Nursing and Midwifery Council
Fitness to Practise Committee

Restoration Hearing
28 – 29 April 2026
25 August 2026 – 26 August 2026

Virtual Hearing

Name of Applicant:	Charles Kingsley Addai
NMC PIN:	02A1478O
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing – 11 January 2002
Relevant Location:	Lewisham
Panel members:	Alan Greenwood (Chair, Lay member) Margaret Wilkinson (Registrant member) Emily Coffey (Lay member)
Legal Assessor:	Michael Bell (28 – 29 April 2026) Michael Hosford-Tanner (25 – 26 August 2026)
Hearings Coordinator:	Jumu Ahmed (28 – 29 April 2026) Fabbiha Ahmed (25 – 26 August 2026)
Nursing and Midwifery Council:	Represented by Jerome Burch, Case Presenter (28 – 29 April 2026) Represented by Teri Howell, Case Presenter (25 – 26 August 2026)
Facts not proved:	Charge 1 in its entirety (unresolved concerns)
Mr Addai:	Present and represented by Simon Holborn (NMC Watch)
Outcome:	**Application granted with Conditions of Practice Order (12 months)**

Admissibility of unresolved concerns

At the outset of the hearing, Mr Burch, on behalf of the Nursing and Midwifery Council (NMC) informed the panel that the unresolved concerns that go back to 2012 which were not dealt with at the time of the initial strike off, are now put forward by the NMC to be dealt with at this hearing.

The schedule of alleged facts is as follows:

> *'That you, whilst employed as a Deputy Home Manager by Care UK, working at Amberley Lodge ("the Home"):*
>
> *1. Between January 2012 and 18 April 2012 did not report the presence and/ or deterioration of Patient A's pressure ulcers to:*
>
> *1.1 The senior management of Care UK;*
>
> *1.2 The Care Quality Commission.'*

Mr Burch referred to the bundle of documents provided in relation to the unresolved concerns. Mr Burch also drew the panel's attention to your written responses to the concerns. He submitted that this is a discrete issue which can be considered by this panel. Mr Burch referred the panel to the NMC Guidance on *'Deciding on applications for restoration'* (APP-2a Last Updated: 19/04/2024) and in particular the section entitled *'Unresolved Concerns'.*

Mr Burch submitted that as the deputy manager at the time, you had the responsibility to report the deterioration of Patient A's pressure ulcers to both the senior management and the Care Quality Commission (CQC). He told the panel that the NMC does not intend to call any witnesses but that the panel had documentary evidence which supports the charge.

Mr Holborn, on your behalf, told the panel that there would not be enough time for the panel to consider the restoration application and to make determinations on the

unresolved concerns. He therefore made an application to postpone the hearing to allow further days to be added to a scheduled time.

Decision and reasons on application to postpone

Mr Holborn told the panel that the primary concern is whether it would be fair to hear this hearing within two days. He said that it would be appropriate for the panel to adjourn the hearing at this stage, considering there is an 'unresolved concern' that needs to be determined before hearing the application on restoration, and to ensure that the hearing is scheduled for four days, and to hear all the evidence together, than to go part-heard.

Mr Burch opposed the application and submitted that the panel should continue with the hearing today.

The panel accepted the advice of the legal assessor.

The panel determined not to adjourn the hearing. In reaching this decision, the panel has considered the submissions from Mr Burch and Mr Holborn. The panel had particular regard to the relevant Rules, the NMC guidance on adjournment and to the overall interests of justice and fairness to all parties.

In reaching this decision, the panel bore in mind the public interest in the expeditious disposal of this matter.

The panel rejected the application to adjourn the hearing. It was of the view that, since the last hearing was adjourned, it would be of benefit to both parties to proceed with the hearing and to make progress. The panel determined that it was possible to proceed without unfairness to you.

Decision and reasons on application to admit two witness statements as well as the reports as hearsay evidence

The panel heard an application made by Mr Burch under Rule 31 to allow the written statement of Francis Gibson (Ms Gibson) and June Ewert (Ms Ewert) as well as their corresponding reports into evidence. He referred the panel to the case of *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin) and the NMC's Guidance on 'Evidence' (Reference: DMA-6, Last Updated 09/06/2025).

Mr Burch submitted these are relevant to the case as they comment on your failure to report the pressure ulcers and provides procedures and policy as to who should be making the reports and where those reports should be forwarded. He told the panel that these were sent to you in October 2025, so you have had advance notice of the NMC relying on these as evidence. Furthermore, he told the panel that when this hearing was scheduled for January 2026, and before that hearing was adjourned, the panel noted this evidence and determined to give you a further opportunity to seek advice and obtain representation. Therefore, he submitted that you have been given an opportunity from January to seek advice on this evidence. He therefore submitted that it would be fair for the panel to admit these as hearsay evidence, and for the panel to attach to that evidence what weight it sees fit.

Mr Holborn told the panel that this was a complex situation and that as you are not a registrant but an applicant, for this matter alone, it was for the NMC to prove its case. He submitted that the witness statements and the reports are sole and decisive, and so it would be unfair to admit the evidence as hearsay. He also submitted that no reasons were given as to why these witnesses are not in attendance to be cross-examined, other than the fact that the NMC decided that they were not required.

Mr Holborn submitted that the allegations date back to 2012 and so in order to get the best evidence we can, the witnesses should have been required to attend for you to be able to challenge that evidence in full.

Mr Holborn further submitted that the charges are serious and have the potential to cause an impact on your career.

For all those reasons, Mr Holborn invited the panel to reject this application to admit the witness statements and the reports as hearsay evidence.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel gave the application in regard to the written statement of Ms Gibson and Ms Ewert as well as their reports serious consideration and considered whether you would be disadvantaged by allowing these as hearsay evidence.

The panel considered that you had been provided with a copy of the witness statements and the reports, and have had an opportunity to seek advice on them when the previous hearing was adjourned in January 2026. The panel noted that the essence of the dispute is, firstly, whether you were under a duty to report the presence and/or deterioration of Patient A's pressure ulcers, and it was your view that it was not your responsibility but that of the home manager to report the ulcers. Secondly, in the absence of the home manager, whether you were responsible to do so.

The panel had regard to *Thorneycroft.* It noted that these are serious charges and could have an impact on your career. It was of the view that it was not clear as to whether the witness statements and reports were sole and decisive. The panel noted that no reasons for nonattendance was provided by the NMC and therefore you will not have the opportunity to cross examine that evidence. However, the panel noted that the charges date back to 2012 and was of the view that the witnesses may not be able to give evidence other than what is in their witness statement. Therefore, the panel considered that you will be able to challenge the evidence even if the witnesses were not in attendance.

In these circumstances, the panel came to the view that it would be fair and relevant to admit the witness statements and the reports as hearsay evidence, but would give what

it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Details of charge

That you, whilst employed as a Deputy Home Manager by Care UK, working at Amberley Lodge ("the Home"):

1. Between January 2012 and 18 April 2012 did not report the presence and/ or deterioration of Patient A's pressure ulcers to:

    1.1 The senior management of Care UK;
    1.2 The Care Quality Commission.

Case Summary

'The Deceased [Patient A] *was assessed in Norfolk on 20/12/11 by the nurses from Amberley Lodge. On 30/12/11, she travelled by stretcher in an ambulance from Norfolk to Surrey with her husband, for admission to Amberley Lodge.*

She was assessed as having no capacity to make decisions regarding her own care due to dementia. She also had right sided weakness due to a stroke, and leg contractures maintaining her body posture in the foetal position.

On 04/01/12, it was recorded that the Deceased had a blister to her sacrum.

On 31/01/12, the Deceased was admitted to Croydon University Hospital because of abnormal blood results. Her serum sodium level was high, and serum potassium was low. She was discharged home to Amberley Lodge on 14/02/12.

On 19/03/12, the nurse discussed concerns regarding pressure ulcers to the Deceased's sacral area with the GP. This was identified by Charles Addai on 21/03/12 as an open abscess, and a care plan written accordingly.

Tissue viability referrals were made on 03/04/12, and 11/04/12. The Deceased was admitted to Croydon University Hospital on 18/04/12 when it was noted once again that her serum sodium levels were high and serum potassium levels were low. Tissue viability assessment was therefore carried out in hospital after she was admitted.

The sacral wound was assessed as grade 4 in hospital, and a second pressure ulcer identified to her heel.

The Deceased died in hospital on 11/05/12. The cause of death was listed by the coroner as a) sepsis, b) bilateral pneumonia and sacral sore, c) cerebrovascular

disease and dementia, d) small pulmonary thromboembolus. The coroner also concluded that "Death from natural causes contributed to by neglect."

Mrs Zelina Ramdhan and Mr Charles Addai were respectively employed as the manager and deputy manager of Amberley Lodge Nursing Home. The Home was operated by the Care UK Group.

The Deceased's pressure ulcers were not reported to the Care Quality Commission, nor included in the monthly management reports prepared by the Registrants for senior management at Care UK.'

Decision and reasons on application of no case to answer

The panel considered an application from Mr Holborn that there is no case to answer in respect of charge 1.1.1. This application was made under Rule 24(7). He submitted that within the CARE UK's pressure policy, it stated:

'Assuming that the manager was on duty during the Deceased's admission, and Charles Addai was not acting manager, the responsibility for reporting to CARE UK was not his according to the pressure ulcer policy document.

The pressure ulcer was first identified on 04/01/12. It should therefore have been added to the January audit record. It is unclear if Mr Addai was aware that this had not been added to January or February records.'

He submitted that the NMC's evidence, taken at its highest, was not sufficient to find the charges proved and in these circumstances, this charge should not be allowed to remain before the panel.

Mr Burch referred the panel to Ms Gibson's witness statement, she stated:

'22. The Home's Manager and Deputy Manager were also required to report the prevalence of pressure sores in the Home via a monthly manager's report to the

Clinical and Governance team and would also need to discuss all incidents during regular meetings with the Regional Director […]'

Mr Burch also referred the panel to the Homes 'Manager monthly report' dated March 2012 where it had your signature to show that you had completed that report. Mr Burch submitted that this demonstrates that you were the manager at that time in the absence of the home manager. Therefore, you were the manager on duty at that time responsible for reporting the sore to the senior management of Care UK.

Mr Burch submitted that there is sufficient evidence to support the charge.

The panel took account of the submissions made and heard and accepted the advice of the legal assessor who referred to the case of *R v Galbraith* [1981] 1 WLR 1039.

In reaching its decision, the panel has made an initial assessment of all the evidence that had been presented to it at this stage. The panel was solely considering whether sufficient evidence had been presented, such that it could find the facts proved and whether you had a case to answer.

The panel noted that that when the home manager was absent from the home, you were the manager on duty and delegated managerial responsibility and that you were responsible as the registered nurse on shift.

Whilst the Care UK's report states that you were not the acting manager at the relevant time, it noted that you have signed the Home's Manager report which demonstrates that you assumed responsibility of an acting manager.

Therefore, the panel was of the view that there had been sufficient evidence to support the charges at this stage and, as such, it was not prepared, based on the evidence before it, to accede to an application of no case to answer. What weight the panel gives to any evidence remains to be determined at the conclusion of all the evidence.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence and the oral evidence given by you together with the submissions made by Mr Burch and by Mr Holborn.

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 also heard evidence from you under oath.

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

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

Charge 1

That you, whilst employed as a Deputy Home Manager by Care UK, working at Amberley Lodge ("the Home"):

1. Between January 2012 and 18 April 2012 did not report the presence and/ or deterioration of Patient A's pressure ulcers to:

    1.1 The senior management of Care UK;
    1.2 The Care Quality Commission.

This charge is found NOT proved in its entirety.

In reaching this decision, the panel took into account the documentary evidence and your live evidence.

The panel had regard to the policy for all Care UK residential Care services staff dated October 2011. It stated:

> *'4.1 Managing Director Residential Care Services (RCS)*
> *The Managing Director for RCS is responsible for:*
> - *Ensuring procedures exist for accident and incident reporting, recording and investigation.*
> - *Ensuring sufficient resources are available to deal with identified hazards and risks that might lead to accidents, adverse or dangerous incidents.*
>
> *Operational responsibility for implementation is delegated to Operations Director.'*

However, the panel noted that this was a policy about health and safety, which is different to clinical duties.

The panel noted from your live evidence that only the manager of the home has access to a computer and when she was absent, you would have to request a temporary log in and password to gain access. It also took into account your evidence in which you said that you were the deputy manager between January to April 2012, that you were aware of Patient A's ulcers and that you were concerned about Patient A's deteriorating. However, the panel noted that there were many other members of staff taking care of Patient A, including Patient A's GP and the Home's manager. It noted from your evidence that the Home manager was in charge of the administration of the Home and had the overall responsibility, and that you were responsible for specific floors in which you had the responsibility to report to the manager on specific problems. The panel had no other evidence which contradicted the evidence you had provided.

There was support for your evidence from Ms Gibson, Director of Nursing Clinical and Care Governance for Care UK ltd, who said that it was the manager's responsibility when she was present and not that of the deputy manager to report the deterioration of Patient A's ulcers.

The panel was of the view that incident reporting, recording and investigation would fall under the duties of administration of the manager. It noted that only the manager had access to a computer and it would be for them to report incidents, as no one else within the Home would have access to be able to do so.

The alleged concerns within the charge focuses on the period from January 2012 to 18 April 2012.

The panel noted the Care UK's report that at the time of Patient A's admission and during Patient A's deterioration, there was a manager on duty and you were not the acting manager at any time during this period. There was no evidence before it which indicated that the Home Manager was absent from January 2012 to 18 April 2012. Therefore, the panel determined that the responsibility was not on you to report the presence and deterioration of Patient A's ulcers to either the senior management of Care UK or The Care Quality Commission.

The panel therefore did not find charge 1 proved in its entirety.

In conclusion, the unresolved matter as set out on page 2 of the 'unresolved concerns' bundle is unproven and therefore the panel will put it out of mind altogether when considering the application of restoration.

Determination of application for Restoration to the Register

This is a hearing of your second application for restoration to the NMC Register. A panel of the Conduct and Competence Committee directed on 20 July 2017 that your name be removed from the register based on its findings with regard to the facts of your case and your impairment. This application is made by you in accordance with Article 33 of the Nursing and Midwifery Order 2001 ("the Order"), as at least five years have now elapsed since the date of the striking-off order and over one year since the refusal of your first restoration application.

On 14 December 2023, your application for restoration was refused.

At this hearing the panel may reject your application, or it may grant your application unconditionally. It may grant your application subject to your satisfying the requirements of Article 19(3) and it may make a conditions of practice order.

The panel has considered your application for restoration to the Council's Register.

Background

Following a referral to the NMC on 3 January 2013, an interim conditions of practice order was imposed upon you, pending investigation. Between 19 December 2013 and February 2014, when you were employed as a nurse by HC-One Group at Alexandra Care Centre, you failed to disclose to them that you were subject to an interim order. By failing to disclose this information to your employer, you acted dishonestly in that you deliberately concealed this information from them. Furthermore, between 19 December 2013 and 19 June 2014, you were employed as a clinical lead by Amore Care at the Oaks Care Centre, and again, you failed to disclose to them that you were subject to an interim order of conditions of practice. By failing to disclose this information to your employer, you again, acted dishonestly in that you deliberately concealed this information from them.

Between 19 June 2014 and 23 January 2015, whilst employed as a clinical lead at Amore Care at the Oak Care Centre, you failed to disclose to your employers that you were subject to an interim suspension order, and you continued to work in a role requiring nursing registration whilst you were subject to an interim suspension order. Such behaviour was dishonest in that you deliberately concealed your interim suspension order from your employer, and you knew that you were not entitled to work in the role of a registered nurse whilst subject to an interim suspension order. On 8 January 2015, during the course of your substantive hearing before a Conduct and Competence Committee, you told the panel that you were not at that time working in a role that required registration as a nurse. However, you were in fact, working at that

time as a registered nurse and you knew that this was the case. By failing to disclose this information to your regulator, you acted dishonestly in that you concealed this information.

The substantive panel was informed, at the sanction stage, that on a previous occasion you had been suspended by another panel for a period of 4 months following allegations of dishonesty.

The panel at the substantive hearing on 20 July 2017, considered the following charges:

That you, a registered nurse:

1. Between 19 December 2013 and February 2014 whilst employed as a nurse by HC-One Group at Alexander Care Centre failed to disclose to your employer that you were subject to an interim conditions of practice order **[proved by admission]**

2. Between 19 December 2013 and 19 June 2014 whilst employed as a clinical lead by Amore Care at the Oaks Care Centre failed to disclose to your employer that you were subject to an interim conditions of practice order; **[proved by admission]**

3. Were dishonest in your conduct at charge 1 and/or charge 2 in that you knew you were subject to an interim conditions of practice order and intended to conceal this from your employer(s); **[proved by admission]**

4. Between 19 June 2014 and 23 January 2015 whilst employed as a clinical lead by Amore Care at the Oaks Care Centre:

    4.1. Failed to disclose to your employer that you were subject to an interim suspension order; **[proved by admission]**

4.2. Worked in a role requiring registration as a nurse whilst you were subject to an interim suspension order; **[proved by admission]**

5. Were dishonest in your conduct at charge 4.1 in that you knew you were subject to an interim suspension order and intended to conceal this from your employer; **[proved by admission]**

6. Were dishonest in your conduct at charge 4.2 in that you knew you were not entitled to work in a role requiring registration as a nurse; **[proved by admission]**

7. On 8 January 2015 incorrectly told a panel of the Conduct and Competence Committee of the NMC that your role at the Oaks Care Centre did not require you to be a registered nurse; **[proved by admission]**

8. Were dishonest in your conduct at charge 7 in that you:

8.1. Knew that your role at the Oaks Care Centre required you to be a registered nurse; and/or **[proved by admission]**

8.2. Intended to conceal from the NMC that you had been working in a role requiring registration as a nurse whilst you were subject to an interim suspension order; **[proved by admission]**

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

You attended the substantive hearing on 20 July 2017, and you made admissions to all the charges against you. The panel at the substantive hearing found all of the charges proved by admission.

The substantive hearing panel, determined the following with regard to impairment:

‘Regarding insight, the panel acknowledged that you have demonstrated only a limited degree of insight. The panel was concerned by your repeated dishonesty not only to your two separate employers, but also towards your regulator during the hearing in January 2015 which was in part concerned with allegations of your previous dishonesty. Following your submissions, the panel observed that your insight was limited to the effect of your actions on yourself. The panel noted that in your oral submissions, you did not appear to have an understanding of how your behaviour has impacted on the nursing profession, and how it undermines proper standards of conduct and behaviour. The panel was acknowledged your expressions of remorse, but remains concerned that your insight is limited and that you did not demonstrate an understanding of the responsibility upon you to act with honesty and integrity at all times.

Regarding remediation and the likelihood of repetition, the panel bore in mind that the question of remediating dishonesty is always a challenging one. The panel considered that you had not demonstrated the required level of insight into your dishonest behaviour to mitigate the risk of repetition. There remained, therefore, a risk of repetition.

Regarding the risk to the public and the wider public interest, the panel determined that in your case a finding of impairment is necessary, primarily to maintain public confidence in the profession and to declare and uphold proper standards of conduct and behaviour. Honesty is fundamental to the nursing profession, and the public interest is engaged in your case. The panel considered the case of Igwilo [2016] EWHC 524 (Admin) and it considered that in a case such as this, a finding of impairment is required to maintain public confidence in the profession and to uphold proper standards of conduct and behaviour.

In light of the facts as proved and all the evidence adduced at the misconduct and impairment stage at this hearing, the panel determined that your fitness to practise is impaired by reason of your dishonesty on grounds of public interest.’

The substantive panel went on to determine the following with regard to sanction:

‘The panel went on to consider a suspension order. It bore in mind that you have engaged with the NMC process, made early admissions and demonstrated some remorse. However, the panel had to set those factors against the fact that the misconduct in this case is serious. Honesty, integrity and trustworthiness are fundamental tenets of the nursing profession and failings in this regard are a serious matter and undermine public confidence in the profession. Your conduct amounted to a most serious departure from the professional standards set out in the Code.

The panel considered that your actions were deplorable. This is the second occasion that you have appeared before the NMC for dishonesty allegations. On the previous occasion, you were suspended for a period of 4 months.

You continue to describe your actions as “stupid” and “a mistake”. You stated that you are open and honest at all times; yet, you failed to have understood that this case concerns your repeated misconduct by failing to disclose the fact that you were subject to NMC restrictions on your registration to your employers. This deplorable behaviour is compounded by you attending a disciplinary hearing at the NMC, and yet again, failing to be truthful to your regulator. Such behaviour demonstrates a contempt and disrespect for your regulator. It also demonstrates how little an understanding you have of the seriousness of your misconduct. There is little evidence to demonstrate that your failings had been remedied and little evidence of full or any meaningful insight. There is a significant risk of repetition given your repeated dishonest behaviour after the previous proceedings relating to dishonesty. In addition, the panel considered that members of the public would be significantly concerned about a member of the nursing profession being permitted to continue to practise if they were liable to act in this way in the future.

Therefore, the panel concluded that a suspension order would be neither appropriate nor proportionate in this case.

Consequently, the panel moved on to consider the sanction of making a striking off order.

The panel had particular regard to paragraphs 71 and 72 of the ISG.

• "71.1 Is striking off the only sanction which will be sufficient to protect the public interest?"

The panel asked itself the question as to whether public interest would be maintained in allowing a nurse with multiple findings of dishonesty to remain on the register.

• "71.2 Is the seriousness of the case incompatible with on-going registration?"

The panel exercised its judgement and carefully considered all that it has heard during the course of these proceedings. The panel found it of particular concern that your dishonesty was repeated on separate instances. You were dishonest not just to your employers but also to your regulator and the panel, as such, finds that your case is one of the utmost seriousness.

• "71.3 Can public confidence in the profession and the NMC be sustained if the nurse or midwife is not removed from the register?"

• 72 This sanction is likely to be appropriate when the behaviour is fundamentally incompatible with being a registered professional, which may include the following:
• 72.1 Serious departure from the relevant professional standards as set out in key standards, guidance and advice […]
• 72.6 Dishonesty, especially when persistent or covered up
• 72.7 Persistent lack of insight into seriousness of actions or consequences

The panel found that in the light of your persistent dishonesty and notable departure from the relevant standards of your profession, that public confidence

in the profession and the NMC as its regulator could not be sustained with your on-going registration. This panel is concerned by the evidence before it in respect of your pattern of dishonesty. It is the NMC's role as your regulator to maintain and uphold proper standards and to protect the public. This panel found that you have been dishonest in respect of both the proceedings which have brought you before the NMC on two separate occasions and that there is a risk that you could act in the manner criticised again in the future.

In the circumstances the panel concluded that the nature and seriousness of your misconduct is fundamentally incompatible with your continued registration as a nurse. A period of suspension would be insufficient to satisfy the public interest considerations in this case, and that public confidence in the profession and in the NMC as a regulator could only be sustained by your removal from the register.

The panel concluded that, notwithstanding the personal and professional hardship which such a sanction will inevitably cause you, a striking off order is the only sufficient and appropriate sanction. Such an order is necessary to satisfy the public interest in declaring and upholding proper professional standards and maintaining public confidence in the profession and the NMC.

Accordingly, the panel determined to direct the Registrar to strike your name from the Register.'

Submissions and evidence

The panel took into account the documentary evidence produced by you, including the contents of your applicant bundle for restoration which included:

- Training certificates
- A number of references including, from your current line manager and your matron, who both support your application for restoration
- Your reflective piece
- Letters of appreciation from member of the public

- Your action plan and what you would do differently

The panel had regard to the submissions of Ms Howell, on behalf of the NMC, and Mr Holborn, on your behalf. You also gave oral evidence.

Ms Howell outlined the background of the case and the facts that led to the striking-off order. She referred this panel to the previous panel's decision which resulted in your removal from the NMC's register. Ms Howell referred the panel to the test set out in Article 33(5) of the Order.

Mr Holborn submitted that you accept the seriousness of the findings that led to your removal from the NMC Register.

You provided evidence under affirmation.

You told the panel that you now understand the seriousness of your conduct and that you accept the NMC's decision to strike you off the Register.

You told the panel that you are sorry and that you understand the gravity of your dishonesty. You also told the panel that since you have been struck off you have remained working within the healthcare setting and that there have been no concerns regarding your professional practice since then.

You told the panel that you often refer to the NMC Code and that you use Code 13,16,17 and 25 in areas where you have clinical concerns.

You told the panel that you are now a member of the Royal College of Nursing and you have gained insight into dishonesty and you understand that it does not have a place within the nursing profession. Up to the second restoration application you have not had professional advice, support or representation.

You told the panel that at the time that the findings were made against you, you had some financial difficulties, but you are no longer in the same circumstances.

You told the panel that you have a different mindset now and that you see the nursing profession in a different light. You told the panel that you understand being truthful and honest is fundamental to the profession. You told the panel that you are going to be honest and truthful at all times.

Ms Howell asked you, how you think the public would perceive the profession or the regulator if you were to be permitted back on to the Register. You said that since you have been struck off, you have been working without any concerns. You also stated that it has been 11 years since those findings and that you believe this is a considerably long time to go without any concerns.

The panel asked you some follow up questions. It asked you, what you think the impact on your colleagues would be if you were to return back to the workplace. You said that you have been working with your team and there have not been any concerns regarding your honesty. You said that you have been honest throughout and referred to your testimonials. You told the panel that these testimonials are clear examples of your ability to work without concerns.

You were also asked how being struck off makes you feel and what insight that has given you around dishonesty. You told the panel that you let yourself down and the profession down and that you are sorry and upset about what you did. You also said that you have worked on trying to regain trust through continuously working within the health care setting and that if you had chosen to work within a completely different sector it would have been difficult to demonstrate that you have tried to regain public trust within the profession.

Closing Submissions

Ms Howell submitted that your responses were at a surface level and that your insight is not yet fully developed. She submitted that whilst there is a clear remorse, it does not reach that standard that the NMC would expect to be satisfied that you are safe to continue to practice.

Ms Howell submitted that particularly around the element of dishonesty, your insight is not sufficient when weighed against the persistent level of your dishonesty.

Ms Howell submitted that she appreciates that you have glowing testimonials however, she submitted that these references are generic in terms of an overall perception of your capabilities and what you are like to work with. Ms Howell submitted that these references do not go into details involving honesty, integrity and/or your duty of candour.

Ms Howell also submitted that you do not understand the importance of compliance with the NMC Code, which led to the subsequent strike off. She further submitted that there has been no real explanation as to why you were motivated to make those decisions. Ms Howell submitted that your response to what you would do differently was not sufficient to alleviate the concerns or risk of repetition.

Ms Howell submitted that the NMC's position has not changed and it is of the view that you are not capable of demonstrating that you are a safe and effective person to return to the Register.

Mr Holborn submitted that you have made it clear that you understand the mistakes you have made. He submitted that you also disclosed the NMC proceedings against you to every job that you have taken.
Mr Holborn submitted that you have demonstrated a sustained level of insight and that you have accepted that you had been dishonest and you let yourself and the profession down.

Mr Holborn submitted that it has been 11 years since the events and you have worked within the healthcare setting without any concerns. He submitted that your colleagues speak well of you and have been happy to provide testimonials to attest to your character.

Mr Holborn submitted that you have not asked the panel to permit immediate unsupported return to nursing. He submitted that you accept qualification, further training and a structured return is required. He submitted that you accept your dishonesty was serious and was incompatible with remaining on the register at that time.

Mr Holborn invited the panel to consider restoring you to the register with a conditions of practice order.

The legal assessor referred the panel to the test provided in Article 33(5) of the Order. Firstly, you must satisfy the panel that you satisfy the requirements of Article 9(2)(a) (approved qualification and prescribed education, training and experience) and Article 9(2)(b) (capable of safe practice). Secondly, you must satisfy the panel whether, having regard in particular to the circumstances which led to the making of the striking-off order in 2017, you are a "fit and proper person to practise as a registered nurse". The legal assessor advised the panel that it is for you to satisfy the panel of these matters and it is for the panel to use its own independent judgment as to whether it is so satisfied.

The panel accepted the advice of the legal assessor.

Decision on the application for restoration

The panel has considered your application for restoration to the NMC register very carefully. It has decided to allow the application with a conditions of practice order.

In reaching its decision the panel recognised its statutory duty to protect the public as well as maintain public confidence in the reputation of the profession, which includes the declaring and upholding of proper professional standards. The panel bore in mind that the burden was upon you to satisfy it that you are a fit and proper person who is able to practise safely and effectively as a nurse.

The panel noted that your misconduct involved dishonesty which is often more difficult to remediate; albeit not impossible to do so. In this respect, the substantive hearing panel had found your actions to have amounted to serious misconduct.

The panel who heard your earlier application for restoration pointed out that this panel would be assisted by a detailed reflective piece as well as testimonials and references about your work. This panel has concluded that you have provided those documents in accordance with that earlier indication and has taken into account the very helpful and favourable references which you have provided.

In taking account of all the evidence provided for the purpose of this hearing, the panel considered you to have developing insight and that you have resolved to be honest in the future. It noted that no further concerns have arisen since you were struck off.

The panel took into account the training courses you had undertaken that are relevant for nursing. The panel noted that you have continued to work within a clinical environment since the events over 11 years ago and have had no concerns since. The panel also considered the positive testimonials before it attesting to your good character and your ability to return back to the register.

It also noted that you have continued to work within the healthcare environment, progressed in your employment and that you were recognised as the clinical support worker of the year. The panel was satisfied that you have made efforts to keep your knowledge and skills of the profession up to date relevant to being a health care support worker.

The panel considered your oral evidence and were satisfied that you were remorseful and explained what you would do differently in the future. The panel was satisfied that you have developing insight since being struck off.

The panel noted the testimonial from Rebecca Foster, Matron at the Trust where you have worked since 2023, who stated:

‘From my interactions with Charles, I have found him to be open, honest and reflective regarding his previous professional difficulties. He did not seek to minimise or avoid discussion of these matters and was able to articulate the lessons he had learned from them.

Since joining the team, Charles has become a valued and respected member of Acute Medicine. He is very good with patients and consistently demonstrates kindness, compassion and professionalism in his interactions…’

It further considered the testimonial from Katherine Demeter, who worked alongside you for 6 years in Luton and Dunstable Hospital up to about 2023 when you moved to your current employment in Nottingham. She stated:

‘His knowledge and skills are very good he was always supporting our new staff; nursing students and team support them to learn more skills even basic care needs which is the very vital part of nursing care. Charles even goes and beyond his duty, that he helps the team when we are short staff he was always there and […] always supports our team.’

It also took into account the testimonial from Michelle Broomham, Ward Manager at your current hospital, who stated:

‘I have found the recipient to be honest, trustworthy, and conscientious. They consistently demonstrate sound judgement and professionalism, even when working in challenging or demanding situations. The registrant is adaptable and is able to adapt to the constant changes within the NHS…’

The panel acknowledged that these testimonials attested to your all-round conduct and your general good character.

The panel had evidence before it that there were no concerns about your performance in your role since being struck off the NMC register. The panel also noted that the conduct which led to your removal from the register did not arise from concerns regarding your clinical competence or the care provided to patients.

The panel carefully considered your current position and the extent to which the concerns that led to your removal from the register remain relevant today. The panel determined that your insight is developing. It was satisfied that it is appropriate to allow you to return to the register with a conditions of practice order.

The panel considered the potential impact of your restoration on public confidence in the profession. It was satisfied that the public confidence can be maintained by the imposition of a conditions of practice order, which will provide additional safeguards. The panel took into account the positive evidence of your conduct and professional practice over the past 11 years, including the references and testimonials in support of your application. A reasonable well informed member of the public would be satisfied that you are now capable of safe and effective practice.

In particular, the panel placed significant weight on the conditions you proposed, including the requirement to practise under supervision. The panel considered that this would provide an important safeguard and allow any concerns arising in practice to be identified and addressed at an early stage. It also considered the conditions requiring you to disclose your NMC history to any prospective employer and preventing you from undertaking a managerial role for at least 3 years. The panel was satisfied that, taken together, these conditions provide a sufficient safeguard to support your safe and effective practice.

In taking account of all the above, the panel determined that you had demonstrated that you are now a "*fit and proper person*", so as to be permitted to return to the NMC Register. The panel did not consider there to be a risk of repetition of the concerns identified in the particular circumstances of this case.

The panel accordingly directs the Registrar under Article 33(7) and in accordance with Article 33(6) of the Order, to restore your name to the register subject to you fulfilling the specific conditions of practice as to additional education, training and experience as the Council has specified under Article 19(3) of the Order. For this to happen, the panel

directs that you must successfully complete and pass a Return to Practice Programme and pay the prescribed fee.

Upon restoration of your name to the Register your registration will be subject to a conditions of practice order in the following terms:

> ‘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 complete a recognised Return to Practice Programme before any independent nursing practice
>
> 2. You must ensure that you are supervised by a Band 6 registered nurse any time you are working. Your supervision must consist of working at all times on the same shift as, but not always directly observed by a registered nurse of Band 6 or above until the review after 12 months
>
> 3. You must meet monthly with your line manager to discuss:
>
>   - Your developing insight in relation to the impact of dishonesty on your practice, colleagues and the wider public
>
> 4. You must provide the NMC with a report from your line manager of your monthly meeting outlining:
>
>   - Your developing insight in relation to the impact of dishonesty on your practice, colleagues and the wider public

5. You must not undertake any managerial role for at least 1 year

6. You must disclose your NMC disciplinary history to any new employer at the point of application

7. You must provide your NMC Case Officer, prior to any review hearing, with a reflective piece outlining how you have strengthened your practice

8. You must continue your Royal College of Nursing Membership in accordance with your commitment to do so

9. You must notify the NMC of any change of address

10. You must keep the NMC 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.

11. You must keep the NMC 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.

12. You must immediately give a copy of these conditions to:
    a) Any organisation or person you work for.

b) Any agency you apply to or are registered with for work.
c) Any employers you apply to for work (at the time of application).
d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

13. 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.

14. 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 conditions of practice order is 12 months. The panel determined that such a period would satisfy the public interest and provide you with sufficient time to find employment as a registered nurse and demonstrate your safe practice.

This order will be reviewed before its expiry. 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.

The panel considered that any future reviewing panel may be assisted by:

- A reflective piece addressing the challenges you have experienced since being restored to the Register
- Testimonials and references evidencing your professional practice and demonstrating how you have complied with and applied the conditions of practice order

You can apply for the order to be reviewed before the expiration of the order if you consider that it is appropriate in the circumstances.
This decision will be confirmed to you in writing.

That concludes this determination.