Interview conducted by Colleagues Q and J dated 22 November 2021 with Miss Idaomi and the local investigation Interview conducted by Colleagues Q and J dated 24 November 2021 with Resident I.

The panel considered the Witness Statement of Witness 4 which detailed:

'I cannot recall when this happened, however I am aware of an incident in which Ms Idaomi threw water over a resident, as she told me about it when I passed her in the corridor. I was going down the corridor, towards the lounge, and I could see Ms Idaomi had water all over her. She told me

that the resident had thrown water over her, so she had thrown water over the resident in return...I went into Res. 1 room shortly after, and she told me that she had to change her top as it had water all over it. I asked the resident why this had happened, and she said that Ms Idaomi had been quite rough with administering her insulin, so Res. 1, Res. 1 threw water over her. Ms Idaomi then threw water back at the resident.[sic]

The panel considered that this provides evidence of an admission of the incident by Miss Idaomi to a colleague.

The panel considered the Witness Statement of Witness 1 which detailed:

'A nurse should not throw water over a resident, let alone anyone working in a home, irrespective of their position. I would not expect any member of staff to throw water over a resident as it could be classed as abuse... If I were a resident or family member of a resident I would be incredibly unhappy if a member of staff employed to care for us threw water over us.'

The resident said she did not report this incident, because Ms Idaomi came and apologised to her. However, I feel that apologising after an incident like this, does not mean you have acted correctly in the first place.'

The panel noted in particular that *'Ms Idaomi came and apologised to her'* which the panel considered suggests the incident occurred.

The panel also considered the local investigation Interview conducted by Colleagues Q and J dated 22 November 2021 with Miss Idaomi in which Miss Idaomi was asked: *'Why did you throw water at a resident?'* and answered:

'God – I have never done that and never would I do that – I have been in the UK for 31 years – since I came to England, I have never done any other job apart from caring – I have never been accused of anything in those 31 years.'

The panel also took into account the local investigation Interview conducted by Colleagues Q and J dated 24 November 2021 with Resident I which recorded the following questions to and answers provided by Resident I:

‘Q: Do you recall and[sic] incident in the dining room with some water?’

Res I: Yes – Me and...(another resident) were having a disagreement and my reaction was to throw a glass of water at [Resident A] which may have splashed on CI. CI then threw water back at me then left the dining room.

Q: Ok thank you for recalling that incident. Did you and CI have a conversation after that incident?

Res I: She did apologise and then our relationship got back to normal.’

The panel acknowledged that the context regarding the incident differs between the Witness Statement of Witness 4 and the local investigation Interview conducted by Colleagues Q and J dated 24 November 2021 with Resident I however the panel were satisfied that the charge is proved.

The panel therefore found on the balance of probabilities, Charge 20d) to be proved.

Charge 21)

“That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

21) In or around September 2021 during a handover bragged about throwing water over Resident I;

- i) To one or more colleagues.
- ii) Using words to the effect of ‘*That is an African woman’s way of things.*’

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 3, the Local Investigation Witness statement written by Witness

3 contained in an email dated 18 November 2021 and the Bupa Interview Form dated 17 November 2021 in which Witness 3 was interviewed.

The panel considered the information provided in the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021 which stated:

‘Furthermore [Colleague V] alleged CI and [Resident I] got into a heated discussion. [Colleague V] also alleged [Resident I] and CI throw[sic] a glass of water at one another. I remember in one hand-over, CI boasted about this incident (throwing drink at [Resident I] to staff present at the time.’

The panel also considered the supplementary Witness Statement of Witness 3 which detailed:

In Exhibit RT2 [the Local Investigation Witness statement written by Witness 3 contained in an email dated 18 November 2021]... I make reference to Ms Idaomi boasting about throwing water over [Resident I]. I was not present when this incident took place, as I was on a day off. However, during a handover around September 2021, I cannot recall the exact date, Ms Idaomi boasted about the incident, offering justification for her actions. She claimed that it was "an African woman's way of things"; I have worked with many people from Africa and have never seen anyone else do something like this. From what I was told by Ms Idaomi during the handover, there was a dispute between Ms Idaomi and [Resident I] while Ms Idaomi was administering [Resident I's] insulin. During this altercation, [Resident I] threw a drink over Ms Idaomi, and in response, Ms Idaomi threw the water back at her.’

The panel also took into account the Bupa Interview Form dated 17 November 2021 in which Witness 3 was interviewed and stated:

‘I have heard about her [Miss Idaomi] throwing water over a resident and boasting about it at handover.’

The panel noted the consistency in the various written and oral evidence of Witness 3 and the credibility of this witness. The panel therefore found, on the balance of probabilities, Charges 21i) and ii) to be proved.

Charge 22)

“That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

22) On unknown dates, made inappropriate comments about Colleague S, using words to the effect of;

- a) ‘*She is so ugly*’
- b) ‘*Colleague S looks like a dog*’
- c) ‘*Colleague S walks like a crab*’

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 2.

The panel considered the Witness Statement of Witness 2 which detailed:

‘In a lot of handovers, when [Colleague S] was not present, Ms Idaomi would make nasty comments about [Colleague S’s] appearance, saying ‘she is so ugly’ ‘[Colleague S] looks like a dog’, ‘[Colleague S] walks like a crab’. As these comments were made during handovers these comments would be made to groups of around 6 members of staff. I found these comments so hard to hear, as they were so unkind. Also, there were a lot of bad comments made about other members of staff by Ms Idaomi as well.’

The panel also took into account the oral evidence of Witness 2 who recalled Miss Idaomi making fun of Colleague S and told the panel that it was *“very painful to be privy to another individual doing wrong”*. Witness 2 also informed the panel in oral evidence that they did not feel comfortable reporting this to the clinical manager because Miss Idaomi enjoyed a friendship with the clinical manager.

When asked in oral evidence if Colleague S was aware of Miss Idaomi’s inappropriate comments about them, Witness 2 stated: *“yes I told her this, I had a good relationship with [Colleague S], she was hurt”*. Witness 2 was asked in oral evidence if they could have been mistaken about the comments Miss Idaomi made about Colleague S to which Witness 2 replied: *“No I am not mistaken, this was very much normal for her [Miss Idaomi]”*.

The panel noted the consistency in the written and oral evidence of Witness 2 and the credibility of this witness. The panel therefore found on the balance of probabilities, Charges 22a) b) and c) to be proved.

Charge 23)

“That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

23) On unknown dates, pushed and/or manhandled one or more residents in a rough manner.

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 2.

The panel considered the Witness Statement of Witness 2 which detailed:

'Ms Idaomi was quite a rough lady, in that she would often mishandle and push residents around. She was a slightly larger lady, so would push residents with such strength.'

The panel also considered Witness 2's oral evidence in which they stated that they had witnessed Miss Idaomi push and manhandle residents in a rough manner.

The panel also bore in mind the evidence pertaining to Charges 24 and 25 and took the view that the actions related to these Charges and Charge 23 go to the same propensity (that being pushing and/or manhandling residents in a rough manner).

The panel therefore found on the balance of probabilities, Charge 23 to be proved.

Charge 24)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

24) On an unknown date whilst conducting a Covid Test on Resident K:

- a) Inappropriately wrapped Resident K's arm around their neck;
- b) Pressed Resident K's head into your stomach and/or placed Resident K into a headlock.

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 2.

The panel considered the Witness Statement of Witness 2 which detailed:

An instance I particularly recall this was with a resident named Resident K...was bedbound and relatively quiet, you might get the occasional 'yes' from her, but it was not often she spoke. Resident K had dementia...

I cannot recall the exact date of this incident, but on this day Ms Idaomi told me to inform her once I had prepared Resident K for the day, as she needed to have a covid test done. Once I had helped Resident K with her general care for the morning, I found Ms Idaomi and told her Resident K was ready for her covid test.

Resident K was afraid of Ms Idaomi, so when she saw Ms Idaomi approaching she tried to swat her away. Something to note about dementia patients is that they can be unpredictable. Sometimes dementia patients can spit at you, shout, or bite you, so you need to be mindful when you approach them, so they do not get confused or scared. In this instance, Ms Idaomi did not approach Resident K carefully at all.

I was stood on Resident K 's left, while Resident K looked into the room, with Ms Idaomi approaching her. Ms Idaomi caught her swatting hand and stood to Resident K's right. Ms Idaomi wrapped Resident K's arm around her neck, motioning her arm using the hand she had caught. Ms Idaomi then pressed Resident K's head into Ms Idaomi's stomach, to steady Resident K for her covid test; she had Resident K in a headlock. Initially Resident K did not say anything, and I could see was was[sic] struggling to breathe.

Resident K then let out the loudest scream I have ever heard and everyone in the corridor probably heard. [Colleague S] came running in and shouted, 'what are you doing to her?' to Ms Idaomi. [Colleague S] sounded scared and panicked, rather than angry. [Colleague S] did not intervene physically. I cannot remember what happened after this, and how this concluded, as I find it so upsetting to think about it.

I did not raise this concern with anyone, as [Colleague S] was a witness to the event herself. I had also previously raised concerns with [Colleague S] as the unit manager saying that I could not work with Ms Idaomi anymore, because she was a bully. However, [Colleague S] just brushed my concerns off, saying things like 'not to worry, just come into work, it'll be fine'.

Witness 2 provided further clarity in oral evidence regarding Colleague S' intervention during the incident stating:

"[Resident K] started screaming, [Colleague S] came from her office and said 'what are you doing to her', Caroline laughed and said 'she doesn't want to do the test' ...and then [Caroline] grabbed her head".

When asked during their oral evidence to describe how the covid test was performed Witness 2 described that:

"Caroline was doing all tests on residents and Resident K became defensive and Caroline said, 'I haven't got time for this this morning' and came to the other side of the chair and grabbed her head"

Witness 2 also stated in oral evidence that:

"it was like criminal behaviour, it's another human being, it was painful to watch putting someone in a headlock, a vulnerable person, it could be described as restraining someone."

The panel took the view that the evidence which detailed Miss Idaomi stating 'I haven't got time for this' provides contextual background to the events pertaining to the charge. Furthermore, the panel took the view that Resident K screaming is suggestive of something untoward having occurred.

The panel therefore found on the balance of probabilities, Charges 24a) and b) to be proved.

Charge 25)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

25) On unknown dates;

- a) On one or more occasions, inappropriately man handled Resident L.
- b) On one or more occasions pulled and/or yanked Resident L down the corridor.

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 2.

The panel considered the Witness Statement of Witness 2 which detailed:

'I cannot recall when this was specifically, but on many occasions I saw Ms Idaomi grabbing Resident L and pulling her down the corridor or around her room. There was one instance where Resident L told Ms Idaomi that she had something in the back of her throat, signalling[sic] that she wanted her supper, and Ms Idaomi grabbed her by the arm, and pulled her down the corridor, towards her room.

I was too shocked to speak, it was so upsetting seeing her being grabbed and yanked down the corridor. Resident L was so frail, and Ms Idaomi was such a large and strong lady.'

The panel also took into the oral evidence of Witness 2 and noted its consistency with the evidence Witness 2's Witness Statement. Witness 2 informed the panel in their oral evidence that Resident L was around 100 years old and told the panel:

"Caroline would be at the nurses' station, the lady [Resident L] would annoy her [Miss Idaomi], Caroline would come out very roughly and angrily, she [Miss Idaomi] would grab her [Resident L] by the arms and drag her into her room and push her into the chair. She [Miss Idaomi] would be very rough and push her [Resident L]".

Witness 2 was asked in oral evidence if Resident L was in possession of their own walking frame. Witness 2 confirmed in oral evidence that Resident L did have her

own walking frame. The panel considered that Resident L's walking frame was evidence of support that was in place to support Resident L's mobility and therefore Miss Idaomi's actions of manhandling Resident L and yanking her were unnecessary.

The panel also noted the concern that Witness 2 showed for Resident L consistently in their oral and written evidence.

The panel therefore found on the balance of probabilities, Charges 25a) and b) to be proved.

Charge 26)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

26) On unknown dates, on more than one occasions whilst on duty said words to the effect of '*White bastards*'.

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 2.

The panel considered the Witness Statement of Witness 2 which detailed:

'Ms Idaomi used the phrase 'white bastards' quite often. I would not be able to recall a specific time or date she did this.

I am not a racist person, I judge people by their heart, not on their appearance. However, Ms Idaomi would use discriminatory language a lot. I mean this in that she would make a lot of comments about residents and their families, calling them 'white bastards'.

The panel also considered Witness 2's oral evidence. Witness 2 informed the panel in their oral evidence that Miss Idaomi would use discriminatory language a lot, stating: *"I mean that in that she would make lots of comments about residents and their families"* adding *"It was a lot of residents and family members it would be the man on the street as well"*.

The panel also noted that in oral evidence Witness 2 further stated that term 'white bastards' was very normal language and gave another example of Miss Idaomi using the term as Witness 2 recalled Miss Idaomi saying *"White bastards, do they think I've got nothing else to do"* and that she would *"get really angry and call them [residents or family members] all sorts of names"*. Witness 2 also recalled in oral evidence that Miss Idaomi would put the phone down after speaking with a resident's family member and say aloud: *"why are these white bastards calling me?"*.

The panel accepted the evidence of Witness 2 that this was a term routinely used by Miss Idaomi. The panel also considered its findings in relation to Charge 27 and determined that it, and the evidence in relation to Charge 26 goes to a propensity of Miss Idaomi to use the term/words to the effect of 'white bastards'.

Taking into account its findings, the panel found on the balance of probabilities, Charge 26 to be proved.

Charge 27)

"That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

27) On an unknown date, referred to Resident J as a *'White bastard'*

This charge is found proved.

In reaching this decision, the panel took into account the Witness Statement and oral evidence of Witness 2.

The panel considered the Witness Statement of Witness 2 which detailed:

I recall her calling ... ("Resident J") a 'white bastard' on numerous occasions. I cannot recall his surname, however Resident J was receiving end of life care at the Home. Resident J was very frail, and did not move from his bed very much. Ms Idaomi would say these names to his face, in his room.

The panel also considered the oral evidence of Witness 2 who stated that Miss Idaomi “*would use it quite often this terminology*” and furthermore that “*this is normal for her, she uses this language*”. When asked in oral evidence if Miss Idaomi said the term in the face of others, Witness 2 replied: “*in this particular individual [Resident J] it would be in front of him*”.

The panel noted that Witness 2 was present and able to describe when the incident happened.

The panel also considered its findings in relation to Charge 26 and determined that it, and the evidence in relation to Charge 27 goes to a propensity of Miss Idaomi to use the term/words to the effect of ‘white bastards’. The panel determined also that the evidence goes to a theme of Miss Idaomi’s use of racially discriminatory language.

The panel found on the balance of probabilities, Charge 27 to be proved.

Charge 28)

“That you a registered nurse, whilst working at [PRIVATE] Care Home (the Home) between August 2019 – April 2022;

28) Your actions in charges 26 & 27 above were racially motivated.

This charge is found proved.

In reaching this decision, the panel took into account the evidence pertaining to Charges 26 and 27 and the legal advice they were referred to by the legal assessor which included the case of *Lambert Simpson v HCPC (2023) EWHC 481 (Admin)*, specifically paragraph 24(iii) and the two part 'test' when deciding whether conduct is racially motivated, Section 9(1) of the Equality Act 2010, and the NMC Guidance *Particular features of misconduct charging*, reference PRE-2e, last updated 3 March 2025, specifically the section *Racially motivated misconduct* which details:

'When deciding whether an act is "racially motivated" it is likely to be helpful to consider the following questions: (a) Did the act in question have a purpose behind it which at least in significant part is referable to race? and; (b) Was the act done in a way showing hostility or a discriminatory attitude to the relevant racial group?'

The panel also took into account the oral evidence of Witness 2 who stated in oral evidence *"Imagine calling people who are black or Asian or Chinese people the same"*, and who was unequivocal that this was racially motivated. In considering the two part 'test' when deciding whether conduct is racially motivated, the panel were in no doubt that using the term and referring to people as 'white bastard' is in a significant part referable to race. The panel were also satisfied that the word 'bastard' demonstrated hostility to the relevant racial group. The panel were clear in their determination that Miss Idaomi's actions in Charges 26 and 27 were racially motivated and showed both a hostile and discriminatory attitude.

The panel therefore found Charge 28 to be 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 Idaomi'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 Idaomi'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.*'

Dr Persaud invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) in making its decision.

Dr Persaud identified the specific, relevant standards where Miss Idaomi's actions amounted to misconduct.

Dr Persaud submitted that, in respect of misconduct the evidence shows that the Miss Idaomi's actions neither comprise an isolated incident, nor are an aberration on her part, but constitute three very significant failings breaching several provisions of the Code. Dr Persaud further submitted that Miss Idaomi has been involved in a number of incidents over a period of approximately two years whilst employed by the Home, and that these incidents occurred despite being an experienced nurse. Dr Persaud submitted that Miss Idaomi has worked in an environment where she was required to care for elderly, vulnerable patients who were reliant on her to provide every aspect of their care.

Dr Persaud submitted that Miss Idaomi's failings relate to areas of her nursing care to treat people with dignity, as well as demonstrating attitudinal issues and would suggest that the overall care being provided to residents was below the standard required of a registered nurse. Dr Persaud further submitted that Miss Idaomi's conduct indicated a failure to engage with the most basic functions of her role. The panel are invited to consider that this is conduct that falls below the standards expected of registered nurses and amounts to misconduct.

Dr Persaud submitted that Miss Idaomi failed to respond to the emergency bell when a patient fell on the floor, Resident H, and this was activated for a period of about 15 minutes. Colleague W needed to seek her out and found her speaking to two staff members in the reception area. Dr Persaud submitted that a registered nurse is expected to attend the resident when the emergency bell is activated and that Miss Idaomi needed to perform vital signs observations and make an assessment on whether the resident needed additional care before moving provide basic but essential nursing care to Resident F, a vulnerable and very ill patient. Dr Persaud also submitted that the panel has found that the Miss Idaomi has treated one or more residents in a rough manner and has manhandled Resident K whilst performing a Covid Test.

In addition, Dr Persaud submitted that Miss Idaomi has demonstrated total disrespect of her colleagues, speaking of them and to them in derogatory terms.

She submitted that Miss Idaomi was a senior nurse, and someone who should be a role model, but instead her colleagues were fearful. She spoke of and to them in a derogatory manner and spoke of others when they were not present.

Dr Persaud further submitted that these comments were made in the course of Miss Idaomi's duties and contravenes the NMC's code to treat colleagues fairly. Dr Persaud highlighted that panel found that by her actions, Miss Idaomi was segregating colleagues in racial compartments to complete tasks and preferred not to work with a Chinese colleague.

Dr Persaud referred the panel to the NMC Guidance FTP – 3, which links to the Equality Act 2010 and states:

'The NMC takes concerns about harassment, discrimination and victimization very seriously, regardless of whether they occur in or out of the workplace ... Where professionals on our register displays discriminatory views and behaviours, including harassment or victimization, this usually amounts to serious departure from the NMC's professional standards'

Dr Persaud submitted that although there is no evidence of patient harm, there is a risk to the public when a registered nurse engages in discriminatory behaviour as the public may feel reluctant to access health and care services and may experience less favourable treatment. Dr Persaud further submitted that the public would find Miss Idaomi's actions deplorable and the impact of her misconduct on the reputation of the profession is great. Dr Persaud submitted that Miss Idaomi's actions fell well below the standard expected of a registered nurse and represents a derogation from the NMC's code of conduct and therefore amounts to misconduct.

Dr Persaud further submitted that Miss Idaomi's actions relate to being racially offensive and are therefore serious, and that her actions were aggravated by the fact that she was in a senior role. Furthermore, Dr Persaud submitted that it was not a single incident of misconduct but rather misconduct which occurred over a period of time. Dr Persaud submitted that a person in her role has a level of responsibility and professionalism, ensuring that colleagues are treated with utmost respect and are not allowed to practice in a non – hostile environment. Dr Persaud submitted that the

panel has heard evidence that colleagues were scared of Miss Idaomi, and did not want to come to work. Dr Persaud further submitted that the panel found it inappropriate for Miss Idaomi to make comments about junior staff during hand over and in the presence of members of staff. Dr Persaud submitted that colleagues should be able to look at their seniors to ensure they are able to conduct tasks without fear that certain derogatory/unprofessional /racial comments are made towards them and others.

Dr Persaud submitted that Miss Idaomi has breached her fundamental duty to ensure a safe working space for her colleagues, and she had a professional duty to act in an appropriate manner always expected of a registered nurse. Dr Persaud submitted that Miss Idaomi's colleagues worked in an environment in which they were fearful of what could be said by her, and this behaviour calls into question the Miss Idaomi's professionalism and trust as a registered nurse. Her inappropriate comments were totally unacceptable and is not expected of the behaviour of a registered nurse. This it is submitted is indicative of deep-seated attitudinal issues.

Dr Persaud submitted that Miss Idaomi's conduct is a significant departure from the standards expected of a registered nurse and the NMC guidance (FTP – 3), and that her actions would seriously undermine trust and confidence in the professions. Dr Persaud also submitted that Miss Idaomi's conduct in relation to the charges found to be racially motivated are in breach of the fundamental tenets of the profession and the principles set out in the Equality Act 2010.

Dr Persaud further submitted that Miss Idaomi's actions and omission could have a serious impact on protection of the public or is otherwise in the public interest and upholding the good name of the profession.

Dr Persaud invited the panel to take the view that the facts found proved amount to misconduct.

Submissions on impairment

Dr Persaud 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 cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and *Yeong V GMC* [2009] EWHC 1923 (Admin), *PSA v HCPC and Roberts* [2020] EWHC. 1906 [Admin].

Dr Persaud invited the panel to take into account when considering whether the registrant has shown insight any remorse, the NMC guidance *Impairment DMA -1*, last updated 3 March 2025 and specifically the question '*Can the nurse, midwife or nursing associate practice kindly, safely and professionally?*' Dr Persaud submitted that Miss Idaomi has denied the allegations found proved, has neither attended this hearing, nor provided a reflective document, and has provided no evidence on insight and remorse regarding her actions.

Dr Persaud also submitted that limbs a) b) and c) of Dame Janet Smith's 'test' is engaged. Dr Persaud submitted that Miss Idaomi has breached the fundamental tenets of the profession and brought the profession in disrepute, and her conduct fell far below the standards expected of a registered nurse and had the potential to damage the reputation of the profession. Dr Persaud further submitted that Miss Idaomi occupied a senior role at the time pertaining to the charges found proved and had a duty to ensure that working environment is safe and free from such conduct. Dr Persaud submitted that Miss Idaomi failed in this duty and demonstrated lack of professionalism and trust, which adversely impacted on the profession and that breached the fundamental tenets.

Dr Persaud submitted that the seriousness of the allegations brings into question the Miss Idaomi's credibility as a registered nurse, in that she did not exercise basic human care for a patient. Dr Persaud submitted this is mainly demonstrated by the fact that she did not act quickly in response to the emergency bell to provide a clinical assessment on Resident F, spoke to resident I in a degrading manner, and rough handled Resident K whilst performing the Covid test. Dr Persaud submitted

that these are vulnerable residents who rely on others to provide care kindly, and compassionately.

Dr Persaud reminded the panel that they have found that Miss Idaomi has spoken inappropriately to Resident H; told an unknown resident to '*Zip it*' and made racially motivated comments to both staff and referred to Resident J as a '*White bastard*'. Dr Persaud also reminded the panel that they have found that Miss Idaomi has also made inappropriate comments to junior members of staff, about senior members of staff, and to residents. Dr Persaud invited the panel to find that Miss Idaomi's conduct found proved is not easily remediable and invited the panel to bear in mind that she has denied the allegations.

Dr Persaud submitted that, irrespective of the conclusion of the panel with regards to public protection, there must, in this case be a finding on impairment on the public interest grounds. Dr Persaud submitted that a member of the public, knowing the seriousness of the conduct demonstrated by Miss Idaomi would be surprised and concerned that such a finding was not made on this ground. Dr Persaud further submitted that Ms Idaomi's actions are so serious that public confidence in the professions, and standards expected of nurses would be severely undermined.

Dr Persaud submitted with regards to repetition, that the charges related to clinical failings are remediable however Miss Idaomi has demonstrated a lack of insight into the gravity of her actions and or omissions in the delivery of patient care; She has not provided the panel with any evidence of remediation.

Dr Persaud submitted that Miss Idaomi has not offered any insight or remorse into the allegations, nor is there evidence before the panel that she has made any effort to remediate her practice. Dr Persaud submitted that Miss Idaomi has engaged and but has not attended this hearing, and has not seen fit to provide a reflective statement on her actions and whether she has had any insight on these actions on the profession.

Dr Persaud submitted that Miss Idaomi was involved in a number of incidents over a prolonged period of time which could be considered indicative of a very high risk of repetition.

Dr Persaud submitted that the misconduct is serious particularly in the light of the potential patient safety risks, manhandling/rough handling of vulnerable patients, not responding immediately to the emergency buzzer and the gravity of the racial comments she has made to both her colleagues and references to residents.

Dr Persaud invited the panel to consider that if it made no finding of impairment whether that is compatible with its role as a guardian of public protection having regard to the NMC guidance.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), *General Medical Council v Meadow* [2007] QB 462 (Admin). *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin), *Cohen v GMC* [2008] EWHC 581 (Admin) *Yeong V GMC* [2009] EWHC 1923 (Admin), *R. (Remedy UK Ltd) v GMC*. [2010] EWHC 1245 and the NMC Guidance *Impairment* Reference DMA-1, last updated 3 March 2025 and *Misconduct* Reference FTP-2a, last updated 6 May 2025.

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 Miss Idaomi's actions did fall significantly short of the standards expected of a registered nurse, and that Miss Idaomi'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

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay

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

2.3 encourage and empower people to share decisions about their treatment and care

2.4 respect the level to which people receiving care want to be involved in decisions about their own health, wellbeing and care

2.5 respect, support and document a person's right to accept or refuse care and treatment

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:

3.4 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:

4.1 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

7 Communicate clearly

To achieve this, you must:

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

8 Work cooperatively

To achieve this, you must:

8.1 *respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate*

8.2 *maintain effective communication with colleagues*

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

8.6 *share information to identify and reduce risk*

9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

To achieve this, you must:

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*

15 Always offer help if an emergency arises in your practice setting or anywhere else

To achieve this, you must:

15.2 *arrange, wherever possible, for emergency care to be accessed and provided promptly*

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*

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*

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*

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

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

20.10 *use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times*

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

To achieve this, you must:

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, after careful consideration of each charge found proved, the panel was of the view that the majority of the charges found proved amounted to a very serious breach of the Code.

The panel was of the view that addressing colleagues in relation to possible wrongdoing in the course of their job is something that should be dealt with privately and not discussed in front of other colleagues. The panel considered that a registered nurse is expected to behave in a way that positively influences others and does not include using language/making comments intentionally to cause hurt,

belittle or embarrass, nor does it include passing judgement on or expressing negative personal beliefs about colleagues to peers/fellow colleagues. The panel considered that Miss Idaomi's comments did not constitute constructive feedback but were unkind and unprofessional both in content and manner stated and therefore amount to misconduct.

The panel was of the view that accusing a fellow colleague of being racist and a '*bigot*', particularly given the cultural and sociopolitical context as detailed by Witness 3 at the time Miss Idaomi made these accusations, was a use of dangerous language. The panel also took the view that Miss Idaomi was not acting in good faith but that her accusation was a deliberate act to cause emotional harm to a colleague. The panel was of the view that this amounts to misconduct.

The panel found that raising issues in a loud manner or by shouting in front of residents and colleagues and making accusatory comments about colleagues is unprofessional and affects the emotional wellbeing of colleagues, and possibly resident also. The panel considered this to be misconduct. The panel found that Miss Idaomi failed to deal with professional differences of opinion in a respectful way.

The panel also found that making derogatory comments to colleagues regarding the physical appearance and mannerisms of Colleague S, a member of management, to be disrespectful and unprofessional and amounting to misconduct. The panel considered that a registered nurse should be a role model and set examples of good practice to all colleagues and this includes being respectful of other colleagues including members of management. The panel found that making such derogatory comments undermines the management of and safety structure in which staff operate and amounts to misconduct.

Regarding Miss Idaomi's raised voice at a resident's family member, the panel was of the view that a registered nurse must maintain professionalism at all times when dealing with residents and their families. The panel considered that it is never appropriate for a registered nurse to argue or raise one's voice when talking to relatives who are often anxious and concerned about loved ones. The panel was of the view that a registered nurse must be professional and compassionate when

dealing with and communicating with residents' family members. The panel also took the view that a registered nurse raising their voice at a family member would evoke concern from family members as to the wellbeing and care of residents. The panel was of the view that these actions amount to misconduct.

The panel considered that speaking to residents in an inappropriate manner and using words to the effect of '*zip it*' and '*you're like a big baby*' amounts to misconduct. The panel took the view that, in speaking to residents in an inappropriate manner, Miss Idaomi did not treat residents with kindness, respect or compassion and failed to preserve their dignity therefore constituting a violation of a core aspect of nursing. The panel considered that a nurse's duty is to maintain residents' safety and comfort, however Miss Idaomi belittled and degraded residents. The panel further noted that Resident H, and many other residents in the Home, were frail and dependent on Miss Idaomi to care for them and be kind and compassionate. The panel found that to speak to residents in such a demeaning way is serious misconduct.

The panel took the view that throwing water on a resident, even if a resident aggravated or instigated the situation, is not appropriate behaviour for a registered nurse and amounts to misconduct. The panel considered that such a response is not expected of a registered nurse and that Miss Idaomi took advantage of her position in the home and the resident's vulnerability. The panel was of the view that a nurse's role is to care for and make people comfortable and that the act of throwing water on a resident is a hostile act. Furthermore, the panel considered that a relative of a resident would be shocked to learn of such an action performed by a registered nurse.

The panel took the view that manhandling, pulling, yanking, inappropriately wrapping arms around the neck of and placing residents into a headlock amounts unequivocally to serious misconduct. The panel considered that these actions breach the fundamentals of nursing care and residents were not treated respectfully nor in a safe and caring manner. The panel considered that the residents at the Home were elderly and frail and that manhandling and yanking them is a form of abuse. The panel considered that Miss Idaomi was entrusted to look after the

resident in a kind and caring manner, and that members of the public would be appalled to learn that residents were treated in this way. The panel also considered that nurses need to be particularly mindful when approaching residents with dementia (such as Resident K) and that when conducting a covid test on a resident with dementia, Miss Idaomi could have explained the procedure and carried it out in a kind and dignified manner. The panel noted that Resident K was reported by others to be struggling to breathe and let out a scream when Miss Idaomi, whilst conducting a Covid test, inappropriately wrapped her arm around their neck and placed them into a headlock and/or pressed Resident K's head into her stomach. The panel took the view that this indicates that Resident K was emotionally disturbed or in pain during the incident and this was indicative of possible harm being caused. The panel took the view that this is serious misconduct and Miss Idaomi's behaviour compromised Resident K's human rights and specifically the right to be treated with dignity.

The panel considered that justifying throwing water at a resident by stating: '*That is an African woman's way of things.*' is both demeaning to African women/nurses and is not a justification for such actions and therefore amounts to misconduct. The panel noted that Miss Idaomi has been a registered nurse since 2010 and should have known not to behave in such a manner or give such a justification. The panel was of the view that Miss Idaomi should have focussed on a registered nurse's way of doing things.

The panel took the view that any mention of racial profiling is serious misconduct. That doing so devalues people and makes them feel excluded, marginalised and seriously impacts professional relationships. The panel bore in mind Witness 4's comment that Miss Idaomi "*spoke to them [colleagues of the same race as Miss Idaomi] and not me*" and Colleague K's comment "*I don't know what I've done*" when informed that Miss Idaomi has stated she did not want to work with him whilst using a derogatory comment regarding nationality and race. The panel considered that such racial profiling is not appropriate in the nursing profession and contradicts people's right to be treated equally and violates their inherent dignity. The panel considered such racial profiling to cause distress and upset and noted that colleagues questioned why racial profiling was occurring.

The panel took the view that using the '*white bastard*' is offensive, racially motivated and constitutes serious misconduct. The panel noted that Miss Idaomi repeated this term often. The panel was of the view that this also demonstrates a deep-seated attitudinal issue.

However, the panel found that the action of kissing one's teeth at others is a cultural act that is open to interpretation and is a way of expressing annoyance and therefore found that charges 9b) and 11b) are not sufficiently serious to amount to misconduct.

The panel took the view that not responding to an emergency buzzer could result in a resident being harmed and constitutes serious misconduct. The panel took into account that an HCA was not allowed to move a resident who had fallen until the resident had been examined by a registered nurse. The panel therefore found Miss Idaomi's failure to respond immediately to the emergency buzzer neglectful and put patients at risk of harm. The panel took the view that delaying emergency help without good reason puts residents at serious risk of harm due to the many possible reasons available for the initial fall that has occurred and subsequent injuries that could have been sustained.

The panel considered that ignoring colleagues (and in this case junior colleagues who are HCAs) who are seeking support, and wish to discuss residents and their care, puts patient at risk of harm, and amounts to misconduct. The panel took the view that those in an HCA role approaching a registered nurse for support whilst on duty should expect to find a registered nurse who is approachable and responsive to concerns raised by an HCA. The panel also considered that ignoring colleagues in this situation constitutes bullying and is degrading. The panel also was of the view that nurses should be working collegiately with colleagues, including HCAs, and in the best interests of the residents. The panel concluded that to be in a position of power and knowledge and ignore colleagues puts residents at risk.

The panel found that the majority Miss Idaomi'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, Miss Idaomi's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 3 March 2025, 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. To justify that trust, nurses must be honest and open and act with integrity. 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. In 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.'

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*

The panel finds that patients/residents were put at risk and were caused emotional harm, and potentially physical harm, as a result of Miss Idaomi's misconduct. Miss Idaomi's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel considered that actions involving inappropriate communication about and/or to colleagues, residents and family members can be remediated. The panel was of the view that a nurse can learn how to change the manner in which they communicate with people and to be more empathetic. The panel was of the view that it is possible to gain insight into the effect of one's communication on others and, through remediation, learn to communicate in a kind and caring manner.

The panel considered that actions which put residents at risk of harm are harder to remediate in this case as Miss Idaomi had been practising as a registered nurse for a significant period of time, involving decades. The panel considered that, whilst clinical practice can be remediated through learning, in this case the actions were often attitudinal and therefore much harder to remediate as Miss Idaomi thought it acceptable to treat patients in a manner that puts them at risk of harm.

The panel was satisfied that some of the misconduct in this case is capable of being addressed. The panel also took the view that, whilst harder to remediate, some concerns around harm may be remediated. The panel considered that some of the actions which are attitudinal, for example chatting whilst an emergency buzzer is sounding and bragging about throwing water on a resident, are harder to remediate.

Therefore, the panel carefully considered the evidence before it in determining whether or not Miss Idaomi has taken steps to strengthen her practice. The panel took into account the courses that Miss Idaomi has undertaken and that some of these potentially relate to some of the charges found proved. However, the panel was of the view that there is nothing before it to suggest or evidence whether learning from these courses has been incorporated into Miss Idaomi's practice and therefore there is nothing before the panel to demonstrate strengthened practice.

The panel carefully considered whether the misconduct in this case regarding race is capable of being addressed. The panel was of the view that the misconduct regarding race did not constitute one singular comment or action. The panel noted that Miss Idaomi's actions involved many references to race, much discriminatory behaviour and denotes a deep-seated attitudinal issue and is therefore very difficult in these circumstances to address. The panel bore in mind that Miss Idaomi had to be told by management not to separate black and white staff. The panel also noted that none of the courses undertaken relate to race, and no reflections have been provided by Miss Idaomi. The panel considered that, due to the number of occasions Miss Idaomi demonstrated racially motivated behaviour and a failure to demonstrate understanding of or insight into actions, it is not remediable.

The panel is of the view that there is a risk of repetition based on the nature of some of the misconduct and the lack of evidence before it to show Miss Idaomi's behaviour or conduct has been addressed. The panel only has before it in this regard Miss Idaomi's denial. The panel noted that Miss Idaomi has not admitted to any of the charges, has provided no reflective statements, and has not demonstrated insight. The panel also bore in mind evidence that Miss Idaomi stated that she had good relationships with staff thus, the panel considered, showing further lack of awareness and insight. The panel also took into account that there are no testimonials before it indicating Miss Idaomi is safe to practise. 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 determined that a finding of impairment on public interest grounds is required because (and paying particular regard to the case of Yeong) such a breach of the fundamental tenets of the profession, for example by manhandling residents calling residents and family members '*white bastards*' and telling a resident to '*get up off the floor*' whilst calling them a '*big baby*', would leave members of the public shocked.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Miss Idaomi's fitness to practise impaired on the grounds of public interest.

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

Sanction

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

Dr Persaud submitted that this is a case of serious misconduct and invited the panel to impose a striking-off order.

Dr Persaud submitted that these were the aggravating features:

- Miss Idaomi has not engaged in the hearing
- Abuse of position and trust
- Causing physical, emotional and psychological harm to vulnerable service users/staff members
- Subjecting vulnerable service users to abuse and bullying sometimes directed through colleagues
- A pattern of misconduct and use of abusive and discriminatory language
- Abusive behaviour and bullying linked directly to work/clinical practice
- Attitudinal and behaviour concerns
- Deep seated personality concerns
- Lack of remediation, remorse or insight into concerns
- No provision of a reflective statement
- No references from colleagues or employers
- No evidence of remorse or insight, and attempts to address to prevent a recurrence

- No evidence of good practice such as training courses which Miss Idaomi had attended to remediate her practice.

Dr Persaud submitted that there are no mitigating features in this case.

Dr Persaud invited the panel to impose a striking off order as the regulatory concerns include serious abuse of vulnerable patients, racial profiling, which is serious misconduct and actions that involved many references to race much discriminatory behaviour which denotes a deep – seated attitudinal issue and is therefore very difficult to address.

Dr Persaud further submitted that Miss Idaomi's actions of bullying her colleagues by shouting and belittling them and making discriminatory comments are fundamentally incompatible with continued registration.

Dr Persaud submitted that Miss Idaomi has not accepted the seriousness of the concerns, and that her actions raise fundamental concerns of trustworthiness.

Dr Persaud referred the panel to NMC Guidance *Sanctions for particularly serious cases* Reference SAN -2, last updated 6 May 2025, and particularly the section titled *Abuse or neglect of children and vulnerable people*:

'When considering sanctions in cases involving the abuse or neglect of children or vulnerable adults, panels will, as always, start by considering the least severe sanction first and move upwards until they find the appropriate outcome. However, as these behaviours can have particularly severe impact on public confidence, a professional ability to uphold the standards and values set out in the code and safety of those who use the services, any nurse midwife or nursing associate who is found to have behaved in this way will be at risk of being removed from the register. If the panel decides to impose a less severe sanction, they will need to make sure they explain the reasons for their decision carefully. This will allow people who have not heard all the evidence in the case, which may include those directly affected by the conduct in question, to properly understand the decision.'

And also the section *Cases relating to discrimination* which states:

'We need to take restrictive regulatory action against nurses, midwives or nursing associates who've been found to display discriminatory views and behaviours and haven't demonstrated comprehensive insight, remorse and strengthened practice, which addresses the concerns at an early stage.

If a nurse, midwife or nursing associate denies the problem or fails to engage with the fitness to practice process, it's more likely that a significant sanction, such as removal from the register, will be necessary to maintain public trust and confidents.'

In conclusion, Dr Persaud submitted that this is a case of serious misconduct and invited the panel to make a striking-off order.

Decision and reasons on sanction

Having found Miss Idaomi'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:

- Abuse of a position of trust and seniority
- Lack of insight into failings
- A pattern of misconduct over a period of time
- Conduct which put people receiving care at risk of suffering harm

- Findings which involve a broad range of concerns including racism, speaking to colleagues and residents in a derogatory manner, and intimidation of both residents and colleagues
- Deep-seated attitudinal issues.

The panel considered carefully the NMC Guidance *Factors to consider before deciding on sanctions* Reference SAN-1, last updated 2 December 2024, specifically:

‘If the allegations relate to deep-seated attitudinal concerns, such as displaying discriminatory views and behaviours that the nurse, midwife or nursing associate hasn’t fully addressed, the absence of a fitness to practise history is unlikely to be relevant to a panel when considering sanction...

Sometimes, the nurse, midwife or nursing associate’s conduct may be so serious that it is fundamentally incompatible with continuing to be a registered professional. If this is the case, the fact that the nurse, midwife or nursing associate does not have any fitness to practise history cannot change the fact that what they have done cannot sit with them remaining on our register.’

The panel therefore found there to be no mitigating features present in this case.

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, an order that does not restrict Miss Idaomi’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 Idaomi’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 Idaomi's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining as the majority of issues pertain to professionalism, attitudinal concerns and putting patients at risk of harm. Furthermore, the panel concluded that the placing of conditions on Miss Idaomi's registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The panel considered that a suspension order would not protect the public. The also bore in mind that Miss Idaomi has not engaged in the hearing and denies all charges as shown in the investigation. The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse and not consisting of a single incident of misconduct. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Miss Idaomi's actions is fundamentally incompatible with Miss Idaomi remaining on the register. The panel also were not confident that Miss Idaomi's practice would sufficiently change as a result of a suspension order or be demonstrable at the end of a period of suspension.

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?*

The panel also had regard to the NMC Guidance *Sanctions for particularly serious cases*, Reference SAN-2, last updated 6 May 2025 and the section titled *Cases relating to discrimination*, specifically:

‘We may need to take restrictive regulatory action against nurses, midwives or nursing associates who’ve been found to display discriminatory views and behaviours and haven’t demonstrated comprehensive insight, remorse and strengthened practice, which addresses the concerns from an early stage.

If a nurse, midwife or nursing associate denies the problem or fails to engage with the fitness to practise process, it’s more likely that a significant sanction, such as removal from the register, will be necessary to maintain public trust and confidence.’

The panel considered Miss Idaomi’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 Miss Idaomi’s actions were serious and 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 Miss Idaomi’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 Miss Idaomi 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 Miss Idaomi's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Dr Persaud. She submitted that an interim suspension order for a period of 18 months is necessary in order to cover any possible appeal period and to ensure the protection of the public and maintain the public interest.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to cover any possible appeal period, ensure the protection of the public and to maintain public interest.

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

That concludes this determination