

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

**Substantive Hearing
Monday, 16 March 2026 – Wednesday, 25 March 2026**

Virtual Hearing

Name of Registrant:	Charan Kanwal Sidhu
NMC PIN:	84I2526E
Part(s) of the register:	Registered Nurse - Adult (15 November 1987)
Relevant Location:	Shropshire
Type of case:	Misconduct
Panel members:	James Carr (Chair, lay member) Lesley Foulkes (Registrant member) Norah Christie (Lay member)
Legal Assessor:	Alice Robertson Rickard (16 – 19 March 2026 and 23 – 25 March 2026) Robin Hay (20 March 2026)
Hearings Coordinator:	Clara Federizo
Nursing and Midwifery Council:	Represented by Selena Jones, Case Presenter
Mrs Sidhu:	Present and represented by Thomas Buxton
Facts proved by admission:	All charges
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	Suspension order (12 months, with review)
Interim order:	Interim suspension order (18 months)

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Ms Jones under Rule 31 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules) to allow the written statements of Mr 1 and Ms 2 into evidence. She submitted that whilst the NMC had made sufficient efforts to ensure that these witnesses were present, Mr 1 and Ms 2 are no longer engaging in proceedings as set out in the correspondence within the hearsay bundles. Ms 2 had indicated that she no longer wishes to participate, and although Mr 1 initially had some contact with the NMC, he subsequently disengaged despite repeated attempts to communicate with him.

Ms Jones submitted that the evidence is highly relevant to the issues in the case and has probative value in determining those matters. She further submitted that the evidence was reliable and therefore fair to admit.

Mr Buxton opposed the application and invited the panel to refuse the admission of the hearsay evidence of both witnesses. He submitted that the NMC's case is already supported by three witnesses who will attend to give evidence, with detailed statements and exhibits, and that the charges themselves are broad and general in nature. He submitted that it would be unfair to admit additional hearsay evidence which could not be properly challenged in cross-examination.

Mr Buxton submitted that whilst both witnesses are clearly not willing to engage further, particularly Ms 2, and that the reasons for this are unknown.

Moreover, Mr Buxton raised significant concerns about the quality and reliability of the statements themselves. He noted that they are in draft form, contain gaps and omissions, and in some places *'raise more questions than they answer'*. He further pointed out that the statements are unsigned, therefore, there is no formal confirmation of their accuracy or truth.

Mr Buxton also submitted that you were not given prior notice that this application would be made, despite the issue being raised at a case management conference in February where confirmation of the witnesses' status had been requested but not

provided. He submitted that you have been deprived of the opportunity to prepare a proper response or obtain evidence to challenge the contents of the statements.

Mr Buxton submitted that the key test is one of fairness rather than weight, and that hearsay evidence should not be admitted as a matter of routine. He submitted that admitting incomplete evidence, particularly where it cannot be tested by cross-examination, would place you at a significant disadvantage.

Mr Buxton submitted that admitting the statements would be unfair in all the circumstances. He therefore invited the panel to refuse the application.

The panel accepted the advice of the legal assessor, who referred the panel to Rule 31 of the Rules and who advised the panel on the principles derived from the following cases: *Ogbonna v NMC* [2010] EWCA Civ 1216, *Bonhoeffer v GMC* [2011] EWHC 1585, *Thorneycroft v NMC* [2014] EWHC 1565, *El Karout v NMC* [2019] EWHC 28 (Admin) and *Mansaray v NMC* [2023] EWHC 730 (Admin).

The panel refused the application to admit the hearsay evidence of both witnesses, Mr 1 and Ms 2. It determined that, although the evidence was clearly relevant, it would be unfair to admit it.

In relation to relevance, the panel accepted that both statements addressed matters central to the charges, noting that these were accounts by someone who was present at the time, and, in some respects, overlapped with or corroborated other evidence. However, this did not outweigh the concerns regarding fairness.

The panel carefully considered the relevant legal principles, including those set out in the case of *Thorneycroft*, in determining relevance and fairness. It noted that both statements were in draft form, unsigned, undated, and incomplete, with no declaration of truth. The panel determined that this significantly undermined their reliability. The panel also noted that the contents were disputed but could not be tested.

The panel was not satisfied that the NMC had demonstrated a good and cogent reason for the non-attendance of either witness, nor that reasonable steps had been taken to secure their attendance or finalise their evidence. The panel noted an email from an NMC case officer, dated 11 August 2023, which referred to a telephone conversation with Mr 1 raising:

“a number of concerns and details their reason for not wanting to act as a witness”.

This information was not shared with the panel.

It considered that there had been limited and outdated attempts to engage the witnesses, for instance some of the correspondence dated back to November 2023, and no adequate explanation for their absence was provided.

The panel further accepted the submission that you had not been given prior notice that the NMC intended to rely on these statements as hearsay, and this deprived you of the opportunity to prepare a response or obtain evidence to challenge the allegations.

The panel also considered that the evidence of Mr 1 appears to be sole and decisive in relation to some aspects of the allegations, which increased the need for the evidence to be tested, and further weighed against its admission.

Balancing all the above factors, the panel concluded that the hearsay evidence of Mr 1 and Ms 2 would cause unfairness to you if it were admitted. Accordingly, the panel refused the application for both witnesses.

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Jones, on behalf of the NMC, to amend the wording of the charges.

The proposed amendments were to clarify your role and that the test of adequacy applied to all of the allegations. The proposed amendments would read as follows:

“That you, a registered nurse and the owner of the Oldbury Grange Nursing Home (“the Home”) –

*1) Between 2015 and 11 January 2019, whilst the registered Home Manager of the Home and / or between December 2018 and November 2021, ~~whilst the Finance and Estates Manager of the Home:~~ **as the owner or provider of the Home:***

*a) Failed to **adequately** implement and / or monitor systems and / or procedures in one or more of the following areas:*

- i) Safe staff recruitment system and / or staff training*
- ii) Infection control*
- iii) Tissue viability care*
- iv) ~~Adequate~~ Risk assessment and risk management*
- v) ~~Adequate~~ Resident nutrition and dietary needs*
- vi) ~~Adequate~~ Service and / or maintenance of equipment*
- vii) ~~Adequate~~ Care plans and / or adequate monitoring of the plans*

*b) Failed to **adequately** manage health and safety within the Home by allowing and / or contributing to one or more of the following:*

- i) Unsafe disposal of waste*
- ii) Inadequate fire safety*

2) Your actions in charge 1) exposed the Home residents to risk of serious harm.

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

It was submitted by Ms Jones that the proposed amendments would not cause any prejudice to you, as they do not alter the substance or overall nature of the case, but instead provide clarity and more accurately reflect the evidence already before the panel.

Ms Jones submitted that, in the circumstances, it is fair and appropriate for the panel to allow the amendments, and she invited the panel to grant the application.

Mr Buxton did not oppose the application.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of the Rules.

The panel determined that the amendments were in the interests of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendments being allowed. The panel noted that Mr Buxton did not oppose the amendments. It was therefore appropriate to allow the amendments, as applied for, to ensure clarity and accuracy.

Details of charge (as amended)

That you, a registered nurse and the owner of the Oldbury Grange Nursing Home (“the Home”) –

- 1) Between 2015 and 11 January 2019, whilst the registered Home Manager of the Home and / or between December 2018 and November 2021 as the owner or provider of the Home:
 - a) Failed to adequately implement and / or monitor systems and / or procedures in one or more of the following areas:
 - i) Safe staff recruitment system and / or staff training
 - ii) Infection control
 - iii) Tissue viability care

- iv) Risk assessment and risk management
- v) Resident nutrition and dietary needs
- vi) Service and / or maintenance of equipment
- vii) Care plans and / or adequate monitoring of the plans

b) Failed to adequately manage health and safety within the Home by allowing and / or contributing to one or more of the following:

- i) Unsafe disposal of waste
- ii) Inadequate fire safety

2) Your actions in charge 1) exposed the Home residents to risk of serious harm.

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

Decision and reasons of special measures for Witness 3

Ms Jones made an application under Rule 23 of the Rules. She explained that Witness 3 had expressed concerns about giving evidence, in that she feels anxious about being seen by you while doing so, arising from a previous interaction between you. Ms Jones submitted that these circumstances amounted to a basis of intimidation, which would justify the implementation of special measures.

Ms Jones told the panel that Witness 3 has previously encountered you and found those interactions to be difficult and unpleasant. In particular, she recalled that you made disparaging remarks towards her, including comments suggesting that “*she thought she knew best*”, which Witness 3 found very upsetting. Ms Jones highlighted that these interactions took place during what the witness described as a very challenging and traumatic period. At the time, Witness 3 was dealing with serious concerns that required her to relocate elderly residents from a care home, many of whom were vulnerable and suffered from dementia. Against that backdrop, the comments made by you had a significant emotional impact on her. Further, Witness

3 raised that there is a local community connection between you and her, noting that your husband works as a GP in the same area where she currently lives.

Although some time has passed, Ms Jones submitted that Witness 3 has expressed genuine anxiety about seeing and being seen by you again, particularly in a setting where she is being required to revisit those events. Ms Jones told the panel that, while Witness 3 would still be willing to give evidence without special measures, her distress could adversely affect the quality of that evidence, potentially limiting how fully she is able to present it.

Ms Jones submitted that Witness 3 indicated that she would be able to provide her best evidence if special measures were put in place, for example, if you were to join by telephone during Witness 3's evidence. Ms Jones submitted that this would not cause any prejudice to you as you would still be able to hear the proceedings, participate fully, and are legally represented. Ms Jones therefore invited the panel to grant the application, on the basis that the special measures are proportionate and would improve the quality of Witness 3's evidence.

Mr Buxton submitted that Rule 23 allows such special measures where a witness can properly be regarded as vulnerable, including where there is evidence of intimidation. However, he submitted that this application did not meet that threshold. Mr Buxton opposed the application and submitted that this appeared to be based on preference rather than a substantiated concern, and that there was insufficient evidence to demonstrate that the quality of Witness 3's evidence would be diminished without special measures. He emphasised that such measures should not be granted lightly, as they may conflict with the principle of open and transparent justice in proceedings and with your interests.

Mr Buxton noted that when the issue was first raised with you prior to the start of the hearing, the only reason given was the existence of a local community connection through your husband's role as a GP. He then questioned how this, in itself, could reasonably cause distress or interfere with Witness 3's ability to give evidence.

Mr Buxton further submitted that the allegations of unpleasant or disparaging interactions were denied by you and submitted that no detailed evidence had been provided to support this. While he accepted that Witness 3 may have seen you during the relevant period, he submitted that any interactions you may have had did not amount to intimidation. He also noted that the stressful circumstances described by Witness 3, including the relocation of residents, were part of her professional role.

Mr Buxton highlighted for the panel that Witness 3 had previously signed a statement indicating her willingness to give evidence and that nothing had occurred since that time to justify a change in position. He also pointed out that Witness 3 remains willing to give evidence if the application were to not be granted, which he submitted further suggested that this was a matter of preference rather than necessity.

Mr Buxton invited the panel to refuse the application on the basis that there was no proper evidential basis for a finding of intimidation and no clear justification for restricting your ability to see the witness while she gives evidence.

The panel heard and accepted the advice of the legal assessor, which included reference to Rule 23(1)(f) and to the case of *R (Levett) v HCPC* [2013] EWHC 3330 (Admin).

In reaching its decision, the panel considered the criteria for establishing whether a witness is vulnerable, particularly in the sense of feeling intimidated, it noted that the key question is whether Witness 3's feelings of intimidation are genuine rather than whether you had actually intimidated this witness. Nonetheless, the panel was also mindful that there must be some proper basis upon which it could be suggested that the background circumstances could give rise to feelings of intimidation.

In this case, the panel was not satisfied that the application was supported by evidence. It noted that there was no statement from Witness 3 dealing with this issue, despite the fact that this was a concern that had been raised in advance of the hearing. The panel considered that the submissions from the NMC were vague and unsubstantiated. Whilst it noted that the witness found you to be '*unpleasant*', it was not clear how this might affect the quality of her evidence.

Further, on the submission that your husband is a GP in the area where the witness lives which gave rise to concerns, the panel considered that was not clear what these concerns were or how they might impact on the quality of the evidence that Witness 3 could give. The panel also noted that any suggestions of intimidation were vehemently denied by you.

The panel determined that there was a lack of evidence to support a finding that Witness 3 felt genuine intimidation, or that there could be an impact on the quality of the evidence the witness could give. The panel noted the NMC's concession that Witness 3 would be willing to give evidence in the absence of special measures and it accepted Mr Buxton's contention that what the witness was expressing was a preference not to see you and for you not to see her, rather than expressing genuine feelings of intimidation. Given the lack of supporting evidence, and given the general principle of open justice, the panel determined that special measures would not be appropriate. Accordingly, this application was refused.

The panel, however, reserved the right to reconsider its decision if it became apparent during the evidence of Witness 3 that the quality of her evidence was being impacted.

Background

At all material times, you were a registered nurse and the registered provider of the Oldbury Grange Nursing Home (the Home). For a period of time, you were also the registered home manager. Your husband, a general practitioner at the Home, was a joint owner.

The charges arose from concerns about your alleged failure to provide safe leadership and effective management of the Home. These concerns relate to several areas, including environmental safety, infection control, tissue viability, staff training, manual handling, nutrition, and general health and safety.

Concerns were first identified by the Care Quality Commission (CQC) in 2015, during the period when you were the registered manager. It is alleged that, despite multiple

inspections and ongoing involvement from both the CQC and the Clinical Commissioning Group (CCG), significant issues persisted over a number of years.

Although service improvement plans were put in place, the Home allegedly failed to achieve sustained improvements. As a result, a default notice was issued by the CCG in June 2021, and local authority residents were subsequently removed from the Home. Following further regulatory action, the Home was permanently closed by the CQC in November 2021.

Decision and reasons on facts

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

- Witness 1: Infection Prevention Commissioning nurse. Role is to audit Care Homes to gain assurances that the provider is maintaining optimum Infection prevention standards;
- Witness 2: Care Quality Commission (CQC) Manager;
- Witness 3: Care Home Lead Nurse for Warwickshire;

The panel heard from Mr Buxton, who informed the panel on your behalf that you made full admissions to all of the charges. As such, the panel found charges 1a(i), 1a(ii), 1a(iii), 1a(iv), 1a(v), 1a(vi), 1a(vii), 1a(viii) 1b(i), 1b(ii) and 2 proved by way of admission.

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.

Submissions on misconduct

Ms Jones 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 Jones identified the specific, relevant standards where your actions fell significantly below the standards and represented a clear departure from what would be expected of a competent and responsible nurse. She relied in particular on professional standards requiring nurses to uphold the reputation of the profession, maintain its values, and act as role models. While breaches of the professional code do not automatically constitute misconduct, Ms Jones submitted that in this case the seriousness of the failings meets that threshold and amounted to misconduct.

Mr Buxton accepted, on your behalf, that the conditions at the Home fell seriously below expected standards and that the concerns were serious. He acknowledged that the proven facts are capable of amounting to misconduct. However, he emphasised that you made full admissions and had not sought to avoid responsibility.

Mr Buxton submitted that, despite your past actions in your role as manager and owner, the evidence showed you were a caring professional with a previously unblemished career.

Thus, while accepting the seriousness of the misconduct, Mr Buxton invited the panel to view this in the context of a registrant who accepted responsibility and whose actions were not driven by disregard, but by failures in oversight.

Submissions on impairment

Ms Jones moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and uphold proper standards and maintain public confidence in the profession and in the NMC as a regulatory body.

Ms Jones submitted your fitness to practise is currently impaired due to the risk of repetition and insufficient remediation. Although there had been some degree of accountability, she submitted that your insight was limited and superficial. In particular, Ms Jones emphasised that your underlying mindset had not changed, pointing the panel to your continued belief that the Home was safe and well-run despite extensive evidence to the contrary.

Ms Jones also highlighted for the panel, the contrast between your account and the wider evidence of serious and systemic failings at the Home, including poor hygiene, inadequate staffing, faulty equipment, ineffective care planning, and significant risks to residents. She submitted that a nurse working regular shifts should have identified and escalated more of these concerns.

While acknowledging that you had undertaken training, Ms Jones submitted that there was no evidence that you have applied this learning in practice. As such, there was no meaningful demonstration of improved competence or strengthened practice, particularly in high-pressure or managerial settings.

Ms Jones further submitted that there appeared to be potential attitudinal concerns, which can often be more difficult to remediate. She submitted that this, combined with the lack of full insight and practical remediation, gives rise to a continuing risk of repetition. She submitted that a finding of impairment is necessary on the ground of public protection.

Further, Ms Jones emphasised the importance of maintaining confidence in the profession. She submitted that a finding of impairment is otherwise in the public interest, as members of the public would be concerned if such a finding were not made in a case involving serious and sustained failings. Ms Jones therefore invited the panel to find that your fitness to practise is currently impaired on both public protection and public interest grounds.

Mr Buxton submitted that the panel should take a forward-looking approach, focusing on current fitness to practise. He submitted that your past conduct is remediable and that there is substantial evidence of remediation, insight, and low risk of repetition.

Mr Buxton referred the panel to the training courses you have completed, your reflective pieces, and oral evidence as demonstrating your genuine insight, remorse, and understanding of your responsibilities, including leadership and safeguarding duties. He opposed the NMC's submission that the concerns were attitudinal.

Mr Buxton also emphasised that you have not returned to management roles and informed the panel that you do not intend to do so, which he submitted reduces the risk of repetition given the context in which the failings occurred. He further submitted that there is positive evidence of your clinical competence as a nurse, supported by testimonials that describe you as safe and compassionate.

In addressing the ground of public protection, Mr Buxton submitted that the risk of repetition is low given your demonstrable insight, remediation, and changed circumstances. Regarding public interest, he submitted that whether a finding of impairment is necessary depends on the panel's assessment of these factors, but invited the panel to recognise that you have taken meaningful steps to address your failings. Mr Buxton invited the panel to find that you are capable of practising safely, such that a finding of current impairment is not necessary.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), *Cheatle v General Medical Council* [2009] EWHC 645 (Admin), *CHRE v NMC(1) and Grant(2)* [2011] EWHC 927 (Admin) and *Cohen v GMC* [2008] EWHC 581 (Admin).

Decision and reasons on misconduct

In coming to its decision, the panel had regard 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.*'

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

The panel was of the view that 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:

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.2 make sure you deliver the fundamentals of care effectively

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

- 2.1 *work in partnership with people to make sure you deliver care effectively*

8 Work cooperatively

To achieve this, you must:

- 8.2 *maintain effective communication with colleagues*
- 8.5 *work with colleagues to preserve the safety of those receiving care*
- 8.6 *share information to identify and reduce risk*

10 Keep clear and accurate records relevant to your practice

To achieve this, you must:

- 10.2 *identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need*

11 Be accountable for your decisions to delegate tasks and duties to other people

To achieve this, you must:

- 11.3 *confirm that the outcome of any task you have delegated to someone else meets the required standard*

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

- 16.4 *acknowledge and act on all concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so*

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

19.3 keep to and promote recommended practice in relation to controlling and preventing infection [specifically, in your role as manager of the Home]

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

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel found that in your role as manager and registered provider of the Home you had failed in your fundamental responsibilities across multiple widespread areas and for a lengthy period of time.

The panel considered the serious and sustained nature of the failings, which occurred over an extended period and were repeated, despite receiving support. The panel was drawn particularly to a letter from Warwickshire County Council Public Health and Strategic Commissioning dated 7 December 2018:

"I outlined to you the chronology of concerning quality and safety issues that have been evident at the home and clarified to you that Oldbury Grange has

been on the Councils multidisciplinary Serve Escalation Panel agenda for the past 18 months.

I also shared with you the ongoing intervention that Oldbury Grange has received from Warwickshire North CCG for clinical support and the Councils Quality Assurance and Improvement Team for general support relating to quality.

Despite this intense support, there is little evidence that Oldbury Grange is able to sustain any improvements in relation to the delivery of care that residents are receiving”.

The panel determined that these were not isolated incidents but reflected widespread and systemic issues within the Home, with deficiencies in staff recruitment and training, infection control, tissue viability care, risk assessment and management, nutrition, maintenance of equipment, care plans and health safety. The panel found that these failings exposed vulnerable residents to a real risk of harm and, in some instances resulted in actual harm, as shown in the reports from multiple agencies, and two court cases dated September 2021 and January 2022.

The panel took into account your willingness to engage with external agencies and regulators and attempts to make changes and improve service provision in line with action plans provided. Note was also made of your attempts to seek help and guidance by inviting in Warwickshire Health Watch and an independent colleague with experience in Health and Safety. While you showed that you were open and willing to take on feedback the panel were concerned that despite much support and guidance improvements were not sustained and little learning was evident.

The panel also considered the wider context, including the eventual closure of the Home and the impact on residents, to be indicative of the seriousness of the failings.

The panel concluded that your actions in your role as manager and registered provider of the Home represented a serious departure from the standards expected of a registered 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. 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 test in *Grant* were engaged in relation to past conduct. The panel found that you acted in a way which put residents at unwarranted risk of harm, and that this risk was widespread and serious. The failings identified involved multiple areas, including infection control, care planning, environmental safety, and the maintenance of equipment. The panel also considered that there were instances of actual harm as a result of lack of adequate care planning, risk assessment and proper processes. The panel further found that your actions brought the profession into disrepute, given the sustained nature of the failings, their impact on vulnerable residents, two court cases, and the eventual closure of the home. The panel concluded that your conduct breached fundamental tenets of the profession as reflected in the numerous breaches of the Code.

Regarding insight, the panel acknowledged that you made admissions and provided three written reflections. In considering your reflections the panel had regard to the NMC Guidance on '*Has the concern been addressed?*' (Reference: FTP-15b Last Updated: 29/11/2021). The panel concluded that although your reflections demonstrated some degree of insight, it did not consider these to be sufficient and

effective in addressing the concerns or clearly demonstrating that past failings have been objectively understood, appreciated and tackled.

Further, the panel was concerned that you maintained in your oral evidence that the Home had been a safe and clean environment. The panel considered that this indicated a significant lack of genuine insight into the nature and gravity of the failings, as well as a failure to fully appreciate the impact of your actions on the wider profession and public confidence. The panel acknowledged that you appeared upset and regretful about the situation. It accepted that you are a caring individual and passionate about nursing and accepted that it had positive evidence before it regarding your nursing capabilities. It also accepted that giving oral evidence may have been challenging for you. However, it did not consider that your oral statements were the result of nervousness, instead this indicated that your level of insight is not fully developed at this time. The panel found that in your oral evidence, you had a tendency to focus on the impact that the situation had on you, rather than demonstrating a true appreciation of the impact of your actions on the residents, public confidence and the reputation of the profession.

Taking into account the case of *Cohen*, the panel was satisfied that the misconduct in this case is capable of being addressed. The panel next considered whether the misconduct had in fact been addressed. The panel took into account the extensive training you have undertaken and the positive testimonials you provided. Although the panel recognised that efforts have been made by you to learn and strengthen your practice, you had not had the opportunity to implement your learning in practice, particularly in relation to your management failings. In any event, this did not sufficiently address the panel's central concerns regarding your lack of insight.

As a result, the panel found that there remains a real risk of repetition. It concluded that, without fully developed insight and a clear understanding of the seriousness of the failings, you may in the future act in a way that places patients at risk of harm, brings the profession into disrepute, and breaches fundamental professional standards. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel also considered your future intentions and acknowledged your evidence that you do not intend to return to a managerial role in a similar setting. However, the panel was mindful that your intentions in this regard could change and concluded that this did not materially affect its overall assessment of risk of repetition or current impairment. The panel recognised that its overarching duty was to protect the public and, in this case, it needed to be satisfied that you had fully reflected on and gained insight to your failings and demonstrated that these would not be repeated in the future in any setting.

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 a finding of impairment on public interest grounds is also required. It considered that the fact that a care home had been mismanaged by a registered nurse over such a prolonged period resulting in two prosecutions, and the ultimate closure of the Home, would have a significant adverse impact on the reputation of the profession. In those circumstances, the public would expect the regulator to take action to uphold proper standards and maintain confidence in the profession.

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 12 months. 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 ‘Sanctions’ (Reference: SAN-1-5 Last Updated: 28/01/2026).

Submissions on sanction

Ms Jones submitted that, in light of the panel’s findings, the appropriate sanction is a substantive suspension order. She adopted her earlier submissions on impairment and, while acknowledging that a significant period has passed since the misconduct, she submitted that this has not resulted in sufficient remediation. Ms Jones submitted that despite the reflections and training that you have undertaken, you continue to have underlying attitudinal issues with limited meaningful insight into your past failings.

Ms Jones identified aggravating factors including an abuse of trust, a pattern of misconduct over time, limited insight, and the risk of harm to vulnerable service users.

In relation to mitigation, Ms Jones acknowledged the positive testimonials and evidence of some training undertaken by you. However, she submitted that the case remains a serious one involving the continued neglect of residents.

Ms Jones submitted that, although the misconduct is serious, a suspension would be sufficient to protect the public. Further, Ms Jones submitted that allowing you to practise without restriction would undermine public confidence in the nursing profession. She emphasised that the public interests, including maintaining public confidence in the profession, should carry greater weight over the personal impact a sanction may have on you.

On that basis, Ms Jones invited the panel to consider imposing a 12-month suspension order, submitting that this is appropriate, proportionate and strikes the balance between protecting the public and giving you an opportunity to demonstrate further reflection and remediation.

Mr Buxton submitted that the appropriate and proportionate sanction is a substantive conditions of practice order, emphasising proportionality as the guiding principle to consider. He accepted that the panel found your fitness to practise is impaired and that therefore some restriction is necessary, but emphasised that the panel should impose the least restrictive sanction capable of protecting the public and maintaining professional standards.

Mr Buxton highlighted that, although the misconduct involved sustained failings, it occurred nearly five years ago and invited the panel to take into account what you have done since. Mr Buxton submitted that you have demonstrated insight, accepted responsibility, made full admissions, apologised and taken steps towards remediation. Further, Mr Buxton emphasised that your clinical competence has never been in question and submitted that you remain safe and fit to practise as a nurse. He submitted that a conditions of practice order would allow you to demonstrate insight and strengthen your practice in a real working environment, whereas a suspension order would prevent this and risk you becoming 'de-skilled'.

Mr Buxton submitted that the practical impact of your interim conditions have been to prevent you from securing employment and have operated, in effect, as a suspension. He submitted that continuing those conditions or imposing a suspension order would unfairly prolong this situation, further limiting your ability to evidence remediation. He submitted that conditions could instead be tailored to address the specific concerns, such as restricting you from managerial roles, rather than preventing you from working altogether.

Mr Buxton opposed the suggestion that your failings were indicative of attitudinal concerns, submitting that the issue is better characterised as a need for further development of insight, rather than a problematic attitude. He emphasised that the concerns relate to leadership and management in a care home setting, and that appropriate safeguards such as supervision and development reports could adequately manage any remaining risk.

Mr Buxton invited the panel to find that a conditions of practice order would strike the correct balance between public protection and enabling you to demonstrate

remediation and develop a fuller insight. He submitted that a suspension order would be unnecessarily restrictive and counterproductive, whereas properly framed conditions would sufficiently address the risks and uphold the public interest.

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 considered the following to be aggravating features:

- conduct which recklessly put people receiving care at risk of suffering harm and some residents suffered actual harm
- a pattern of misconduct over a prolonged period of time
- limited insight
- vulnerability of the persons receiving care

The panel also considered the following to be mitigating features:

- admission of the facts (albeit at a late stage of the proceedings)
- evidence of being a caring nurse
- efforts to put problems right, although noting that these were unsuccessful
- evidence of keeping up to date with your area of practice evidenced by multiple training certificates
- remorse

The panel placed extra weight on the aggravating factors in this case given the seriousness of those factors and the impact they would have on the protection of the public and public confidence.

Whilst the panel noted that the failings in this case were persistent and widespread, it did not consider them to be attitudinal in nature. It had regard to its findings in relation to impairment, namely that you showed willingness to engage with external agencies and regulators and made attempts to improve service provision albeit that they were unsuccessful.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case, which involved prolonged misconduct, vulnerable residents, a risk of harm and actual harm. 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 failings were not at the lower end of the spectrum, and it found that there is a risk to resident safety. The panel therefore determined that a sanction that does not restrict your practice 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, noting Mr Buxton's contention that this would be the appropriate and proportionate sanction. The panel was 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.'*

Whilst the panel accepted that there was no evidence of deep-seated personality or attitudinal problems it did not find that there were easily identifiable areas in need of retraining, given the widespread nature of the concerns in this case. Whilst they all related to your managerial and leadership role, the concerns were indicative of broader failings for example in relation to risk recognition, decision making, escalation of concerns, and health and safety and these skills would be essential in the safe practice of any registered nurse in any position of any responsibility. Whilst the panel accepted that you have shown a willingness to retrain and to accept help, it had concerns about your ability to respond positively to retraining in light of your limited success over several years. Further, it could not be satisfied that people using services would not be put at risk if you were permitted to work at this stage with conditions.

The panel was therefore of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated that would adequately address the seriousness of this case or protect the public.

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 was satisfied that, in this case, the misconduct was serious but not fundamentally incompatible with you remaining on the register. It found that the concerns were at the serious end of the spectrum, involving actual harm in that

vulnerable residents had to be relocated, and the Home faced prosecution in two court cases. However, the panel also noted that you have engaged with the process, demonstrated some level of insight, undertaken significant amounts of relevant training, and shown a clear willingness to improve your practice. It considered that there is a realistic prospect that you could develop further insight, undertake the necessary remediation and return to safe and effective practice.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate given your willingness to engage. Whilst the panel acknowledged that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order is the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause you. However, this is outweighed by the public interest in this case.

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 was appropriate in this case. The panel considered that a shorter period would not sufficiently reflect the seriousness of the concerns, which arose over a prolonged period and involved actual harm, nor would it adequately uphold professional standards and public confidence.

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:

- Evidence of further developed insight and reflection demonstrating a deeper understanding of the seriousness of the misconduct.
- Evidence explaining how you would ensure that similar failings would not occur again in the future.
- Evidence of continued professional development and maintenance of clinical knowledge and skills.
- Testimonials or references from any employment or voluntary work undertaken.

This will be confirmed to you in writing.

Interim order

As the substantive 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 substantive suspension sanction takes effect.

The panel accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Jones, who made an application for an interim order to cover the appeal period. She submitted that an interim suspension order is necessary for public protection and in the wider public interest as the panel found to be necessary in its reasons for the substantive sanction. She also stated that this application would not cause any prejudice to you. She invited the panel to consider a period of 18 months as the appeal proceedings can take a considerable length of time to conclude.

Mr Buxton did not oppose the application on your behalf.

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.

In reaching the decision to impose an interim order, the panel had regard to the seriousness of the misconduct, its finding of current impairment and the reasons set out in its decision for the substantive suspension 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 decision for imposing the substantive suspension order. The panel therefore determined that an interim suspension order was necessary to protect the public and uphold public confidence in the nursing profession for the appeal period. Further, it noted that to do otherwise would be incompatible with its earlier findings. The period of this order is for 18 months to allow for the possibility of an appeal to be made and concluded.

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.