Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Monday 9 – Tuesday 10 June 2025

Nursing and Midwifery Council
10 George Street, Edinburgh, EH2 2PF

Name of Registrant:	Susan D Erive	
NMC PIN:	06A0161O	
Part(s) of the register:	Nurses part of the register Sub part 1 RN1: Adult nurse, level 1 – 10 January 2006	
Relevant Location:	Mid and West Wales	
Type of case:	Misconduct	
Panel members:	Anthony Mole Colin Allison Angela Horsley	(Chair, Lay member) (Lay member) (Registrant member)
Legal Assessor:	Graeme Dalgleish	
Hearings Coordinator:	John Kennedy	
Facts proved:	Charges 1a, 1b, 1c, 1d, 2, 3a, 3b, and 3c	
Fitness to practise:	Impaired	
Sanction:	**Conditions of practice order (1 year)**	
Interim order:	**Interim conditions of practice order (18 months)**	

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that that the Notice of Meeting had been sent to Mrs Erive's registered email address by secure email on 30 April 2025. She has not responded to the notice.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, and that this meeting will be held on or after 5 June 2025.

In the light of all of the information available, the panel was satisfied that Mrs Erive has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

That you, a registered nurse:

On 1 October 2022:

1. You did not prioritise the needs of Resident A in that you failed to:
    a. Appropriately investigate the cause of Resident A's pain/confusion;
    b. Appropriately treat Resident A;
    c. Escalate Resident A's deterioration/refer them for medical advice;
    d. Act promptly to change/have their catheter changed.

2. Did not manage Resident A's condition appropriately when you pretended to administer a placebo injection.

3. You adopted a poor medication practice in that you:
    a. Inappropriately asked Colleague A/a healthcare assistant, to administer medication to Resident B as:

i. You had dispensed the medication;

ii. Colleague A was not trained to administer medication;

b. Failed to witness the attempted administration of the medication to Resident B;

c. Failed to comply with the Covert Medication Policy in that you asked Colleague A/a healthcare assistant to administer medication to Resident B covertly.

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

Background

The charges arose whilst Mrs Erive was employed as a registered nurse by Silver Crest Group at Cwrt Enfys Care Home (the Home). The allegations relate to October 2022 and failings in catheter care and escalating a deterioration in residents. There are additional concerns about medication administration practices.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the written representations made by the NMC.

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 had regard to the written statements of the following witnesses on behalf of the NMC:

- Witness 1: Deputy Manager at the Home

- Witness 2: Home Manager at the Home
- Witness 3: Unit Manager at the Home

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

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

Charge 1a

"On 1 October 2022:
1. You did not prioritise the needs of Resident A in that you failed to:
a. Appropriately investigate the cause of Resident A's pain/confusion;"

This charge is found proved.

In reaching this decision, the panel had sight of Mrs Erive's job description and nurse rota which outlined she was the registered nurse on a shift at the home at the time of the incident. She therefore had a responsibility and a duty to appropriately prioritise safe care to residents when they were in pain or at risk of suffering harm. The panel had sight of the Home's 'Catheter Care Policy and Procedure' which sets out the policy for assessing any care issues with a resident's catheter that Mrs Erive would have been expected to follow.

The panel took into account the local investigation interview notes with Witness 1 and Mrs Erive where she stated that on the morning she noticed that Resident A was in pain and initially administered pain relief medication to see if that assisted them. Mrs Erive then also carried out an assessment on Resident A's abdomen, palpating it, and assessed the catheter site to check if it was kinked. She determined that while it was not draining a lot, less than 100[ml] in the bag, the catheter was not kinked. However, Mrs Erive did not then carry out an appropriate assessment to see if the catheter was blocked or bypassing.

The panel also took into account that Witness 3 took over from Mrs Erive at the conclusion of her shift and responsibility for Resident A, Witness 3 a short time after taking over

checked the catheter of Resident A noting it was blocked and re-catheterised Resident A. This action conducted by Witness 3 alleviated Resident A's pain and discomfort.

Witness 1 stated that:

> *'Mrs Erive is also correct by saying that a catheter should not be changed without first, establishing if it is blocked, and secondly carrying out checks to ensure potential other causes of reduced output (such as kinks in the tubing or reduced urine output) have been eliminated. However, waiting a further seven or eight hours to establish this is not acceptable practice, as within one hour it would have been evident that the catheter was not draining and action should have been taken to resolve the situation. Resident A drank well and the team reported that despite feeling unwell and vomiting it would have been expected for him to pass at least 50 to 100mls of urine per hour. During this time Resident A would have experienced pain, discomfort, risk of infection and bypassing of the catheter would be a likely consequence.'*

The panel accepted Witness 1's evidence as credible and reliable. It therefore concluded that while Mrs Erive did carry out some investigations and assessment into the cause of Resident A's pain/confusion she did not prioritise the needs of Resident A nor carry out an appropriate assessment. This was due to the fact that Resident A had a catheter in place and Mrs Erive did not investigate if it was blocked, despite the Home's policy to do so.

Therefore, this charge is found proved.

Charges 1b, 1c, and 1d

> On 1 October 2022:
> 1. You did not prioritise the needs of Resident A in that you failed to:
> b. Appropriately treat Resident A;
> c. Escalate Resident A's deterioration/refer them for medical advice;
> d. Act promptly to change/have their catheter changed.

These charges are found proved.

The panel considered these subcharges together as they relate to the same incident and are linked to the same chain of events.

The panel noted that as a result of Mrs Erive's failure to appropriately investigate and assess the cause of Resident A's pain/confusion she therefore further failed to prioritise and appropriately treat Resident A, did not escalate the deterioration of Resident A, and failed to promptly change their catheter.

The panel noted the local investigation interview, the Home's 'Catheter Care Policy and Procedure', and the statement of Witness 1. It concluded that because Mrs Erive had not fully assessed Resident A and noted that their catheter was blocked she did not carry out the appropriate treatment; which would have been to replace their catheter. She failed to appropriately escalate the concerns following her limited assessment which missed the main cause of concern. Mrs Erive did not act promptly in having the resident's catheter changed as it was only around seven or eight hours later that the blockage was identified and the catheter changed by the nurse who took over from Mrs Erive at the end of her shift.

Therefore, the panel concluded that these subcharges are all found proved.

Charge 2

> On 1 October 2022:
> 2. Did not manage Resident A's condition appropriately when you pretended to administer a placebo injection.

This charge is found proved

The panel took account of the local disciplinary hearing dated 7 November 2022 and Mrs Erive's account in the interview. That account records that she stated that she had pretended to give Resident A an injection to create a placebo effect, but that the syringe did not have a needle attached. The panel took into account Mrs Erive's admission which appeared to be supported by the comments she is recorded of having made to Colleague A.

The panel also had sight of the Home's Administration of Medicines Policy and Procedure which confirmed that this was not an accepted practice or policy of the Home and was not something that Mrs Erive should have done.

The panel therefore found this charge proved.

Charge 3a

On 1 October 2022:

3. You adopted a poor medication practice in that you:
    a. Inappropriately asked Colleague A/a healthcare assistant, to administer medication to Resident B as:
        i. You had dispensed the medication;
        ii. Colleague A was not trained to administer medication;

This charge is found proved

The panel considered the statement of Witness 2, the local investigation interview notes, and the local statement from Colleague A in reaching its decision.

The panel noted that Colleague A stated Mrs Erive asked them to administer the medication to Resident B and handed them a pot of medication that had been dispensed. Witness 2 stated that as Mrs Erive was the registered nurse and shift lead, she would have known Colleague A was not qualified to administer the medication. At her local investigation interview Mrs Erive confirmed that she had requested Colleague A to administer the medication themselves when she knew Colleague A was not qualified to do so.

The panel therefore considered that this charge is found proved.

Charge 3b

On 1 October 2022:

3. You adopted a poor medication practice in that you:

b. Failed to witness the attempted administration of the medication to Resident B;

This charge is found proved

The panel noted its findings above at charge 3a, and that in the same statements Colleague A stated that Mrs Erive did not witness them attempting to administer the medication. The panel noted that this is consistent with the finding that Mrs Erive had inappropriately asked Colleague A to administer the medication, and with her account of events given at the employer's local investigation in October 2022. This was also a breach of the Home's Medication policy.

The panel therefore found this charge proved.

Charge 3c

On 1 October 2022:

3. You adopted a poor medication practice in that you:

c. Failed to comply with the Covert Medication Policy in that you asked Colleague A/a healthcare assistant to administer medication to Resident B Covertly.

This charge is found proved

In considering this charge the panel had sight of the Home's Covert Medication Policy and the local investigation interview notes from Mrs Erive's interview.

The panel noted that in the local investigation Mrs Erive admitted to giving Resident B medication in a drink, and asked a carer to give this medication covertly to the resident, while being aware this was outwith the Home's policy for administering medication.

The panel took into account Mrs Erive's explanation in the local investigation that she had covertly administered the medication when she knew a covert medication authorisation was not in place for Resident B.

Therefore the panel found this charge proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mrs Erive's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Mrs Erive's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

The NMC 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.

The NMC identified the specific, relevant standards where it submitted Mrs Erive's actions amounted to misconduct including breaching numerous aspects of the Code and the fundamental tenets of the nursing profession.

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), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This includes the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC invited the panel to find Mrs Erive's fitness to practise impaired on the grounds of public protection and public interest. The NMC submitted that Mrs Erive's actions involved a number of errors which caused a real risk of significant harm to patients and that as she has not done any training or strengthening of practise since the incidents there remains a risk of repetition.

Decision and reasons on misconduct

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

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

> ***'1. Treat people as individuals and uphold their dignity***
> *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***

2.1 *work in partnership with people to make sure you deliver care effectively*
2.6 *recognise when people are anxious or in distress and respond compassionately and politely*

3 *Make sure that people's physical, social and psychological needs are assessed and responded to*
3.1 *pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages*

4 Act in the best interests of people at all times

11. Be accountable for your decisions to delegate tasks and duties to other people
11.1 only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions
11.2 make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care
11.3 confirm that the outcome of any task you have delegated to someone else meets the required standard

13. Recognise and work within the limits of your competence
13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care
13.2 make a timely referral to another practitioner when any action, care or treatment is required

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

20. Uphold the reputation of your profession at all times
20.1 keep to and uphold the standards and values set out in the Code.'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, Mrs Erive failed to protect patients, breached policies, and failed to

act at the level expected of a registered nurse. Her actions were serious departures from core, safe, and effective nursing practice. She knew what she should have done but failed to do so.

The panel found that Mrs Erive's actions did fall seriously short of the conduct and standards expected of a nurse, breached the fundamental tenets of the nursing profession and amounted to misconduct.

Decision and reasons on impairment

The panel then considered if, as a result of the misconduct, Mrs Erive's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, paragraphs 74 and 76 of the case of *CHRE v NMC and Grant* and the test set out therein.

The panel finds that patients were put at risk and were caused physical harm as a result of Mrs Erive's misconduct. The panel considered that there was real risk of significant harm being caused to residents as a result of Mrs Erive's actions, and her failure to properly complete assessments and follow the Home's procedures. The panel considered that the first three limbs of the test in *CHRE v NMC and Grant* are engaged in this case. Mrs Erive's misconduct had breached the fundamental tenets of the nursing profession as her actions lacked professionalism, caused harm and distress to residents. She therefore brought the profession into disrepute and failed to maintain and uphold professional standards.

Regarding insight, the panel considered that despite some initial insight at a local level, including partial admissions, there has been no engagement from Mrs Erive with the NMC in regard to this meeting. The panel noted that there is no evidence of Mrs Erive undertaking training courses since the incident and there is no other evidence of her strengthening her practice or demonstrating developed insight and remorse. Therefore, the panel concluded that there is limited insight and there remains a real risk of repetition.

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 Mrs Erive has breached the fundamental tenets of the nursing profession and has been found to put patients at unwarranted risk of harm.

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

Sanction

The panel has considered this case very carefully and has decided to make a conditions of practice order for a period of one year. The effect of this order is that Mrs Erive's name on the NMC register will show that she is subject to a conditions of practice order and anyone who enquires about her registration will be informed of this order.

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.

Representations on sanction

The panel noted that in the Notice of Meeting, the NMC had advised Mrs Erive that it would seek the imposition of a conditions of practice order for two years if it found Mrs Erive's fitness to practise currently impaired.

Decision and reasons on sanction

Having found Mrs Erive'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:

- Conduct involving particularly vulnerable residents
- Repeated incidents, albeit on the same shift
- Potential for serious harm
- Working in an experienced leadership role and position of authority and trust at the time

The panel also took into account the following mitigating features:

- Early admissions at a local investigation
- Personal circumstances
- Limited insight

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

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

inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

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

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential … to respond positively to retraining;*
- *…*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

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

The panel had regard to the fact that these incidents happened on a single shift in 2022 and that, other than these incidents, Mrs Erive has had a career of around 40 years as a nurse. The panel had regard to the fact that there are no attitudinal concerns identified, and that at the time of the incidents Mrs Erive had significant adverse personal circumstances. The panel was of the view that it was in the public interest that, with appropriate safeguards and further training, Mrs Erive should be able to return to practise as a nurse.

Balancing all of these factors, the panel determined that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be disproportionate and would not be a reasonable response in the circumstances of this case as there are significant contextual factors at the time of the incidents, which occurred on a single shift. Given the lack of attitudinal concerns it is possible to identify key areas of further training which would allow Mrs Erive to return to practise.

However, the panel did consider that there has been no engagement from Mrs Erive with the NMC for a significant period of time and that a prolonged period of a conditions of practise order would have limited value. The panel concluded that at this time a conditions of practise order would mark the seriousness of the concerns and allow Mrs Erive an opportunity to engage with the NMC regarding her future intentions with returning to unrestricted practise, whilst meantime protecting the public.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession, and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.

The panel determined that the following conditions are appropriate and proportionate in this case:

> ‘For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.
>
> 1. You must limit your work to one substantive employer, this cannot be an agency or include working bank shifts.
>
> 2. You must not be the nurse in charge of any shift.
>
> 3. You must ensure that you are supervised at all times on a shift you are working, but not always directly supervised, by a registered nurse of Band 6 or above.

4. You must make and keep a personal development plan which focuses on:
    a) Catheter care
    b) Escalating deteriorating patients
    c) Delegating tasks including medication administration
    d) Covert medication administration

5. You must meet with your line manager, or a nurse of band 6 or above, monthly to discuss your personal development plan.

6. You must keep us informed about anywhere you are working by:
    a) Telling your case officer within seven days of accepting or leaving any employment.
    b) Giving your case officer your employer's contact details.

7. You must keep us informed about anywhere you are studying by:
    a) Telling your case officer within seven days of accepting any course of study.
    b) Giving your case officer the name and contact details of the organisation offering that course of study.

8. You must immediately give a copy of these conditions to:
    a) Any organisation or person you work for.
    b) Any employers you apply to for work (at the time of application).
    c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

9. You must tell your case officer, within seven days of your becoming aware of:
    a) Any clinical incident you are involved in.

b) Any investigation started against you.
c) Any disciplinary proceedings taken against you.

10. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
    a) Any current or future employer.
    b) Any educational establishment.
    c) Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for one year.

Before the end of the period of the order, a panel will hold a review hearing to see how well Mrs Erive has complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Your attendance and engagement with the NMC
- Evidence of your compliance with the conditions of practise order
- A reflective account, using a recognised method, to demonstrate your insight.
- A statement of your intention to return to practise in the future.

This will be confirmed to Mrs Erive in writing.

Interim order

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

Erive's own interests until the conditions of practice sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC that an interim order is necessary on the grounds of public protection and otherwise in the public interest to cover any potential appeal period.

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 the only suitable interim order would be that of a conditions of practice order, as to do otherwise would be incompatible with its earlier findings. The conditions for the interim order will be the same as those detailed in the substantive order for a period of 18 months, to allow for the possibility of an appeal to be made and determined.

If no appeal is made, then the interim conditions of practice order will be replaced by the substantive conditions of practice order 28 days after Mrs Erive is sent the decision of this hearing in writing.

That concludes this determination.