Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 3 August 2026 – Wednesday, 12 August 2026

2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	Lisa Edwards
NMC PIN:	10H3527E
Part(s) of the register:	Registered Nurse Learning Disabilities Nurse (Level 1) – 20 September 2010
Relevant Location:	Cheshire East
Type of case:	Misconduct
Panel members:	Bryan McFarland (Chair, lay member) Paula Newton (Lay member) Rosalyn Mloyi (Registrant member)
Legal Assessor:	William Hoskins
Hearings Coordinator:	Max Buadi (3 August 2026) Samara Baboolal (4 August 2026) Dilay Bekteshi (5 – 12 August 2026)
Nursing and Midwifery Council:	Represented by Naa-Adjeley Barnor, Case Presenter
Ms Edwards:	Present and not represented
Facts proved:	Charges 1(a)(i), 1(a)(ii), 1(b), 2(a)(i), 2(a)(iii), 2(b)
Facts not proved:	Charges 1a(iii), 1(a)(iv), 2(a)(ii)
Fitness to practise:	Impaired
Sanction:	**Suspension Order (12 months)**
Interim order:	**Interim Suspension Order (18 months)**

Details of charge

That you, a registered nurse:

1) Whilst working at Priesty Fields Care Home:
    a. Said to Resident A:
        i. ‘you stink’ or words to that effect
        ii. ‘you smell of piss’ or words to that effect
        iii. ‘your feet look dirty and cheesy’ or words to that effect
        iv. ‘your wound looked disgusting’ or words to that effect

    b. On one or more occasions said to Senior Health Care Assistant Colleague A [Mr Neil Jagger] ‘you are not a fucking nurse’ or words to that effect

2) Whilst working at Clement Court Care Home:
    a. On 14 August 2023 said to Person A who was a relative of Resident B:
        i. ‘where do you think funding for that comes from?’ or words to that effect
        ii. ‘do you think there is a pot of gold?’ or words to that effect
        iii. ‘all the patients in this place will eventually rot in their beds’ or words to that effect
    b. On 15 August when relatives of Resident B raised concerns you raised your voice to them

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

After the charges were read, you informed the panel that you deny all the charges.

Decision and reasons on application to admit the hearsay evidence provided by Lucy Jane Sheridan, Gillian Anne Williams and Vicki Harrison

The panel heard an application made by Ms Barnor, on behalf of the Nursing and Midwifery Council (the NMC), under Rule 31 of the Fitness to Practise Rules 2004 to allow the following into evidence:

- Written Statement of Ms Sheridan dated 17 February 2023;
- Paragraph 8 to 15 of Ms Anne Willams' witness statement and her accompanying exhibits including a safeguarding referral, correspondence with Cat Corbett and Section 42 Safeguarding Enquiry; and
- Paragraph 13 of Vicki Harrison's witness statement.

Ms Barnor referred the panel to the guidance in the case of *Thorneycroft v Nursing and Midwifery Council [2014] EWHC 1565 (Admin)* which pertains to the admissibility of hearsay evidence. She also referred the panel to the cases of *El Karout v Nursing and Midwifery Council [2019] EWHC 28 (Admin)* and *Nursing and Midwifery Council v Ogbonna [2010] EWCA Civ 1216.*

Ms Barnor submitted that Ms Sheridan's written statement is not the sole and decisive evidence in relation to charges 1(a)(i) and 1(a)(ii). She submitted that the panel also has the witness statements of Ms Williams and Ms Harrison, and that Ms Sheridan's statement forms part of a wider evidential matrix rather than determining any allegation in isolation.

Ms Barnor submitted that the written statement is a signed account of matters personally observed by Ms Sheridan and is clearly relevant to the allegations.

With regard to the nature and extent of the challenge, Ms Barnor submitted that your challenge is limited. She referred the panel to the regulatory concerns response form in your evidence bundle where your position is that the words, described in charges 1a)i) and 1(a)(ii), were never said. She submitted that this is not accompanied by any specific

challenge. She submitted that the dispute that you have will be one that the panel will determine at the close of the NMC's case.

Ms Barnor submitted that the disadvantage arising from your inability to cross examine Ms Sheridan is a matter that the panel can take into account when assessing the weight to attach to this statement rather than the question of admissibility.

Ms Barnor submitted that you were informed of the NMC's intention to rely on Ms Sheridan's evidence as hearsay when the Hearsay bundle was served to you on 21 July 2026. She also submitted that you were sent an email on 30 July 2026. She submitted that you have had the opportunity to prepare your submissions in relation to the application and the contents of Ms Sheridan's statement.

Ms Barnor submitted that there is no evidence before the panel to suggest that Ms Sheridan had any motivation to fabricate the content of her written statement. She informed the panel that Ms Sheridan's statement was provided during the course of a formal NMC investigation with no improper purpose. She submitted that you have not put forward any basis for the panel to conclude that Ms Sheridan had any improper motive in providing her statement.

Ms Barnor submitted that the allegations in this case are serious and if proven have the potential to significantly impact your nursing career. She reminded the panel that seriousness alone does not preclude admission of hearsay evidence when it is otherwise fair to do so.

Ms Barnor submitted that there is a very good reason for the non-attendance of Ms Sheridan. [PRIVATE]. Ms Barnor also referred the panel to correspondence emails between the NMC and Ms Sheridan in the months prior demonstrating the NMC's attempts to secure her attendance.

Ms Barnor invited the panel to admit the written statements of Ms Sheridan.

Ms Barnor then addressed the panel with regard to paragraphs 8 to 15 of Ms Gillian Anne Williams' witness statement, together with the accompanying exhibits, including the safeguarding referral, correspondence with Cat Corbett, a safeguarding officer, Section 42 of the Safeguarding Enquiry, and paragraph 13 of Vicki Harrison's witness statement.

Ms Barnor submitted that these pieces of evidence detail what Resident A told Ms Williams and Ms Harrison about what you had said to her which forms the basis of charge 1(a).

Ms Barnor submitted that Resident A's account, as detailed in the evidence identified, is neither sole nor decisive in relation to charge 1a. She submitted that it is clearly relevant to the charges. She submitted that the panel have the local and NMC statements of Ms Sheridan, if the application is granted. She reminded the panel that Ms Sheridan was present when the words were said and provides a direct account of what happened.

Ms Barnor submitted that Resident A's account as recorded by Ms Harrison in paragraph 13 and Ms Williams in her witness statement and exhibits corroborate the other evidence in this case.

With regard to the nature and extent of the challenge, Ms Barnor reminded the panel that your position is that the words were never said. She submitted that Resident A cannot be cross examined on what she reportedly told Ms Williams and Ms Harrison. She reminded the panel that both Ms Williams and Ms Harrison are attending the hearing to give evidence and can be cross examined on exactly what Resident A told them and the accuracy of the contemporaneous documents that were created.

Ms Barnor submitted that you have been aware of the NMC's intention to rely on Ms Williams and Ms Harrison's evidence since the NMC's investigation stage. She informed the panel that the statements were part of the evidence that was submitted to the NMC case examiners and served to you in September 2024.

Ms Barnor submitted that the NMC does acknowledge that during the local investigation, you suggested that Resident A may have been influenced by other members of staff. She submitted that you also stated that you did not know where the allegations had come from, and you had expressed concern that Resident A was being "manipulated" by other members of staff. She submitted that this does not amount to evidence that Resident A had fabricated the allegation.

Ms Barnor submitted that you have not identified any specific individual who allegedly influenced Resident A, nor any motive for Resident A to fabricate the allegation. She submitted that there is no evidence before the panel suggesting that Resident A had any reason to make false allegations against you. Ms Barnor submitted that your suggestion that Resident A may have been influenced goes to the reliability and weight of her account. She submitted that, without further detail, it does not establish that Resident A had a reason to fabricate her account.

Ms Barnor submitted that Resident A does have a good reason for non-attendance today. She informed the panel that Resident A is elderly and the NMC did contact her during the investigation stage. She informed the panel that upon contacting Resident A, it emerged that she was seriously unwell in hospital.

Ms Barnor submitted that the NMC elected to adopt the person-centred approach and determined that it would not be in Resident A's best interests to pursue her for a witness statement in the circumstances and would rely on the contemporaneous notes recorded by Ms Williams and Ms Harrison.

Ms Barnor invited the panel to admit the witness statement and evidence of Ms Williams and the witness statement of Ms Harrison.

You said that you want the panel to give the application careful consideration.

The panel accepted the advice of the legal assessor. 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 and included reference to *Thorneycroft v NMC [2014] EWHC 1565 Admin*.

The panel considered the written statement of Ms Sheridan and was satisfied that it was relevant to charges 1a)i) and 1a)ii). It determined that the statement was neither the sole nor decisive evidence in support of these charges, as it was corroborated by the witness statements of Ms Williams and Ms Harrison, both of whom spoke with Resident A shortly after the alleged incident and documented what they were told.

The panel bore in mind that, although the allegations are denied, the contents of Ms Sheridan's written statement have not been specifically challenged. It acknowledged your position that Resident A may have been influenced; however, it was unable to identify any evidence within Ms Sheridan's statement to suggest that the alleged incident had been fabricated.

The panel also recognised that the allegations are serious and that admitting the evidence could have an adverse impact on your nursing career. Nevertheless, it was satisfied that this did not preclude it from admitting the evidence where it was otherwise fair to do so.

The panel took into account that Ms Sheridan had passed away, as evidenced by her death certificate, and was satisfied that this constituted a good reason for her non-attendance. It also considered the email correspondence and accepted that, prior to her untimely death, the NMC had taken reasonable steps to secure Ms Sheridan's attendance as a witness.

The panel further noted that you had been given notice of the NMC's intention to rely on Ms Sheridan's written statement and that no objection had been raised to its admission. It recognised that you would not have the opportunity to cross-examine Ms Sheridan but was satisfied that this could be taken into account when assessing the weight to be attached to her evidence.

In these circumstances, the panel determined that it was fair to admit Ms Sheridan's written statement into evidence and therefore granted the application. The panel will determine, in due course, the weight, if any, to attach to the statement.

The panel then considered paragraphs 8 to 15 of Ms Williams' witness statement, together with the accompanying exhibits, including the safeguarding referral, correspondence with Ms Corbett, the Section 42 safeguarding enquiry, and paragraph 13 of Ms Harrison's witness statement.

The panel noted that, at paragraph 8, Ms Williams acknowledged that the information she initially received in relation to charge 1a was hearsay. However, it also noted that both Ms Williams and Ms Harrison subsequently spoke directly with Resident A regarding the alleged incident, and that their evidence related to those conversations.

The panel was satisfied that this evidence was clearly relevant to charge 1(a). It further determined that it was neither the sole nor decisive evidence in support of the charge, as it was supported by the written statement of Ms Sheridan.

The panel again bore in mind that the allegations are denied and acknowledged your position that Resident A had been influenced. However, for the reasons already given, it was unable to identify any evidence suggesting that Resident A had been influenced or had fabricated the allegations.

The panel also recognised the seriousness of the allegations and the potential impact on your nursing career but was satisfied that this did not prevent it from admitting the evidence.

The panel took into account that Resident A is elderly and seriously ill in hospital. In those circumstances, it was satisfied that there was good reason for Resident A's non-attendance and that it would not be reasonable to require her to attend the hearing.

The panel further noted that you had been given notice of the NMC's intention to rely on the evidence of Ms Williams and Ms Harrison and that you had not objected to its admission. Although you would not have the opportunity to cross-examine Resident A, the panel noted that both Ms Williams and Ms Harrison would be available to give evidence and could be cross-examined about the conversations they had with Resident A and the accuracy of their contemporaneous records.

In these circumstances, the panel determined that it was fair to admit paragraphs 8 to 15 of Ms Williams' witness statement, the accompanying exhibits, and paragraph 13 of Ms Harrison's witness statement into evidence. The panel therefore granted the application and will determine, in due course, the weight, if any, to attach to this evidence.

Decision and reasons on application to admit notes of a local meeting dated 24 January 2023, your case management form and the minutes of a case conference held on 13 June 2026

The panel heard an application made by Ms Barnor under Rule 31 of the Fitness to Practise Rules 2004 to allow notes of a local meeting held on 24 January 2023, between yourself, the Home's quality and compliance manager and a human resource colleague. She submitted that this meeting was held to discuss the allegations at Charge 1(a)(i) and 1(a)(ii).

Ms Barnor submitted that this evidence is relevant because it records your local account and response to the allegations when it was put to you at local level. She also submitted that it is clearly relevant to the issues the panel are required to determine during the course of these proceedings.

Ms Barnor submitted that it would be fair to admit this because it is a contemporaneous document created during the course of ordinary business, when you were aware of the allegation at local level and had the opportunity to respond.

Ms Barnor submitted that you will have the opportunity to challenge the accuracy, provide explanations and make submissions on its weight. She submitted that you were provided a copy of this document in advance and given notice of the NMC's intention to rely on it when the final NMC bundles were served to you.

Ms Barnor submitted that it would be fair for the panel to admit the notes of the local meeting.

Ms Barnor also invited the panel to admit two further documents: the case management form you completed on 9 February 2026 and the minutes of a case conference held between you and NMC lawyers on 13 June 2026 found within the case conference agenda form.

Ms Barnor informed the panel that you had completed the case management form during the course of the NMC proceedings. She informed the panel that the case conference agenda was completed by an NMC listing officer and sent to you at 17:21 on 30 June 2026 asking you for comments.

Ms Barnor submitted in the case management form you indicated that you had admitted charge 1(b) and according to the minutes, you had repeated that admission to an NMC lawyer on 30 June 2026. She submitted that this is clearly relevant to the issues for the panel and would be capable of assisting the panel in its consideration of the allegations.

Ms Barnor reminded the panel that you denied charge 1(b). She submitted that the change in your position does not affect the admissibility of the documents, but rather the weight the panel may place on the earlier admissions.

Ms Barnor submitted that even if the documents are admitted, you would have the opportunity to explain the circumstances in which the admissions were made, and reasons for subsequently withdrawing them.

Ms Barnor submitted that it would be fair for the panel to admit the case management form and the minutes of a case conference held between you and NMC lawyers on 13 June 2026.

You confirmed that you are content for these documents to be admitted into evidence.

The panel accepted the advice of the legal assessor.

The panel determined that it would be fair to admit the case management form and the minutes of a case conference held between you and NMC lawyers on 13 June 2026. The panel therefore acceded to the application. In due course the panel will determine what weight, if any, to attach to it.

Background

You were employed by Priesty Fields Care Home (the Home) as a registered nurse between February 2022 and February 2023. On 24 January 2023, Resident A, an elderly bedbound resident, raised concerns to then Deputy Manager Ms Williams, that you had allegedly made inappropriate and derogatory remarks by making the comments described in charge 1(a)(i) and 1(a)(ii).

The Home commenced an investigation where Senior Healthcare Assistant, Neil Jagger was spoken to. He then disclosed further disrespectful and inappropriate comments you had allegedly made towards Resident A, again concerning her hygiene and the state of her wound, as described in 1(a)(iii) and 1(a)(iv).

Mr Jagger also stated that you had reportedly spoken inappropriately to him as well as described in charge 1(b).

You left the Home shortly after the investigation commenced in February 2023.

On 16 March 2023, you started working at Clement Court Care Home ('Clement Court') as a Registered Nurse.

On 14 August 2023, Resident B was visited by his family including his son, daughter and Person A who is Resident B's grandson's partner. It is alleged that when the family made enquires about referrals and care that they believed that Resident B required, you responded with the words set you in charge 2(a)(i) and 2(a)(ii).

It is further alleged that when the family returned the next day on 15 August 2023 and made additional enquiries about Resident B's care, you inappropriately raised your voice at them.

Rule 19 application

During your evidence, specific details regarding your personal life came to light. The panel invited submissions from you and Ms Barnor. You both agreed that matters relating to private life should heard in private.

The panel accepted the advice of the legal assessor.

The panel determined that details of your private life are highly sensitive and concluded that your right to privacy regarding your private life outweighs the public interest. The panel therefore decided to hear parts of the hearing in private as and when sensitive matters arise.

Decision and reasons on facts

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

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard live evidence from the following witnesses called on behalf of the NMC:

- Ms Gillian Williams: Deputy Manager at the time at Priesty Fields Care Home
- Mr Neil Jagger/Colleague A: Senior Health Care Assistant at Priesty Fields Care Home
- Ms Jane Livingstone: Deputy Manager at Clement Court Care Home
- Person A: Partner of Relative A
- Ms Vicki Harrison: Area Manager at Priesty Fields Care Home

The panel also considered the hearsay evidence of Ms Sheridan (Care Home Assistant Practitioner at Priesty Fields Care Home).

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

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

Charge 1(a)(i) & 1(a)(ii)

1) Whilst working at Priesty Fields Care Home:
    a. Said to Resident A:
        i. ‘you stink’ or words to that effect
        ii. ‘you smell of piss’ or words to that effect

These charges are found proved in their entirety.

The panel took into account the written and documentary evidence of Ms Harrison, Ms Williams, Ms Sheridan and your oral evidence.

Resident A was described as an elderly, bedbound resident who retained capacity and communicated clearly. No witnesses raised concerns regarding her capacity, and the panel noted that the evidence demonstrated her ability to communicate effectively. You also stated that Resident A would inform you if something was not to her liking. You said Resident A wanted to be clean and smell fresh, as she was conscious of potential odour from her wound and stoma bag.

In the contemporaneous safeguarding referral document completed by Ms Williams, Resident A is recorded as stating that:

> “*[Resident A] made a statement that I stink and says the girls aren’t washing me properly. The other days she said you don’t stink so bad today.”*

The panel also considered Ms Williams’ NMC witness statement, dated 24 May 2024, which states:

> *“The Resident was distraught and really upset. I have never witnessed these comments and only know what the Resident had told me. I remember the Resident crying and not wanting Lisa to do her care anymore. The Resident accused Lisa of being unkind and cruel.”*

In her oral evidence to the panel, Ms Williams said there were no concerns between you prior to this and that Resident A was fond of you.

Furthermore, the panel considered the hearsay evidence of Ms Sheridan's NMC written statement which suggests that she was present in the room on one occasion and overheard you say to Resident A that "*you smell of piss*" or "*you stink of piss*". While conscious that this evidence was hearsay, the panel noted it is supported by independent evidence, particularly the contemporaneous safeguarding referral report.

The panel also considered the Safeguarding Enquiry document, dated 31 January 2023, which states:

> *"-Resident A said 'It's been going on for a while'. Overall I got on with her well but it got to the point I couldn't take it anymore'. 'She's a bully and she's got a cruel streak'. Resident A explained that Lisa also does beauty alongside caring and as she has been going it more, she is not doing as much of the caring. States 'she has changed and got much worse recently'. States 'she is picking on someone who is vulnerable, I broke down when I told Gill but she knows now so I'm glad I told her' -States 'she came in one day and said "urgh what a horrible smell, you smell of piss'. Resident A explained that she uses a bottle but a little urine had split onto the pad which was causing the smell rather than her.".*

Your evidence was that you had a positive and trusting relationship with Resident A. You described her as a lovely lady who could become frustrated when matters were not done properly, which you understood in the context of her previous nursing background. You explained that although you did not routinely work directly with her, Resident A asked you to assist with the care of a large sacral wound because she trusted you and did not have the same confidence in some of the staff on the floor where she resided. You said that, when you were on shift, you would check her general wellbeing, review the wound and change the dressing where needed.

You explained that, after returning from annual leave, Resident A asked you to look at the wound. You said an agency member of staff was present. Your evidence was that Resident A believed the wound was improving, but when you removed the dressing and checked the measurements, the circumference remained the same, although there had been some healing inside the wound. You said you showed Resident A the measurements and records and explained the treatment position to her. You believed Resident A's manner changed because she had previously been told by Mr Jagger that the wound was closing, whereas you clarified that although there were signs of internal healing, the overall circumference had not changed.

In relation to charges 1(a)(i), 1(a)(ii), you denied saying to Resident A that she "*stank*" or "*smelled of piss*" or using words to that effect. You accepted that Resident A's health conditions meant there could be an odour associated with her care needs, but said she was aware of that and that you would not have spoken to her in the alleged terms. You described the words as horrible and said they were not words you would use towards her. You said that you, Resident A and Mr Jagger had a good relationship and that there may have been banter, but not language of the kind alleged.

In response to panel questions, you said you knew Resident A was your patient, but that there was also banter between you. For example, you might say that it smelled worse than usual, and she would giggle. You said your intention was to take away her embarrassment while you were cleaning her and to help her feel confident. You stated that you may have dropped the bar for professional behaviour. While you claimed to have a running joke with Resident A regarding odour (as recorded in the disciplinary hearing minutes), Resident A denied this during the local investigation. The panel found Resident A's account to be consistent with the wider context of the case and corroborated by the evidence of Ms Sheridan.

The panel noted that your account was that you accepted there were discussions about odour, cleanliness and the wound, but denied that those discussions were expressed in the derogatory terms alleged. You also suggested that the complaint may have arisen after Resident A was unhappy with your explanation that the wound had not improved to

the extent she had understood from Mr Jagger. You also suggested that Resident A may have been influenced by others, namely Mr Jagger and Ms Sheridan, but the panel determined that there is no evidential basis to support this assertion. Ms Harrison stated that you provided the names of other carers you believed might have influenced Resident A; however, this list did not include Mr Jagger or Ms Sheridan. Ms Harrison further said this assertion was investigation and no evidence was found. The panel found no evidence to support this speculation and concluded it is highly improbable that these individuals conspired against you to make these allegations.

The panel further determined that the concerns were clearly documented within the contemporaneous safeguarding referral report in Resident A's words. It also noted that the concerns were supported by Ms Sheridan's corroborating written evidence. The panel took into account that all witnesses agreed that Resident A, a former nurse, knew her own mind and was clear about the way in which she expected care to be delivered. Additionally, the panel considered it implausible that Resident A, a former nurse who in general had enjoyed a good relationship with you, would maliciously invent an allegation of this kind or collude with others to do so. The panel therefore found charges 1(a)(i) and 1(a)(ii) proved on the balance of probabilities.

Charge 1(a)(iii)

1. Whilst working at Priesty Fields Care Home:
    a. Said to Resident A:
        iii. 'your feet look dirty and cheesy' or words to that effect

This charge is found NOT proved.

The panel noted your evidence that you may have described her feet as dirty, but not as cheesy and not in a derogatory way. You said this would have been in the context of offering care, such as asking whether she wanted her feet cleaned. You explained that

Resident A could not see her feet, had limited movement, and had dry skin as a result of her skin condition. You said you would soak her feet and remove dead skin as part of caring for her, and that any comment about dirt would have been directed towards meeting her care needs rather than criticising or humiliating her.

The panel took into account the NMC witness statement of Mr Jagger, which states:

> *"Lisa made comments on numerous occasions about the dirt on Resident A's legs. On one occasion, Resident A had dry skin on her toes and Lisa said that Resident A's feet looked dirty and cheesy."*

In his oral evidence, Mr Jagger described Resident A's immediate reactions to the incident. He stated that Resident A appeared shocked, began to cry, and that he offered her comfort.

The panel noted the specific allegation regarding the word "*cheesy*" only appears in the NMC witness statement and subsequent oral evidence; it was entirely absent from the contemporaneous documentation. The local statement dated 14 March 2023 made no reference to this term, recording only your comment that Resident A's feet looked *"dirty*." While the panel found sufficient evidence, including your own admission, to prove you stated Resident A's feet looked dirty, there was no corroborating or contemporaneous evidence regarding the use of the word "*cheesy*." The panel recognised that there was nothing wrong with a comment made in a properly respectful way that Resident A's feet were dirty and therefore required cleaning. On the other hand, a comment that feet were dirty and cheesy was inappropriately derogatory. The word "cheesy" was omitted from both Mr Jagger's local statement and the safeguarding referral document, emerging only later in the investigation. The panel determined that the absence of this word in any of the contemporaneous documentation was significant and concluded that the NMC had failed to discharge its burden of proof in respect of this charge.

Charge 1(a)(iv)

1. Whilst working at Priesty Fields Care Home:
    a. Said to Resident A:
    iv. ‘your wound looked disgusting’ or words to that effect

This charge is found NOT proved.

You denied using those words set out in this charge. You accepted that the wound could smell and that you would have conversations with Resident A about it but said any discussion would have been clinical and respectful, not menacing or derogatory. You also said you did not see Resident A crying or physically upset when you were with her. You said Resident A asked you to leave the room after your feedback on the condition of her wound. You said you could see that Resident A was agitated and annoyed with you. You said you were surmising that she wanted you to leave the room because she did not like what you said about the healing of her wound. When you returned, you said Resident B was dismissive. She allowed you to continue with what you were doing, but she was not as jolly or as willing to initiate conversation as usual. You said this was the first time she had behaved in that way towards you.

The panel took into account the NMC witness statement of Mr Jagger, dated 29 August 2023, which states:

> *“One time, I do not recall the date of this incident, Lisa said that the wound looked ‘disgusting’ or words to that effect and Resident A started crying. Resident A wanted to know if her wound was healing and staff members tried to keep her positive, but Lisa never said anything positive. At one point, Lisa was not allowed to change Resident A’s dressings because she was upsetting her.”*

The panel considered Mr Jagger’s evidence, in which he stated that he overheard you describe Resident A’s wound as “*disgusting*,” or words to that effect, during a dressing change. He also described Resident A’s immediate reaction to this comment. However, the panel noted a complete absence of contemporaneous documentation supporting this allegation; it was not referred to in the local statement, nor was it reported by Resident A

in the initial safeguarding referral. Given this lack of contemporaneous and corroborating documentary evidence, the panel was not satisfied that there was sufficient evidence to find charge 1(a)(iv) proved on the balance of probabilities.

Charge 1(b)

1) Whilst working at Priesty Fields Care Home:
    b. On one or more occasions said to Senior Health Care Assistant Colleague A 'you are not a fucking nurse' or words to that effect

This charge is found proved.

The panel took into account the documentary and oral evidence of Mr Jagger. In his NMC witness statement, it states:

> *"Lisa made the following comment to me on numerous occasions that 'you are not a fucking nurse, you are a senior'. Lisa, made this comment when I was running the second floor and when I was put forward to order the medications instead of her saying that I was 'not a fucking nurse, you are a senior'*
>
> *After that Lisa was off with me and she did not talk to me. If she made any more comments to me I ignored her. If I needed to get into the nurse's station and I knew she was in there I would normally not go inside. One weekend I called in sick because I did not like to work with Lisa."*

In relation to charge 1(b), you denied saying to Mr Jagger "*you are not a fucking nurse.*" You accepted that you told him he was not a nurse but said this was not said abusively or with swearing. Your evidence was that Priesty Fields Care Home was a large home with insufficient nursing cover, which meant that there were occasions when you were the only registered nurse on shift. You said this placed pressure on you and that Mr Jagger, as a senior support worker, was being encouraged to undertake tasks that you considered to be nursing duties.

You said you spoke to Mr Jagger "*time and time again*" because you were very concerned about the risks to him and to residents if he carried out tasks outside his role. You explained that you told him he needed to be careful, because if something went wrong there could be consequences and he was not registered as a nurse. You also said you had reported a concern that he had impersonated a nurse over the telephone. Your evidence was that you and Mr Jagger had previously worked well together, and that he had listened to and learned from you, but that he became offended when you challenged him about undertaking duties which you considered to be nursing responsibilities.

In response to panel questions, you said you were worried. You explained that if something had gone wrong, you would have been responsible for him. You said you were concerned for yourself, for him, and for everyone else at the Home. Mr Jagger became frustrated when you told him that, at the time, he was not a nurse. However, he did not appear to understand what could happen if something went wrong, or the impact this would have on you as the only nurse in charge. you said you may have spoken in a frustrated way, but not to the point of swearing at him.

The panel took into account your partial admission to this charge, specifically that you told Mr Jagger, "*You are not a nurse.*" You gave evidence that you were very concerned Mr Jagger would be performing nursing duties beyond his qualifications. The panel considered it likely that you became very frustrated with this situation. The panel therefore found it more likely than not that you used the words "*you are not a fucking nurse.*"

Charge 2(a)(i), 2(a)(ii), 2(a)(iii)

2) Whilst working at Clement Court Care Home:

a. On 14 August 2023 said to Person A who was a relative of Resident B:

   i. 'where do you think funding for that comes from?' or words to that effect

   ii. 'do you think there is a pot of gold?' or words to that effect

iii. ‘all the patients in this place will eventually rot in their beds’ or words to that effect

This charge is found proved only in relation to charges 2(a)(i) and 2(a)(iii). Charge 2(a)(ii) not proved.

The panel took into account the documentary and oral evidence of Person A. This included an email complaint sent on 15 August 2023. The panel noted that Person A produced this formal correspondence at the request of Ms Livingstone who asked for the verbal complaint to be provided in writing.

The panel considered Ms Livingstone’s NMC witness statement, which states:

> “*The family reported that Lisa was dismissive of what they were saying. The family complained about Lisa’s attitude and said that she was abrupt and unprofessional in her communications with them. They also said that Lisa raised her voice.”*

The panel considered the written email complaint dated 15 August 2023. It noted that the specific phrases in 2(a)(i) and 2(a)(iii) were detailed in quotation marks within this correspondence.

The panel also considered Person A’s NMC Witness statement, which states:

> *“I asked Lisa if the Resident will be assessed by a physiotherapist or the occupational therapist before the Resident’s wheelchair was brought in. At the back of the wards at the Home there was a board, so I knew that Resident A was due for an assessment but I didn’t know what type. Lisa didn’t tell us anything. I asked Lisa if the Resident was assessment by Speech and Language Therapists (SALT) and she said that they were coming.*
>
> *Lisa replied ‘where do you think the funding for that comes from’ and ‘do you think there is a pot of gold’.* [Relative A] *got emotional and asked Lisa ‘so what you are*

implying then is that my dad has to just rot in bed' and Lisa replied 'well yes if that's the way you want to put it like all the patients in this place will eventually'. I was shocked, we all were. Lisa's comment was very unprofessional. I know that occupational therapist assessment is free and so I don't know what she meant by it."

You denied charge 2 in its entirety. Your evidence was that you would never use those phrases. You explained that you had only worked at Clement Court Care Home for a short period, beginning in March 2023 to August 2023. You said you were not on shift when Resident B was first admitted and that, when you returned, he had already been in the Home for around four days.

You said you encountered Resident B's relatives at the doorway and described them as hostile towards you. You said they asked whether referrals had been made to physiotherapy and SALT, but you explained that you had not been present during the preceding days and understood that the referrals had not been made. Your evidence was that the discussion concerned their frustration about care arrangements and requests that had already been raised, rather than the funding-related or offensive comments alleged in the charges.

The panel determined that charge 2(a)(i) and 2(a)(iii) were proved on the balance of probabilities. The panel placed weight on Person A's initial written complaint, which was submitted to the Home on 15 August 2023- one day after the incident occurred. The panel was satisfied that this was a reliable and contemporaneous document. Person A's oral evidence in relation to the matters alleged at 2(a)(i) and 2(a)(iii) was entirely consistent with her contemporaneous complaint.

Conversely, the charge 2(a)(ii) was absent from this contemporaneous record, surfacing only in an interview more than a year later. Furthermore, Person A's oral evidence described her email as a verbatim account of what happened and the words "pot of gold" were not present in the contemporaneous email complaint. In the absence of any

supporting contemporaneous documentation, the panel concluded that the NMC had failed to discharge its burden of proof.

Accordingly, the panel only found charges 2(a)(i) and 2(a)(iii) proved.

Charge 2(b)

2) Whilst working at Clement Court Care Home:

On 15 August when relatives of Resident B raised concerns you raised your voice to them

This charge is found proved.

The panel took into account the documentary and oral evidence of Ms Livingstone. In her NMC witness statement, it states:

> "*When Resident B was admitted the very first day, Lisa was nurse on shift. The resident's family requested a few things to make their dad more comfortable. The family reported that Lisa was dismissive of what they were saying. The family complained about Lisa's attitude and said that she was abrupt and unprofessional in her communications with them. They also said that Lisa raised her voice."*

The panel also took into the email from Person A's initial complaint to the Home dated 15 August 2023. Person A in her oral evidence stated that: "*both of them were agitated… both were talking over each other*…" and that you were "*getting louder"*.

In relation to charge 2(b), you denied raising your voice to Resident B's relatives. You accepted that the interaction was difficult and that the relatives were agitated and unhappy about Resident B's admission and the care arrangements, but said they were aggressive towards you. Your evidence was that you became upset and that your emotions took over, but that you did not shout. You said you asked them not to speak to you in that way and tried to explain the support available to Resident B, including assistance with repositioning, feeding and hydration where required.

You said the relatives became increasingly angry and that, despite your attempts to respond to their concerns, the conversation could not be resolved. You explained that you understood their frustration that matters had not been dealt with for Resident B before your involvement, but said there were appropriate ways to communicate those concerns. Your evidence was that, when the discussion escalated, you put your hand up and left the interaction rather than continuing to engage. The panel noted that your account was that you did not raise your voice, but withdrew from the conversation because of the relatives' manner and the effect it had on you.

In response to panel questions, you said your voice was on the same level as Resident B's relative. He was trying to communicate with you, just as you were trying to communicate with him. You said the concern was not his communication itself, but his body language, which you described as quite aggressive. He was upset, and you said you understood why. However, you said you did not raise your voice above is. You needed to end the conversation quickly because the resident was in the room, so you asked him not to speak to you in that way and then left. You said he was standing among other people and stepped towards you while you were both speaking at the same time. You described this as an agitated step forward. You said he was trying to get his point across, but the manner in which he did so was inappropriate, particularly as he was in the room with his grandfather.

The panel noted that, although you denied shouting, your evidence was that the situation escalated and your voice was at the same level as Resident B's relative while you were talking over each other. The panel considered this to be an admission that your voice had become louder in the course of the exchange. It noted Person A's evidence was that both parties were agitated, spoke over one another and became louder. The panel therefore found that, on the balance of probabilities, you raised your voice to Resident B's relative.

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 your 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 safely and effectively without restriction.

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, your fitness to practise is currently impaired as a result of that misconduct.

Character evidence

Ms Julie Nicholson gave evidence under affirmation. She is a registered nurse and Deputy Manager at Newford Nursing Home. You worked together at Priesty Home.

Ms Nicholson outlined the nursing duties at Priesty Home. She said it was very busy and included multiple daily tasks, with not a lot of support from the management team. She described how you carried out your duties at the time compared to now. During the first shift Ms Nicholson shadowed you and you showed her how to manage Resident A's wound and the care plan, and explained how you went above and beyond with Resident A– the resident appreciated that and was grateful. Your practice was "*great*" and "*always good as a nurse*". Because of the situation in Priesty Home was described as pressured and understaffed, with limited support, you could be direct with people. She saw you as a person who wanted to "*lead, keep everyone safe, be open and honest.*" She said this was not always taken well by other people, including seniors (Healthcare Assistants). She said you do not act that way anymore. You have changed and you present yourself in a calmer

manner now; when you are stressed, you step back and reflect with her and other team members. She said your reflection in practice is ongoing and you do not take it all on board yourself. She said she has observed a "*definite change in approach to things and have grown into a better place with sharing and being honest and open.*"

You have changed and now take a step back to compose yourself. You did not do that before. She said you now plan and handle situations effectively.

Ms Nicholson said she has never seen you speak in a derogatory manner or inappropriately to a resident; she said you are polite and kind to residents and she has never heard you swear at anybody.

In response to Ms Barnor's questions, Ms Nicholson said you are the Home Manager and she is the Deputy Manager. She said you work really well together. She stated that your approach to good standards has been direct previously, in a way to get the job done; you set expectations, running the shift and making everyone aware of what needs to be done, but it was never derogatory and always with respect. Ms Nicholson said that she has not observed your every conversation with residents and is not with you throughout the entire shift, but you both organise together, such as by having a meeting.

Ms Nicholson said that if residents had concerns about you, they would go to her and also go to the doctor who is also the director, who then provide feedback to the nurses on how the team are feeling.

Ms Nicholson said that Newford Nursing Home is different. You both support each other, have a really good nursing team, and provide oversight while giving autonomy and reflecting with the team. She said that it was understaffed at Priesty Care Home, with no support from the management team, a lot of residents, and no support network. Ms Nicholson said that while you did not have support from managers in your previous role—and there is also support from the director here—there are fewer residents to manage.

In response to panel questions, Ms Nicholson said that you deal with pressure a lot differently now. In this role, you have been able to hold more meetings with the staff, setting expectations and roles in a calm manner. The feedback from the nursing team has been very positive. She said there had been pushback initially from people who have been there for a long time, but these changes have now been put forward to the team in a kind way.

Ms Nicholson said she has seen you deal with families at this home and that you have gone above and beyond. Families have reported how pleased they are with the management team, the standards of care, and the contact between the families. She said you both have invited families to look through care plans, and everything is quite positive, with no situations arising that you cannot handle

Ms Nicholson stated that when you first started the job, there was a lot of disarray and no contact between the previous management and the families. Now, however, you both action anything that needs to be done and solve issues for the families and residents at Newford Care home. She added that while some families were unhappy historically, that has since been cleared up because you give families honest answers to questions and deal with issues directly.

Submissions on misconduct and impairment

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

Ms Barnor 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.

Ms Barnor submitted that it is fundamental nursing knowledge that practitioners must speak to and about patients respectfully – a standard that applies equally to colleagues

and families. She took the panel to each charge, and submitted that Resident A was bedbound and required significant care. She submitted that your comments struck at the core of Resident A's dignity, were demeaning, and were capable of causing embarrassment, shame, and distress. Given that these remarks were made on one or more occasions, she submitted that charges 1(a)(i) and 1(a)(ii) amount to serious professional misconduct.

Regarding charge 1(b), Ms Barnor submitted that this also constitutes misconduct. The language used towards Mr Jagger was belittling and directed at a colleague within a care environment. She submitted that residents should never be exposed to conflicts between staff, who are expected to work collaboratively.

In relation to charge 2, Ms Barnor submitted that this represents a serious failure in professional communication with Resident B's relatives. Rather than addressing the family's concerns, you responded with irritation and a lack of empathy, which was capable of causing serious alarm to the relatives. In relation to charge 2(b), she submitted that the behaviour amounts to serious misconduct. While acknowledging that care home environments can be highly pressured, she submitted that such pressures never justify raising one's voice at relatives who were concerned about a resident's care. Finally, she invited the panel to consider the wider context, submitting that these inappropriate remarks toward Resident B's relatives formed part of an overall pattern of dismissive and disrespectful communication.

Ms Barnor identified the specific, relevant standards where your actions amounted to misconduct, namely: 1.1, 1.5, 2.6, 8.1, 8.2, 8.5, 20.1, 20.2, 20.3, 20.5, 20.8. She submitted that your actions in the charges found proved, amount to serious misconduct. She referred the panel to the NMC Guidance '*Discrimination, Bullying, Harassment and Victimisation*' (FTP-2A), inviting the panel to find that the facts proved amounts to bullying.

Ms Barnor moved on to the issue of impairment and referred the panel to the NMC Guidance '*Impairment*' (DMA-1, Last Updated on 28 January 2026). She referred the panel to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and*

Midwifery Council (2) and Grant [2011] EWHC 927 (Admin). She took the panel through the test and the questions. She submitted that the comments to Resident A were degrading and humiliating, and that Resident A did suffer emotional or physical harm as a result of your actions. Mr Jagger also suffered psychological harm and he was made to feel so devalued that he cancelled shifts to avoid working with you. Swearing at Mr Jagger also undermined team cohesion, thereby placing patients at risk of harm. She further submitted that Resident B's family suffered harm as well; they were concerned by your actions and did not want you to provide care for Resident B.

Ms Barnor submitted that members of the public would be extremely concerned to hear that a nurse had spoken rudely to patients, colleagues, and patients' families on numerous occasions over an extended period of time across two different work settings, and that the nurse was allowed to practise without restrictions. She submitted that this behaviour may deter people from seeking assistance from care homes when required, thereby placing the public at risk of harm.

On insight, she referred the panel to NMC Guidance '*Can the concern be addressed?*' (FTP-16a, Last Updated on 27 February 2024) and the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin). Ms Barnor submitted that the facts found proved are underpinned in this case by an attitudinal issue, specifically one of bullying and disrespect towards others, with no consideration of how your words made other people feel. She therefore submitted that the misconduct in this case is not of the type that can be easily remedied through training and supervised practice.

Ms Barnor referred the panel to the references from Park Lane Nursing Home in July 2024 and in November 2024. Park Lane Nursing Home made its own referral to the NMC concerning your alleged bullying behaviour towards colleagues. This referral came after the one before the panel today. You were given a Warning from the Case Examiner's in October 2025. She submitted that this demonstrates a broader pattern of inappropriate communication in care settings, undermines the suggestion that the concerns in this case are historic and therefore unlikely to recur, and is highly relevant to insight and remediation. Ms Barnor submitted that, if you had fully understood and remediated the

communication failings arising from the early events, further concerns about inappropriate comments and bullying would not have been expected to arise.

Ms Barnor asked the panel to consider whether there is a continuing risk of repetition and whether the misconduct in this case forms part of a wider attitudinal concern. She submitted that it does form part of a wider attitude and that there is consequently a high risk of repetition.

Ms Barnor referred the panel to the references and noted that one dated July 2025 was in relation to case reference 103251/2024. She submitted that the NMC has not contacted Care Concepts for this case. Ms Barnor submitted that this reference is a year out of date and is therefore of limited assistance today. She further said that you have provided a reflective piece dated February 2026. She said that, on review, that reflective piece is insufficient to address the risk presented by this case. In that piece, you have stated that you understand the seriousness of the charges and the potential impact on those involved and on the reputation of the profession as a whole. However, she submitted that the piece does not demonstrate an adequate understanding of why you behaved in the manner that you did, or the steps that you would take to avoid it happening again.

Ms Barnor said that you claim to have a deeper understanding and to have learned from your mistakes, but there is nothing concrete behind those assertions. She said the panel may find the reflective piece has an overall focus on how you have been affected by this process, as opposed to focusing on those at the receiving end of your behaviour and on a robust plan to prevent recurrence in the future.

Ms Barnor submitted that there is little evidence to demonstrate that, if you were to find yourself in a similar stressful environment, your responses would be different. She submitted that the evidence before the panel suggests that, if you were to find yourself in a similar situation, the response would be very much the same, considering that you are now a Home Manager, but when you were working as a nurse in 2024, the same issues arose, namely bullying behaviour and inappropriate comments, as had arisen in 2023 and 2022.

Ms Barnor submitted that the e-learning courses you undertook in 2025 are insufficient. She submitted that the two short e-learning courses, completed on the same day, are insufficient to demonstrate that the concerns have been addressed.

Ms Barnor submitted that there is no updated reference from your current employer to confirm that there has been no repetition of the behaviour since. Ms Nicholson does work with you, but you are her line manager and, if there were concerns about your practice, Ms Nicholson would not necessarily be aware of them.

[PRIVATE].

Ms Barnor submitted that there is a significant risk of recurrence. She submitted that public confidence and public safety therefore necessitate a finding of current impairment in this case.

You submitted that you have reflected on the allegations for the past three years, not only against the profession but on a personal level. You have been remorseful and note the seriousness of the allegations. You do not recognise the person described and say it is not an accurate account of who you are now as a person and as a professional. You asked the panel to decide each charge separately and objectively on the evidence presented, rather than on assumptions about your character or predictions about what you might do in the future.

You said you understand the seriousness of the allegations and the importance of maintaining your profession and upholding the standards and the Code of Practice within the NMC. [PRIVATE].

You said you understand the seriousness of the allegations and have listened carefully throughout the proceedings. You maintained your denials; however, you said that just because you deny the allegations, this should not be taken as a lack of understanding of the emotional and psychological consequences of such allegations, or how this would

affect a colleague, a resident or a resident's family. You said you are a professional person. During these proceedings it has been stated that your communication is direct and may be perceived as bullying. You asked the panel to consider the reliability, consistency, detail and context of the evidence supporting it as bullying.

You said it was suggested that you have shown no insight or remorse and that you would repeat this alleged behaviour. You said you disagreed with this characterisation and that this should not be interpreted as arrogance, lack of insight or disregard for professional standards. You said you can and do truthfully express remorse for the conduct, and that you have taken action to address these allegations by acknowledging that your expressive communication needed to improve. You said you fully acknowledge and recognise that bullying, swearing at colleagues, inappropriate language in front of residents, and inappropriate language directed at families are not the standards expected of a registered nurse. You said you understand the potential effect such conduct would have on colleagues, residents and families, teamwork, trust and the reputation of your profession.

You said you have taken steps to address this by being proactive and concentrating on the events in front of you before responding, and you have found this to be effective in your practice. When communicating, you have also reflected on the fact that communication can sometimes be perceived differently from how it is intended, particularly in stressful working environments. You said you understand the importance of remaining calm, choosing words carefully and addressing misunderstandings promptly. You said you will continue to reflect on your communication and seek constructive feedback.

[PRIVATE].

You said your continued denial should not be treated as evidence of future risk. You understand and have insight into the duty to protect the public and maintain confidence in the nursing profession.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

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 appreciated that breaches of the Code do not automatically result in a finding of misconduct.

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

Charges 1(a)(i) and 1(a)(ii)

> ***1 Treat people as individuals and uphold their dignity To achieve this, you must:***
> *1.1 treat people with kindness, respect and compassion*
> *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*
>
> ***20 Uphold the reputation of your profession at all times To achieve this, you must:***
> *20.1 keep to and uphold the standards and values set out in the Code*
> *20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment*
> *20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people*
> *20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress*

20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers

The panel noted that Resident A was vulnerable, notwithstanding the evidence that she was cognitively able and intelligent. It also noted that she was conscious about smells, and that you made comments about her smelling. In the panel's view, those comments failed to uphold Resident A's dignity, particularly given your experience and knowledge as a nurse. The panel considered the NMC's submission that your conduct amounted to bullying. It noted that Resident A said she felt bullied as evidenced in the safeguarding referral report. Although the panel accepted that this was not your intention, it considered the impact of your conduct on Resident A, as described in the safeguarding referral document and by colleagues.

The panel determined that your communication directly undermined Resident A's dignity, was demeaning, and was highly like to cause feelings of embarrassment, shame, and profound distress. This resulted in Resident A saying that she did not want you involved in her care. Therefore, this had the potential to impact on her care. The panel therefore found that your actions in charge 1(a)(i) and 1(a)(ii) fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Charge 1(b)

8 Work co-operatively
To achieve this, you must:
8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate
8.2 maintain effective communication with colleagues
8.5 work with colleagues to preserve the safety of those receiving care

20 Uphold the reputation of your profession at all times
To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code
20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment
20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to

The panel took account of the context in which your actions occurred, but found that they had the potential to affect teamwork and the safety of care. It heard that Mr Jagger cancelled a shift to avoid working with you. You said that he was carrying out tasks he should not have been doing, that you had reported this to management, and that management had not helped. You also said that the manager had encouraged Mr Jagger to carry out those tasks. However, the panel noted that the incident took place in front of Resident A and could have affected both her and the wider team. It considered that there were appropriate ways to raise and address concerns without swearing. This had the potential to impact on cohesive teams and effective teamworking and therefore on the delivery of care. The panel therefore found that your actions in charge 1(b) fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Charges 2(a)(i), 2(a)(iii) and 2(b)

20 Uphold the reputation of your profession at all times
To achieve this, you must:
20.1 keep to and uphold the standards and values set out in the Code
20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment
20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people
20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress
20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers

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

In relation to charges 2(a)(i), 2(a)(iii) and 2(b), the panel found that you dealt with Resident B's relatives in a dismissive and uncompassionate manner. It recognised that this was a stressful situation for them. The panel considered that your comments were disrespectful, rude and lacking in empathy, and that such conduct could affect whether family members felt able to place a resident in a care home or seek help from staff.

In relation to charge 2(b), the panel noted that the incident occurred on a different day but was connected to the events of the previous day because the family situation remained tense as what they had requested the previous day had not been completed and your interaction with them had been unprofessional. It found that you engaged with Resident B's relatives without consideration of this and that the manner of the resulting conversation, aggravated the situation.

It also took account of the context in which the comments were made, including the relatives' account that it felt like you just wanted them to leave the room on 14 August 2023, and that a healthcare assistant was present with the family on 15 August 2023.

The panel heard that several people were present including Resident B, the room was small, and you were the nurse in charge. In those circumstances, raising your voice, talking over a relative and failing to recognise the continuing impact of the earlier incident meant that you did not de-escalate the situation. The panel noted that nurses are expected to treat people with kindness and respect, maintain professional boundaries and preserve public trust in the profession. As the nurse in charge, you were expected to manage and calm conflict. Considering charges 2(a) and 2(b) together, the panel found that your actions fell 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, your fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

> *'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'*

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. To justify that trust, nurses must act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or*

determination show that his/her/ fitness to practise is impaired in the sense that S/He:

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *….'*

The panel determined that limbs a), b) and c) of the *Grant* test were engaged. Although Resident A suffered no physical harm, the panel found that she had been caused emotional harm and distress. She expressed how she felt, referred to feeling bullied in the safeguarding referral report, and did not want you to care for her following your comments. The panel also found that Mr Jagger had been caused emotional harm, as he cancelled shifts to avoid working with you. In relation to Resident B's relatives, there was no direct evidence of harm, but your actions had the potential to cause emotional and psychological harm. The panel further determined that your misconduct breached fundamental tenets of the nursing profession and brought its reputation into disrepute.

In determining whether your fitness to practise is currently impaired on public protection grounds, the panel was guided by the principles in the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin), specifically focusing on whether the conduct is remediable, whether it has been remedied, and the likelihood of recurrence.

The panel considered that your misconduct is capable of remediation. However, it found that the attitudinal element, including the bullying of Resident A, made remediation more difficult. It also noted the repeated nature of the concerns, which arose between 2023 and

2024. The panel considered the contextual matters you described [PRIVATE] and a lack of managerial support. While it accepted that these may have influenced your behaviour, it did not consider that they justified such a significant departure from your professional responsibilities and expected standards. The panel also considered the NMC Guidance on "*Discrimination, Bullying, Harassment and Victimisation*" (Reference: FTP-2a-iv, last updated on 31 July 2026). It concluded that the bullying and attitudinal features of the charges indicated underlying attitudinal concerns, which are more difficult, though not impossible, to remediate.

The panel carefully considered whether you had taken steps to strengthen your practice. It accepted that you had taken some steps but found that these were limited. Your reflection, prepared in February 2026, was expressed in general terms. The panel considered that it focused more on the impact of the proceedings on you than on the people affected by your actions. It accepted that you now appeared to be more aware of the consequences of your conduct and recognised the seriousness of the panel's factual findings. The panel was not aware of any further incidents since 2024. In your submissions on impairment, you said that you did not recognise yourself in the allegations and explained that you now step back and speak to colleagues. However, Ms Nicholson said that you had not been under the same level of stress as in previous homes. Ms Nicholson also gave evidence about the support and coping mechanisms at Newford Nursing Care Home that had reduced the risk of repetition, however, the panel took into account that she was a longstanding colleague and deputy manager and was therefore not entirely independent or objective. Therefore, the panel remained concerned about how you would manage stress without that support if you moved to a different professional setting. The panel also considered the short e-learning courses to be insufficient and only reflective of basic nursing practice.

The panel had regard to the impairment bundle, including the letter of allegations in case reference 103251 dated 24 October 2025, which concerned similar allegations arising from a referral made on 8 November 2024. Although the Case Examiners decided that there was no case for you to answer, they issued you with a Warning. The panel also noted that concerns about your professionalism had arisen across four care homes in

total. The panel noted that the conduct occurred over a protracted period, demonstrating a pattern of unprofessional behaviour at that time.

At this hearing, you accepted the seriousness of your behaviour and said that you did not recognise yourself at the time. In your evidence, you explained the importance of remaining calm, acting professionally and understanding how communication may be perceived by others. The panel placed weight on your submissions at this hearing, which demonstrated developing insight and some strengthening of your practice since your reflective statement in February 2026.

The panel concluded that while you have shown developing insight, your remediation remains limited. Consequently, the panel determined that a risk of repetition remains. Although that risk is now lower than it was, the panel did not consider that it had been reduced to a sufficiently low level.

The panel determined that you breached fundamental tenets of nursing, including effective communication, treating people with dignity, showing empathy and respecting colleagues. It also determined that it could not be confident that you are not liable to repeat this behaviour in the future. The panel therefore considered 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 also determined that a finding of impairment is required on public interest grounds. It considered that members of the public would be concerned by the impact of your conduct on residents, families and colleagues. The panel concluded that your conduct undermined the reputation of the nursing profession and that public confidence in

the profession would be undermined if a finding of impairment were not made. It therefore also found your fitness to practise impaired on public interest grounds.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 12 months, with a review. The effect of this order is that the NMC register will show that your registration has been suspended.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

Submissions on sanction

Ms Barnor submitted that the NMC is seeking a suspension order for 12 months, with a review. She submitted that it is within the panel's power to impose a striking off order, which the NMC had initially intended to seek. She referred the panel to the NMC Guidance, '*The purpose of and approach to sanctions*' (SAN-1, last updated on 28 January 2026), and identified the following aggravating factors: the case involves an attitudinal issue; there was a failure to work collaboratively with others; actual emotional harm was caused to Resident A and Mr Jagger; Resident A was a vulnerable patient; there was a pattern of misconduct over a protracted period across two separate settings; your insight is developing but remains insufficient; and you have a regulatory history concerning similar allegations relating to conduct which took place in a third care home after the events which are subject to this case.

Ms Barnor identified the following mitigating factors: there are no concerns about your clinical skills; you have undertaken some training, albeit limited; and Ms Nicholson gave

evidence that there was significant pressure on the nursing staff at Priesty Care Home. She submitted that personal mitigation is usually less relevant in regulatory proceedings than other forms of mitigation. She further submitted that Ms Nicholson's evidence is positive and in your favour; however, the NMC does not place significant weight on it, as she is a long-standing colleague and your current deputy manager and is therefore not wholly objective or independent.

In relation to taking no further action or imposing a caution order, Ms Barnor submitted that either outcome would be wholly inappropriate, as neither would reflect the seriousness of the misconduct, protect the public, or maintain public confidence in the profession. She submitted that the concerns in this case are not at the lower end of the spectrum. She referred the panel to the NMC Guidance, '*Taking no further action*' (SAN-2A, last updated on 28 January 2026) and '*Caution Order*' (SAN-2B, last updated on 28 January 2026). She submitted that imposing the least restrictive sanction would be inconsistent with the panel's findings.

Ms Barnor submitted that a conditions of practice order would also be inappropriate. She referred the panel to the NMC Guidance, '*Conditions of practice orde*r' (SAN-2C, last updated on 28 January 2026). She submitted that the panel found there to be an attitudinal issue, which is more difficult to remediate. The concerns in this case relate to how you communicate with residents, colleagues and relatives. She submitted that such concerns are not easily addressed through conditions and would be difficult to formulate in a way that is sufficiently specific, workable or measurable. The concerns are behavioural and attitudinal, rather than relating to clinical competence.

Ms Barnor submitted that a suspension order is the appropriate and proportionate sanction. She referred the panel to the NMC Guidance, '*Suspension order'* (SAN-2D, last updated on 28 January 2026). She submitted that the case is serious and falls towards the higher risk end of the spectrum. She noted that the panel found that Resident A suffered actual emotional harm; that there was repeated misconduct over a protracted period; that the concerns arose across two care homes; and that there was an underlying attitudinal issue which makes remediation more difficult. Together, she submitted, these factors

place the case at the higher end of the spectrum. She submitted that the panel found the misconduct to be capable of remediation and that your insight is developing. She also noted that you have engaged with the proceedings, which suggests there is a realistic possibility that your insight will develop and that you will address the concerns so that you can return to practice.

Ms Barnor invited the panel to impose a suspension order for 12 months to protect the public, mark the seriousness of the misconduct, and provide you with an opportunity to address current impairment. At a review, she submitted that it would be expected that you would present evidence going beyond limited and generic training, such as evidence of full and genuine insight into the impact of your misconduct and attitudinal concerns, and evidence of strengthened practice through up-to-date testimonials from independent senior colleagues.

Ms Barnor submitted that a striking off order in this case would be disproportionate. She submitted that the NMC's position is that this is a borderline case. She referred the panel to the NMC Guidance, '*Deciding between suspension and strike off*' (SAN-3, last updated on 28 January 2026). She submitted that the panel has identified that you have taken limited steps, that your reflective piece in February 2026 was expressed in general terms, and that you have not demonstrated sufficient insight. She submitted that your insight remains deficient, which casts doubt on whether further positive change is realistically possible within 12 months. She invited the panel to consider this. However, she submitted that the panel has found that your insight is developing, and that it would be reasonable for the panel to conclude that it is realistically possible that you could remediate and demonstrate sufficient insight within the next 12 months.

Based on the panel's findings, Ms Barnor invited the panel to impose a 12-month suspension order with a review. This is on the basis that this is a borderline case in which there is a realistic possibility that further positive change could be achieved within 12 months.

You submitted that a striking off order would be very harsh, as would a suspension order for 12 months. You said that you would like the panel to impose a conditions of practice order for three years, as you wish to continue practising as a nurse. You said that you are extremely good at your role and that you would still be able to work on your communication, which has improved. You said that the panel could impose conditions requiring you to attend training, develop further insight, and work with a mentor to support and guide you. You accepted that your communication had been an issue and said that you have worked on it. You said that you accept the panel's findings, that you accept there is more work to do on your communication, and that you are aware of this and more than willing to address it.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. 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 decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Underlying attitudinal issues.
- A failure to work collaboratively with Mr Jagger.
- Your misconduct caused actual emotional harm to Resident A and Mr Jagger.
- Resident A was vulnerable.
- A pattern of misconduct over a protracted period of time.
- Other regulatory concerns of a similar nature which arose after these events.

The panel also took into account the following mitigating features:

- There are no concerns about your clinical skills; the panel heard that your clinical standards are high.
- There has been no similar conduct since the referral of other matters to the NMC in 2024. This resulted in a Warning issued in 2025.
- The panel accepted that there was evidence that the care homes were understaffed [PRIVATE] and noted your evidence that you lacked support in the workplace.
- During the course of the hearing, you demonstrated some remorse for your conduct.
- [PRIVATE].

In relation to insight, the panel considered that your remediation efforts and reflective piece showed some development but remained limited overall. The panel accepted that the e-learning you completed was relevant to the concerns identified in this case. It was limited in scope, consisting of two certificates relating to basic nursing care. However, the panel was satisfied that you now have a better appreciation of the importance of appropriate communication in a clinical setting.

Similarly, while your reflective pieces from February 2026 represented an attempt to address the concerns, it was expressed in broad and general terms and did not fully demonstrate a developed understanding of the impact of your conduct on Resident A, families, Mr Jagger, colleagues, or the wider public confidence in the profession. The panel also noted that, despite having had sufficient time to provide further evidence of strengthened practice since the communication from the Case Examiners in 2025, you had not provided more detailed or targeted evidence of remediation.

The panel took into account the recent positive references concerning your clinical abilities. However, it did not attach weight to character references that predated the Warning, as they did not assist the panel in assessing your current level of insight or remediation. The panel did give weight to the reference dated 17 July 2025, which referred to your developing insight and the coping strategies you had put in place. The panel also

considered your submissions during the hearing and the evidence of Ms Nicholson, who spoke positively about your character. Although Ms Nicholson was not independent, and although the panel did not have confirmation that she was fully aware of all the concerns, it had no reason to reject her evidence and gave it appropriate weight. The panel further noted some evidence of personal development in your communication and in the strategies you use when dealing with difficult or stressful situations. [PRIVATE]. Taking all of these matters together, the panel concluded that your insight is developing. However, it remained limited, particularly because there was insufficient evidence of focused remediation, a fully developed understanding of the impact of your conduct or sustained strengthened practice.

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.

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

> *'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'*

The panel considered that your actions were not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict your practise would not protect the public. The panel also determined 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 your registration would be appropriate. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on *'Conditions of practice order'* (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel noted your submission that a conditions of practice order could include requirements for training, mentorship and further development of insight. However, the panel considered that the concerns in this case did not relate to identifiable clinical shortcomings capable of being addressed through training or supervision. Rather, the concerns arose from your communication, behaviour and underlying attitudinal issues. The panel considered that such concerns are inherently more difficult to address through conditions, because they are not readily capable of being formulated in a way that is sufficiently specific, workable, measurable or capable of effective oversight in practice.

The panel was mindful that any conditions imposed must be relevant, proportionate, workable and measurable, and must be sufficient to protect the public and maintain confidence in the profession. It considered whether conditions could be drafted to address the misconduct, including conditions relating to communication, reflection, training or

supervision. However, the panel concluded that such conditions would not adequately address the attitudinal nature of the concerns. It also considered that any conditions would be difficult to monitor effectively, as the concerns involved the way you interacted with residents, relatives and colleagues. The panel therefore determined that a conditions of practice order would not be sufficient to manage the risk of repetition, protect the public, or uphold the wider public interest. Accordingly, the panel concluded that a conditions of practice order would be neither appropriate nor proportionate in this case.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*

- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

The panel considered whether your misconduct was fundamentally incompatible with remaining on the register. The panel recognised that the misconduct was very serious and across two separate care settings. It involved a vulnerable resident, a colleague and relatives of a resident, and included bullying behaviour. The panel also acknowledged the underlying attitudinal concerns identified in this case. However, it was not satisfied that the misconduct was so serious as to be fundamentally incompatible with remaining on the register. In reaching that conclusion, the panel took into account that you engaged with the proceedings despite being unrepresented, demonstrated genuine remorse, and showed developing insight, albeit that your insight remains limited. The panel also noted that you are currently working in a care setting in a managerial role, that there have been no further reports of similar concerns, and that you described being in a better position now with support in place. While the attitudinal nature of the concerns remained serious, the panel considered that you demonstrated a genuine desire to improve, strengthen your practice and address the concerns identified.

The panel went on to consider whether a striking-off order would be proportionate. It took into account the seriousness of the misconduct, the aggravating features identified, your limited insight, and the need to protect the public and maintain public confidence in the profession. However, having considered all of the information before it, including the mitigation, the panel concluded that a striking-off order would be disproportionate. The panel acknowledged that a suspension order may have a punitive effect, but considered that striking you off the register would be unduly punitive at this stage. Although there were attitudinal concerns, the panel did not consider them to be so deep-seated that removal from the register was required. The panel placed weight on your developing insight, the evidence that you are moving the right direction, and the absence of further similar concerns. It also noted the evidence that you are a competent nurse.

In all the circumstances, the panel concluded that a suspension order would be the appropriate and proportionate sanction, as it would mark the seriousness of the misconduct, protect the public, maintain public confidence, and allow you a further opportunity to demonstrate strengthened insight and remediation.

The panel considered that this order is 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.

The panel determined that a suspension order for a period of 12 months, with a review, was appropriate and proportionate sanction. The panel considered the period was necessary to mark the seriousness of the misconduct, protect the public and uphold confidence in the profession. It would also provide you with sufficient time to develop and demonstrate meaningful insight, focused remediation and strengthened practice.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- A detailed and focused reflective piece addressing the impact of your misconduct on those affected by your actions, including Resident A, Mr Jagger, colleagues, relatives, the wider public, and the reputation of the nursing profession.
- Evidence explaining how you have developed and applied improved communication skills and coping strategies in pressured working environments, supported by examples.
- Further evidence of continued training addressing the concerns.
- Up-to-date references, including your manager at your current workplace, commenting on your conduct, communication, professionalism and insight.

- Your continued engagement with the NMC and attendance at any future review hearing.

Interim order

As the suspension 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 your own interests until the suspension sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Barnor. She invited the panel to impose an interim suspension order for a period of 18 months on the basis that it is necessary for the protection of the public and otherwise in the public interest. She referred the panel to the NMC Guidance '*Decision making factors for interim orders*' (INT-2, Last Updated on 3 February 2021). She submitted the NMC is seeking a period of 18 months to provide for the gap between the making of any substantive order and closure of the statutory appeal window or any actual appeal. Should no appeal be lodged, or an appeal be resolved, the interim order would fall away.

You did not make any submissions.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to allow for the possibility of an appeal to be made and determined.

If no appeal is made, then the interim suspension order will be replaced by the substantive suspension order 28 days after you are sent the decision of this hearing in writing.

That concludes this determination.

This will be confirmed to you in writing.