

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

**Substantive Order Review Hearing
Thursday, 19 March 2026**

Virtual Hearing

Name of Registrant: Jasbinder Richards

NMC PIN: 06G0252E

Part(s) of the register: Nurses part of the register Sub part 1
RNA: Adult nurse, level 1 (18 July 2007)

Relevant Location: Birmingham

Type of case: Misconduct

Panel members: Adrian Blomefield (Chair, lay member)
Karin Downer (Registrant member)
Georgina Wilkinson (Lay member)

Legal Assessor: Robin Hay

Hearings Coordinator: Tyra Andrews

Nursing and Midwifery Council: Represented by Mary Kyriacou, Case Presenter

Mrs Richards: Present and represented by Kathleen Mulhern, instructed by the Royal College of Nursing (RCN)

Order being reviewed: Conditions of practice order (18 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (6 months)
to come into effect on 2 October 2026 in accordance
with Article 30 (1)**

Decision and reasons on review of the substantive order

The panel decided to confirm the current conditions of practice order

This order will come into effect at the end of 2 October 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 18 months by a Fitness to Practise Committee panel on 5 March 2025. This order was instructed to be reviewed 12 months after its imposition.

The current order is due to expire at the end of 2 October 2026.

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

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

'That you, a Registered Nurse:

1) *While employed at the Acorn Care Home ('the Home'), at the time of a documentation audit between March and July 2017:*

a) *Failed to ensure the following residents' care files accurately recorded the conditions they suffered from:*

1.1.1. *Resident B's care plan for specialist seating incorrectly identified his diagnosis as Motor Neurone Disease; [PROVED BY ADMISSION]*

1.1.2. *...*

1.2. *...*

1.3. *....*

1.4. *Failed to ensure sufficient information was recorded on clinical risk assessments, in that;*

1.4.1. Resident A's clinical risk assessments do not state what the risk is;
[PROVED BY ADMISSION]

1.4.2. Resident A and/or Resident G's clinical risk assessments do not provide information on how to manage the risks identified; **[PROVED BY ADMISSION]**

1.4.3. In relation one or more residents, the risk rating of low, medium or high was not recorded; **[PROVED BY ADMISSION]**

1.4.4. In relation to one or more residents, the clinical risk assessments were over a year old; **[PROVED BY ADMISSION]**

1.4.5. In relation to one or more residents, the information in clinical risk assessments did not match the care plan; **[PROVED BY ADMISSION]**

1.5. Failed to ensure the documentation in respect of one or more residents was legible. **[PROVED BY ADMISSION]**

1.6.

1.7. ...

1.8. ...

1.9. ...

1.10. Failed to ensure one or more of the following residents' PRN protocols were legible and/or signed two by nurses:

1.10.1. Resident B; **[PROVED BY ADMISSION]**

1.10.2. Resident I; **[PROVED BY ADMISSION]**

1.10.3. Resident K; **[PROVED BY ADMISSION]**

1.10.4. Resident L; **[PROVED BY ADMISSION]**

1.10.5. Resident M; **[PROVED BY ADMISSION]**

2. Failed to adequately investigate complaints raised by relatives of the residents of The Green Nursing Home ('The Green') in that you:

a) ...

b) ...

c) *Between September 2018 until May 2019, in relation to Resident N:*

2.1.1. *Failed to address concerns about the provision of dental treatment for Resident N; [PROVED]*

2.1.2. ...

d) *In relation to Resident O:*

i) *Following a meeting on 5 November 2018, failed to address Resident O's family's concerns regarding the Resident's treatment between September 2018 and November 2018; [PROVED]*

ii) *Failed to address the family's request for Resident O to move to a downstairs room; [PROVED]*

iii) ...

3. *Failed to communicate effectively with the relatives of residents of The Green in that you:*

3.1. *Following the meeting of 5 November 2018, declined a review meeting with the relatives of Resident O; [PROVED]*

3.2. *Said to Colleague A words to the effect of "well I'm looking after her, not you"; [PROVED]*

3.3. ...

4. *Failed to work collaboratively with colleagues in that you:*

4.1. ...

4.2. ...

4.3. ...

4.4. *Failed to provide adequate handover to Colleague C, the incoming Home Manager of the Green, in that you:*

4.4.1. *On 30 April 2019 and/or 1 May 2019, cancelled agency workers' shifts resulting in Colleague C having to work those shifts; [PROVED]*

4.4.2. *Did not adequately explain managerial records, including staff training.*

[PROVED]

5. ...

6. ...

7. ...

8. ...

9. ...

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

The original panel determined the following with regard to impairment:

'The panel determined that residents were placed at an unwarranted risk of harm as a result of your misconduct. It further determined that your misconduct, which occurred whilst you were in a senior position, had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel considered that the misconduct found proved is easily remediable.

Looking forward, and when considering your insight, the panel had before it your reflective statement in which you provide some remorse for your failings. However, the panel was of the view that much of your reflective statement is focused upon you, rather than the impact your actions had upon your colleagues, patients, their families and the reputation of the nursing profession. Additionally, you continue to outline excuses for some of your behaviour, rather than focusing upon how to prevent a similar situation arising in the future.

The panel was encouraged by the training certificates before it. However, the panel noted that much of the training was completed exclusively online in January 2024, within a short period of time. Given the progression of these proceedings since January 2024, the panel would have been assisted with evidence of more up to date training. The panel gave careful consideration to the training undertaken by you which is theoretical and has not been tested in clinical practice. You have not worked as a registered nurse since 2019 and therefore you have been unable to, at this time, demonstrate a strengthening of your practice.

Whilst the panel had before it a number of testimonials attesting to your honesty, good character and ability as a registered nurse, many of those testimonials predate these regulatory proceedings. In light of this, and given the misconduct found proved, the panel determined that it would be appropriate to give those testimonials only limited weight.

Given your limited insight, and lack of remediation, the panel could not be satisfied that should you encounter a similar environment again, your misconduct would not be repeated. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that public confidence in the profession would be seriously undermined if a finding of impairment were not made in this case, and therefore also finds your fitness to practise impaired on the grounds of public interest.

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

The original panel determined the following with regard to sanction:

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

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

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

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. There is no evidence before the panel of any deep-seated attitudinal problem and it accepted that you would be willing to comply with conditions, particularly given your engagement with these proceedings. The panel determined that a conditions of practice order would protect patients during the period that they are in force and address the public protection concerns identified. It was of the view that it was in the public interest that, with appropriate safeguards, you should be able to return to practise as a nurse.

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

The panel considered that imposing a suspension order would be disproportionate given the particular circumstances of your case. It determined that the public interest concerns identified in your case, can be addressed by a conditions of practice order.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession, and will send to the public and the profession a clear message about the standards of practice required of a registered nurse. The panel determined that a fully informed member of the public would be satisfied by the imposition of a conditions upon your practice.

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current

circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and the documentation provided by Ms Mulhern on your behalf.

It has taken account of the submissions made by Ms Kyriacou on behalf of the NMC. She referred the panel to the relevant pages in the bundle and outlined the background of the case and the regulatory concerns identified. Ms Kyriacou submitted that since the previous hearing you have been working in a caring role, but you are not currently employed and therefore have not provided evidence of strengthened practice as a registered nurse. She further submitted that the areas of concern identified and the topics to be contained within a personal development plan have not been tested.

Ms Kyriacou noted your training certificates and role as a volunteer carer however she submitted that there is no evidence before the panel to demonstrate strengthened practice as a registered nurse undertaking clinical risk assessments, completing documentation and communicating with colleagues and family members.

The panel also had regard to your reflective piece, testimonial and training certificates in addition to submissions made by Ms Mulhern on your behalf.

Ms Mulhern submitted that you have completed various relevant training courses throughout the interim period which shows that you have remedied the issues raised and there is no risk of repetition of the misconduct identified. She further submitted that you have shown evidence of remorse and you are a low risk to the public and public confidence would be maintained should the conditions of practice order be revoked.

Ms Mulhern reminded the panel that no deep-seated attitudinal problems or evidence of general incompetence was identified by the previous panel, and that you are willing to respond positively to retraining. She further submitted that you have been compliant with the conditions imposed, by working as a voluntary carer for an unwell individual. Ms Mulhern submitted that the time spent working with the individual has strengthened your

practice and understanding and it further allowed you to gain confidence within your role as a nurse.

Ms Mulhern submitted that you intend to go back into registered nursing practice however, you are taking some time to ensure you have recovered following the death of your father before returning to work. She referred the panel to the testimony of the individual you were caring for and highlighted that she referred to you as 'kind, compassionate, sensitive and professional'. Ms Mulhern outlined the training you completed in order to care for the individual and submitted that this shows the steps taken to maintain your skills and knowledge.

Ms Mulhern submitted the remediation work completed suggests that you recognise the impact of your previous misconduct and through personal development and the work carried out you present a very low risk of repetition and a very low risk to the public, therefore an order is no longer necessary or proportionate.

The panel heard and accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

The panel noted that the original panel found that you had limited insight into your misconduct and considered that your reflective piece focused on yourself and did not mention what you could have done differently to prevent any similar misconduct in the future. The panel had regard to the following statement in the previous determination:

'...Looking forward, and when considering your insight, the panel had before it your reflective statement in which you provide some remorse for your failings. However, the panel was of the view that much of your reflective statement is focused upon you, rather than the impact your actions had upon your colleagues, patients, their families and the reputation of the nursing profession. Additionally, you continue to

outline excuses for some of your behaviour, rather than focusing upon how to prevent a similar situation arising in the future...'

When making its decision, the panel had particular regard to the regulatory concerns identified surrounding maintaining accurate clinical documentation, effective communication, making effective clinical decisions and carrying out effective risk assessments.

At this hearing the panel found you have developing insight into your misconduct relating to effective communication with families. The panel determined that your reflective pieces highlighted you have started to consider how effective communication includes being open and transparent in difficult conversations. However, the panel was of the view that your reflections did not demonstrate insight into maintaining accurate documentation, making effective clinical decisions and carrying out effective risk assessments.

The panel was of the view that your reflections continued to be descriptive and lacked reflection on the impact of your misconduct and how you would improve your practice in the future.

In its consideration of whether you have taken steps to strengthen your practice, the panel had regard to the evidence of training you have provided. It noted that the training was in relation to Wound Care, Stress Management, Leadership & Management, Alcohol Misuse and Chronic Fatigue Syndrome. The panel found that the areas where you have strengthened your practice were specific to the individual you were caring for and did not address the concerns of the previous panel. It noted that you have developed your understanding of the need to be open and transparent when having difficult conversations with patients' families but found that further training and development is required to address all of the regulatory concerns raised.

The panel further acknowledged that you have not worked as a registered nurse since 2019 and therefore have not had the opportunity to demonstrate your learning and develop insight. The panel had regard to the testimonial provided by the individual you cared for and acknowledged the efforts you made to strengthen your knowledge regarding their

illness. The panel found that there was no evidence before it to demonstrate a record of safe practice or your ability to practice unrestricted as a registered nurse at this time.

The panel was of the view that you have taken limited steps to address the charges found proved by the previous panel and comply with the conditions imposed as a registered nurse.

In light of this, this panel determined that you remain 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 your fitness to practise remains impaired.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of*

impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'

The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether extending the conditions of practice order on your 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 conditions previously imposed are practical and address the failings highlighted in this case. The panel accepted that you have been unable to comply with conditions of practice due to your bereavement and current employment status, but it noted that you are engaging with the NMC. The panel concluded that extending the conditions of practice order would be sufficient to provide you with further opportunity to address the regulatory concerns.

The panel was of the view that extending the 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 or deep-seated attitudinal problems identified. In this case, the formulated 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 your case because you would not have the opportunity to demonstrate insight or strengthened practice for misconduct that can be remediated.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to extend the 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 2 October 2026. It decided to extend the following conditions which it considered are appropriate and proportionate in this case:

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

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

1. You must work with your line manager, mentor and/or supervisor to create a personal development plan (PDP). Your PDP must address the concerns about:
 - a) Maintaining accurate clinical documentation;
 - b) Effective communication;
 - c) Making effective clinical decisions; and
 - d) Carrying out effective risk assessments

2. You must meet with your line manager, mentor and/or supervisor on a monthly basis to discuss, reflect and provide evidence on the PDP in relation to the following areas of your practice:
 - a) Maintaining accurate clinical documentation;
 - b) Effective communication;
 - c) Making effective clinical decisions; and
 - d) Carrying out effective risk assessments

3. You must send a copy of your PDP to the NMC before any review hearing.

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

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

6. You must immediately give a copy of these conditions to:
 - a) Any organisation or person you work for.
 - b) Any agency you apply to or are registered with for work.
 - c) Any employers you apply to for work (at the time of application).
 - d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
 - e) Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity

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 2 October 2026 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 you have 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:

- Updated reflective piece that addresses the impact of the regulatory concerns identified on patients, colleagues and the wider nursing profession.
- Your attendance at the hearing.
- Any up to date testimonials that specifically reference how you are remediating the regulatory concerns.
- Evidence of your undertaking continuing or up to date training specifically related to the regulatory concerns.

This will be confirmed to you in writing.

That concludes this determination.