Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Wednesday, 24 September – Thursday, 25 September 2025

Virtual Meeting

Name of Registrant:	Ms Elizabeth Centeno Carter
NMC PIN:	08A0099W
Part(s) of the register:	Sub part 1 RNA: Adult nurse, level 1 (18 March 2008)
Relevant Location:	University Hospital of Llandough, Penarth
Type of case:	Misconduct
Panel members:	Suzy Ashworth (Chair, lay member) Jennifer Anne Childs (Registrant member) Dino Rovaretti (Lay member)
Legal Assessor:	Gerard Coll
Hearings Coordinator:	Fionnuala Contier-Lawrie
Facts proved:	1ai, 1aii, 1b, 2a, 2b, 2c
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Ms Carter's registered email address by secure email on 8 August 2025.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, date and the fact that this meeting was to be held virtually.

In the light of all of the information available, the panel was satisfied that Ms Carter 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:

1. On or around 8 June 2021 did not manage Patient A's behaviour appropriately in that you:

    a. Bent Patient A's thumb backwards towards his wrist, which was:

        i. An incorrect restraint technique and/or
        ii. Physically abusive

    b. Called Patient A a 'naughty boy' or words to that effect, which was inappropriate

2. On or around 29 September 2021 did not manage Patient B's behaviour appropriately in that you:

a. Forcefully pushed Patient B on to a bed

b. Put your hand over Patient B's face

c. Kicked Patient B in the shin

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

Background

On 4 October 2021 the NMC received a referral from Cardiff & Vale University Health Board ("the Referrer") concerning Ms Carter's fitness to practise. Ms Carter was employed as a Band 5 staff nurse working on an adult medical ward at University Hospital of Llandough ("the hospital") at the time of the incident. Ms Carter had been employed at the hospital since October 2015.

During a shift in June 2021, it is alleged that Ms Carter bent Patient A's thumb back to stop him resisting care and that she called him a *"naughty boy".* During another shift on 29 September 2021, it is alleged that Ms Carter forcefully pushed Patient B onto the bed when providing care to him, held her hand over his face to keep him still and kicked him in the shin.

Decision and reasons on facts

At the outset of the meeting, the panel noted the case management form which stated that Ms Carter has made admissions to charges 1ai, 1aii, 2a, 2b and 2c.

The panel therefore finds charges 1ai, 1aii, 2a, 2b and 2c proved, by way of Ms Carter's admissions.

In reaching its decision on the disputed fact, the panel took into account all the documentary evidence in this case together with the 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 all of the evidence available and particularly the written statements of the following witness on behalf of the NMC:

- Witness 1: Community Support Worker, Neuropsychiatry, Hafan Y Coed

The panel also had regard to Ms Carter's response to the charges in the case management form.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the documentary evidence provided by the NMC.

Charge 1b

''That you, a registered nurse:

1. *On or around 8 June 2021 did not manage Patient A's behaviour appropriately in that you:*

    b. *Called Patient A a 'naughty boy' or words to that effect, which was inappropriate''*

This charge is found proved.

In reaching this decision, the panel took into account the written statement of Witness 1 and Ms Carter's local witness statement.

The panel firstly considered Witness 1's statement in which Witness 1 explains that the following events occurred in relation to charge 1b:

‘*She said to Patient A "You are a very naughty boy trying to hit staff, very naughty"’.*

The panel next considered the ‘’initial assessment form’’ from the local investigation that reports:

‘Elizabeth denies using inappropriate language to the patient and comments that she always aspires to give her patients respect and promotes their dignity’

The panel also took into account Ms Carter’s response in the NMC case management file which states:

‘As [PRIVATE], I don’t curse and say these words’

The panel considered the evidence of Witness 1. The panel determined that Witness 1 gave a coherent and objective statement of the events that she had witnessed and the panel found this to be credible. The panel found that the concern about Ms Carter’s communication was not an isolated occurrence as documentation from internal meetings suggested that there had previously been similar concerns. In all the circumstances the panel found it more likely than not that Ms Carter had said the words alleged or words to that effect.

The panel noted that in response to the charge, Ms Carter denied using inappropriate language to Patient A.

The panel however determined that the words used were inappropriate in the context of a caring hospital environment and that it was derogatory to use these terms towards a vulnerable adult such as Patient A.

Accordingly, the panel found the charge proved in its entirety.

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

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the case of *Roylance v GMC (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.'

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms '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 Ms Carter's actions amounted to misconduct and considered the following provisions of the Code had been breached in this case:

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 Make sure you deliver the fundamentals of care effectively

1.5 respect and uphold people's human rights

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

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

4 Act in the best interests of people at all times

To achieve this, you must:

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

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

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 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

The NMC submitted that the breaches of the Code that amount to misconduct are serious because Ms Carter inappropriately handled both Patient A and Patient B. Further, both of these patients were extremely vulnerable and were unable to express if Ms Carter had hurt them. Her actions were wholly inappropriate and the misconduct placed both Patient A and B at a risk of both physical and psychological harm. The actions involved a serious departure from the standards expected of a registered professional.

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC submitted that the following questions outlined in *Grant,* can be answered in the affirmative in this case:

1. has [Ms Carter] in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or

2. has [Ms Carter] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or

3. has [Ms Carter] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future and/or 4. has [Ms Carter] in the past acted dishonestly and/or is liable to act dishonestly in the future.

The NMC invited the panel to consider whether Ms Carter's misconduct amounts to impairment and to do so the panel would be assisted by the question:

> *''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. Answering this question involves a consideration of both the nature of the concern and the public interest.

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), *Cohen v General Medical Council* EWHC 581 (Admin).

Decision and reasons on misconduct

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

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

1 Treat people as individuals and uphold their dignity
To achieve this, you must:

> 1.3 treat people with kindness, respect and compassion
>
> 1.4 Make sure you deliver the fundamentals of care effectively
>
> 1.5 respect and uphold people's human rights

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

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

4 Act in the best interests of people at all times

To achieve this, you must:

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

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

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 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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However it found that Ms Carter'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, Ms Carter's fitness to practise is currently impaired.

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

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

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

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. 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/their fitness to practise is impaired in the sense that S/He/They:*
>
> *a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> *b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> *c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
>
> *d) …’*

The panel was satisfied that Ms Carter’s conduct breached paragraphs a, b and c of the Grant test.

The panel found that patients were put at unwarranted risk of harm, and in fact were likely to have suffered actual harm, as a result of Ms Carter’s misconduct. The panel found that Ms Carter had treated vulnerable patients in a way in which would bring the profession into disrepute and as a result has breached the fundamental tenets of the medical profession.

Regarding insight, the panel considered that there was evidence of some remorse regarding kicking Patient B, however the panel had received nothing further from Ms Carter to show any further insight into her actions. The panel determined that not only was there no evidence of insight or strengthening of practice, Ms Carter had stated in her response to the charges that she continued to believe her actions were appropriate, which further shows lack of insight into the effects of her actions.

The panel determined that there was a high risk of repetition based on the lack of insight and lack of evidence to show Ms Carter had attempted to strengthen her practice. The panel therefore decided that a finding of impairment of fitness to practise 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 public confidence in the profession would be undermined if a finding of impairment of fitness to practise were not made in this case and therefore also finds Ms Carter's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Ms Carter'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 Ms Carter off the register. The effect of this order is that the NMC register will show that Ms Carter 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.

Representations on sanction

The NMC submitted that the appropriate and proportionate sanction in this case is a Strike-off order.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Ms Carter'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:

- Patients A and B were vulnerable
- Conduct which is likely to have caused harm to patients
- A pattern of misconduct (two separate occasions between June 2021 and September 2021).

The panel found no mitigating features 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, and the public protection issues identified, an order that does not restrict Ms Carter'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 Ms Carter'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 Ms Carter'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. Furthermore, the panel concluded that the placing of conditions on Ms Carter'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 SG states that suspension order may be appropriate where some of the following factors are apparent:

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

The panel found that Ms Carter's misconduct did not fit these criteria.

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

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

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

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?* The panel answered yes;
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?* The panel answered no;
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?* The panel answered yes.

Ms Carter'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 Ms Carter'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 matters it identified, in particular the effect of Ms Carter'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 Ms Carter 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 Ms Carter's own interests until the striking-off 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 it invites the panel to impose an 18 month interim suspension order to be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest. If an interim order were not imposed and Ms Carter lodged an appeal, she would be able to practise unrestricted until the conclusion of the appeal.

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 due to the public protection and public interest.

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

That concludes this determination.