

**Nursing and Midwifery Council
Fitness to Practise Committee**

**Substantive Order Review Hearing
Thursday, 29 January 2026**

Virtual Hearing

Name of Registrant:	Shiny Thomas
NMC PIN:	10E0015O
Part(s) of the register:	Nurses part of the register Sub part 1 RN1: Adult nurse, level 1 (12 May 2010)
Relevant Location:	Kent
Type of case:	Misconduct
Panel members:	Susan Ball (Chair, registrant member) Karin Downer (Registrant member) Vinod Wagjiani (Lay member)
Legal Assessor:	Ashraf Khan
Hearings Coordinator:	Hanifah Choudhury
Nursing and Midwifery Council:	Represented by Shopna Roy, Case Presenter
Mrs Thomas:	Present and represented by Marc Walker of What Rights
Order being reviewed:	Conditions of practice order (6 months)
Fitness to practise:	Impaired
Outcome:	Conditions of practice order (6 months) to come into effect at the end of 9 March 2026 in accordance with Article 30 (1)

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

At the outset of the hearing, Ms Roy, on behalf of the Nursing and Midwifery Council (NMC), made an application for parts of the hearing to be held in private on the basis that reference might be made to your personal circumstances. The application was made pursuant to Rule 19 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, as amended (the Rules).

Mr Walker, on your behalf, raised no objection to the application.

The legal assessor reminded the panel that, under Rule 19(1), hearings are ordinarily held in public. The panel was further reminded that Rule 19(3) permits a Panel to hear matters in private where it is satisfied that this is justified in the interests of any party or in the public interest, and that the panel must balance the principle of open justice against the need to protect private life.

The panel determined that only those parts of the hearing which referred to your personal circumstances should be heard in private, and that the remainder of the hearing should continue in public. The panel concluded that this limited departure from open justice was necessary and proportionate in order to protect your privacy.

Decision and reasons on review of the substantive order

The panel decided to extend the current conditions of practice order.

This order will come into effect at the end of 9 March 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 2 August 2024. The order was reviewed on 30 July 2025 where the substantive conditions of practice order was extended for six months.

The current order is due to expire at the end of 9 March 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

‘That you, while a registered manager of Care 24X (“the Agency”),

1. Provided the CQC with inaccurate numbers of employees and care packages managed by the Agency. [FOUND PROVED]

2. ...

3. Did not ensure staff at the Agency were adequately trained: [FOUND PROVED]

a. Percutaneous Endoscopic Gastrostomy (PEG) care.

b. Catheter care.

c. PRN medication procedures.

d. End of life care.

4. Did not have a proper system in place to ensure: [FOUND PROVED] a. Safe administration and management of medication.

b. Care plans contained adequate risk assessments’

The first reviewing panel determined the following with regard to impairment:

‘The panel considered whether Mrs Thomas’ fitness to practise remains impaired.

The panel noted that the original Panel found that Mrs Thomas had insufficient insight. This panel noted that although the current reflection shows some developing insight into the failings, there remains insufficient insight in terms of the impact of the charges found proved on the profession, colleagues, patients and the wider public which could be demonstrated through a more detailed reflective piece at a future review.

The original panel determined that Mrs Thomas was liable to repeat matters of the kind found proved. Today's panel determined that whilst Mrs Thomas' insight has developed her reflective piece does not adequately address the concerns raised. The panel was also of the view that Mrs Thomas' insight cannot be marked as sufficiently addressed as her reflective statement does not address her previous failings surrounding patient care and what steps she would take in future to ensure that it does not happen again.

In its consideration of whether Mrs Thomas has taken steps to strengthen her practice, the panel took into account:

- *Certificates of training titled:*
- *Medication Awareness Trainer dated 23 January 2025*
- *People Movers Moving and Handling Trainer/ Assessor dated 23 January 2025*
- *First Aid Basic Life support Trainer dated 23 January 2025*
- *Managing Quality; the role of the CQC dated 2 July 2025*
- *Women in Leadership dated 7 July 2025*
- *Managing Quality; the definition of quality and quality assurance*
- *Leadership styles, skills, vision dated 17 July 2025*
- *TQUK Level 3 Award in Education and Training (RQF) dated 17 July 2025*
- *A reflective statement from Mrs Thomas*

The panel noted however that it had no evidence from Mrs Thomas as to how she would implement any learning from courses undertaken and how it will impact her future practice.

The panel noted that Mrs Thomas has not been in employment since the order was imposed and as such was unable to provide testimonials.

In light of this, this panel determined that Mrs Thomas is liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The Panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Mrs Thomas's fitness to practise remains impaired.'

The first reviewing panel determined the following with regard to sanction:

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

It then considered the imposition of a caution order but again determined that, due to the risk of repetition identified, and the public protection issues identified, an order that does not restrict Mrs Thomas' practice would not be appropriate in the circumstances. The Panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether continuation of the current conditions of practice order on Mrs Thomas' registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that the current conditions are appropriate and practical which address the failings highlighted in this case. The panel accepted that Mrs Thomas has been unable to comply with her full conditions of practice due to her current employment status but is engaging with the NMC and the panel had no evidence that she is not willing to comply with any conditions imposed.

The panel was of the view that continuation of the current conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that there was no evidence of general incompetence, no deep-seated attitudinal problems and that the misconduct related to poor judgement rather than clinical competence. In this case, the current conditions would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of Mrs Thomas' case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 6 months, which will come into effect on the expiry of the current order, namely at the end of 9 September 2025. The panel determined that this period of time would be sufficient to allow Mrs Thomas to develop her insight whilst also demonstrating how can she apply what she has learned in training.

It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

- 1. You may not be the 'Registered Manager' or 'Nominated Individual' (or equivalent position) in a domiciliary care agency or care/nursing home.*
- 2. You must meet with your line manager/supervisor/mentor monthly to discuss your progress in complying with processes, procedures and regulatory requirements. A report from these*

meetings must be made and submitted to the NMC before any review.

3. You must undertake training in the following areas:

- a) Regulatory compliance relevant to your role*
- b) Quality assurance*

4. You must keep the NMC informed about anywhere you are working by:

- a) Telling your case officer within seven days of accepting or leaving any employment.*
- b) Giving your case officer your employer's contact details.*

5. You must keep the NMC informed about anywhere you are studying by:

- a) Telling your case officer within seven days of accepting any course of study.*
- b) Giving your case officer the name and contact details of the organisation offering that course of study.*

6. You must immediately give a copy of these conditions to:

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

7. You must tell your case officer, within seven days of your becoming aware of:

- a) Any clinical incident you are involved in.*
- b) Any investigation started against you.*
- c) Any disciplinary proceedings taken against you.*

8. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:

- a) Any current or future employer.
- b) Any educational establishment.
- c) Any other person(s) involved in your retraining and/or supervision required by these conditions.'

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 9 September 2025 in accordance with Article 30(1).

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

Any future panel reviewing this case would be assisted by:

- *Mrs Thomas' attendance so that a future panel can seek any clarification*
- *A full reflective piece from Mrs Thomas demonstrating that she understands the impact of her failings and how Mrs Thomas would apply her training in her future practice, demonstrating the relevance of the courses undertaken*
- *Testimonials relating to Mrs Thomas' current practice'*

Decision and reasons on current impairment

The panel carefully considered whether your fitness to practise remains impaired. While there is no statutory definition of fitness to practise, the Nursing and Midwifery Council defines it as a registrant's suitability to remain on the register without restriction. In undertaking this review, the panel conducted a comprehensive assessment of the current

position in accordance with the NMC's guidance on substantive order reviews and impairment. Although the panel noted the conclusions reached by the previous reviewing panel, those findings formed part of the background only and were not determinative. The panel exercised its own independent judgment in deciding whether your fitness to practise is currently impaired.

The panel had regard to all of the documentation before it, including the NMC bundle, your previous reflection, and the material you provided, which included a reflective statement and training certificates.

Ms Roy addressed the panel on behalf of the NMC and provided background to the case by reference to the documentary evidence.

Ms Roy drew the panel's attention to your most recent reflective statement. She submitted that, while it described training undertaken and general changes to your practice, it did not sufficiently demonstrate how learning had been applied in your current role or how that role enabled you to remediate the concerns identified by the original panel. She further submitted that you had not undertaken further training since the last review and had not provided the monthly line-manager reports required by the existing conditions.

Ms Roy submitted that, in accordance with the NMC's guidance on substantive order reviews, there is a persuasive burden on you to demonstrate that you have sufficiently addressed the causes of your past impairment through insight, remediation, education, supervision or other achievement. She submitted that, in the absence of adequate evidence of remediation, insight and compliance with conditions, your fitness to practise remains impaired and that you remain liable to repeat matters of the kind found proved. Ms Roy submitted that a further extension of the conditions of practice order would be sufficient and proportionate to protect the public and maintain confidence in the profession.

You gave evidence under affirmation.

You told the panel that you initially worked with Vibrant Home Care from September 2025 in a flexible Clinical Trainer role in order to rebuild confidence before returning to full-time employment. You explained that you provided training support when the Registered

Manager was unavailable and later accepted a full-time post as Clinical Training and Human Resources Lead from November 2025. You confirmed that your current role does not require NMC registration.

You explained that your responsibilities include delivering induction, mandatory and specialist training, assessing staff competence, supporting high-risk care, and maintaining oversight of training compliance through records, refresher schedules and a training matrix. You confirmed that these responsibilities are reflected in your employer's reference.

You told the panel that your regulatory experience has strengthened your insight and practice. You explained that you now prioritise patient safety over operational pressures, escalate concerns earlier, maintain clear documentation, and ensure robust governance arrangements. You said that the training you have undertaken has improved your leadership, ethical decision-making and ability to deliver safe care.

You told the panel that the events had had a significant personal and professional impact on you. You explained that during the short period between taking over the service and the CQC inspection you were dealing with staffing shortages and maintaining service delivery, which limited your managerial oversight. You said that no safeguarding concerns were raised, no service users were harmed and that the service was not closed by the CQC following their inspection. You described the effect on your confidence, career and wellbeing and explained that you had stepped away from nursing to reflect, retrain and rebuild confidence and that you now accept and understand the regulatory process.

You told the panel that, if faced with similar circumstances again, you would ensure clearer accountability, escalate concerns earlier, communicate promptly with regulators, reduce service capacity where necessary and raise concerns to safeguard service users. You said that you would not attempt to manage such situations alone and would prioritise public protection.

You told the panel that you now have regular meetings, audits and probation reviews in your current role, which support safe practice, and that you continue to maintain your competence through ongoing training and assessment. You also told the panel that you

intend to continue developing as a trainer while keeping open the option of returning to nursing practice.

Mr Walker submitted on your behalf that you had complied with the previous Panel's recommendations by attending the hearing, providing a reflective statement and giving oral evidence.

Mr Walker submitted that your written and oral evidence demonstrated developing insight, remediation and strengthened practice. He referred to your recognition of the impact of your misconduct on patient safety and public confidence, to your emphasis on prioritising safety over operational pressures, and to the positive reference from your employer. He submitted that these matters demonstrate adequate remediation, that the risk of repetition is low and that there is therefore no need for a further finding of impairment on either public-protection or public-interest grounds. He invited the Panel to allow the conditions of practice order to lapse.

The panel accepted and took into account the advice of the legal assessor.

In reaching its decision, the panel was mindful that its statutory purpose includes protecting the public, maintaining public confidence in the profession and declaring and upholding proper standards of conduct and performance.

The panel carefully considered whether your fitness to practise remains impaired.

The panel acknowledged that you have undertaken relevant training, that you are maintaining your professional knowledge, and that you are applying aspects of this learning in your current role, including an increased focus on the monitoring and recording of staff training. The panel accepted that these steps are positive and that you have begun to engage constructively with remediation.

However, the panel concluded that you have not yet demonstrated sufficient insight into the impact of your actions on vulnerable service users and on the wider public interest. The panel noted that your evidence focused predominantly on systems, processes and the personal consequences for you, rather than fully addressing how service users were

placed at risk or how public confidence in the profession may have been affected. The panel was not satisfied that you clearly articulated what you had learned from the findings made against you or how you would respond differently in comparable circumstances in the future. The panel also identified differences between aspects of your reflective statement and your oral evidence, which limited its confidence that your insight has yet fully developed.

The panel further considered that elements of your evidence appeared to minimise your own responsibility or to focus on the actions of others, and that you expressed frustration with the regulatory process. The panel concluded that these matters raised concerns about whether you fully accept the findings that were made and about the extent to which attitudinal issues have been addressed. The panel was also not satisfied that you yet demonstrated a sufficiently developed understanding of the role and importance of clinical supervision in maintaining safe practice.

In light of these matters, the panel determined that there remains a risk of repetition. The panel concluded that you have not yet demonstrated sufficient insight or remediation to satisfy it that your fitness to practise is no longer impaired. The panel therefore finds that your fitness to practise remains impaired on public-protection grounds.

The panel also considered the public-interest component of impairment. It determined that, in this case, a finding of continuing impairment is required in order to maintain public confidence in the profession and to uphold proper professional standards. The panel noted the particular importance of public confidence in domiciliary care services, where service users are often highly vulnerable and receive care in their own homes with limited oversight. The panel concluded that a fully informed member of the public would be concerned if no finding of impairment were made in circumstances where your insight remains limited and the risks to vulnerable service users have not yet been fully addressed.

For these reasons, the panel finds that your fitness to practise remains impaired.

Decision and reasons on sanction

Having found that your fitness to practise remains impaired, the panel went on to consider what, if any, sanction should now be imposed. The panel noted that its powers are set out in Article 30 of the Nursing and Midwifery Order 2001 (the Order). The panel took into account the NMC's Sanctions Guidance (SG) and bore in mind that the purpose of a sanction is not to punish, although any sanction may have a punitive effect.

The panel first considered whether to take no action, but concluded that this would be inappropriate in light of its finding of continuing impairment and the seriousness of the concerns identified. The panel decided that it would not be sufficient to protect the public, maintain confidence in the profession or uphold proper professional standards.

The panel next considered whether to impose a caution order. The SG states that a caution order may be appropriate where the case is at the lower end of the spectrum of impaired fitness to practise and where the panel wishes to mark that the behaviour was unacceptable and must not happen again. The panel concluded that this case is not at the lower end of that spectrum, given the continuing impairment and the risk of repetition that it has identified. The panel therefore decided that a caution order would not be sufficient or proportionate.

The panel then considered whether a further conditions of practice order would be a sufficient and appropriate response. The Panel reminded itself that any conditions imposed must be proportionate, workable and measurable.

The panel determined that appropriate and practical conditions could be formulated which would address the concerns in this case. The panel accepted that you have not been able fully to demonstrate compliance with the existing conditions because of your employment circumstances, but noted your engagement with the NMC and your stated willingness to comply with any conditions imposed.

The panel concluded that a varied conditions of practice order would be sufficient to protect the public and to maintain confidence in the profession. The panel was satisfied that the conditions imposed would manage the identified risks during the period they remain in force.

The panel also considered whether a suspension order or a striking-off order would be appropriate. It concluded that either would be disproportionate at this stage, given the nature of the concerns, the steps you have taken towards remediation, and the panel's view that workable conditions remain capable of addressing the outstanding risks.

Accordingly, the panel determined, pursuant to Article 30(1)(c) of the Order, to impose a further conditions of practice order for a period of six months. This order will take effect on the expiry of the current order, namely at the end of 9 March 2026.

The panel decided to impose the following conditions, which it considered to be appropriate, proportionate, workable and measurable:

For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. 'Course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must not act as a Registered Manager or Nominated Individual (or equivalent position) in a domiciliary care agency or care or nursing home.
2. You must meet with your line manager, clinical supervisor or mentor on a monthly basis for reflective clinical supervision focused on:
 - your professional practice
 - insight into the findings made against you
 - the impact your actions had on service users and the wider public interest
 - your ongoing development plans

Your line manager, clinical supervisor or mentor should provide a written report which should comment on your:

- engagement with clinical supervision
- your insight
- any concerns regarding safe practice

A copy of these reports must be provided to the NMC in advance of any review hearing.

3. You must undertake training and be able to demonstrate how this training has informed your insight, professional behaviour and future decision making in the following areas:
 - a) compassionate leadership;
 - b) emotional intelligence;
 - c) self-awareness.
4. You must keep the NMC informed about your employment by:
 - a) notifying your case officer within seven days of accepting or leaving any role; and
 - b) providing your employer's contact details.
5. You must keep the NMC informed about any course of study by:
 - a) notifying your case officer within seven days of accepting a course; and
 - b) providing the name and contact details of the organisation providing it.
6. You must provide a copy of these conditions to:
 - a) any organisation or person you work for;
 - b) any prospective employer at the time of application; and
 - c) any educational establishment to which you apply or are already enrolled.
7. You must inform your case officer within seven days of becoming aware of:
 - a) any clinical incident in which you are involved;
 - b) any investigation commenced against you; or
 - c) any disciplinary proceedings taken against you.
8. You must allow your case officer to share, as necessary, information about your performance and your compliance with these conditions with:
 - a) any current or future employer;
 - b) any educational establishment; and
 - c) any person involved in your supervision or retraining.

The period of this order is six months.

Before the end of that period, a panel will hold a further review hearing to assess your compliance with the order. At that hearing the panel may revoke the order or any of its conditions, confirm the order, vary any condition, or replace the order with another order.

Any future reviewing panel would be assisted by:

- a further reflective statement addressing the impact of your actions, focusing on service users and on the wider public interest;
- evidence of any further training undertaken;
- evidence from any regulatory or independent audits relating to your role; and
- continued engagement with the NMC.

This determination will be confirmed to you in writing.

That concludes this determination.