

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

**Substantive Order Review Hearing
Thursday, 7 May 2026**

Virtual Hearing

Name of Registrant: Darren Adams

NMC PIN: 92Y1556E

Part(s) of the register: Nurses Part of the Register
Sub Part 1, RNA, Registered Nurse – Adult (25 March 1995)

Relevant Location: Wellingborough

Type of case: Misconduct

Panel members: Vicki Wells (Chair, Registrant member)
Janine Compston (Registrant member)
Fern Basnett (Lay member)

Legal Assessor: Fiona Barnett

Hearings Coordinator: Zahra Khan

Nursing and Midwifery Council: Represented by Stephen Earnshaw, Case Presenter

Mr Adams: Not present and not represented at this hearing

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

Fitness to practise: Impaired

Outcome: **Conditions of practice order extended (3 months) to come into effect on 9 June 2026 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Adams was not in attendance and that the Notice of Hearing had been sent to Mr Adams' registered email address by secure email on 8 April 2026.

Mr Earnshaw, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Adams's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In light of all of the information available, the panel was satisfied that Mr Adams has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr Adams

The panel next considered whether it should proceed in the absence of Mr Adams. The panel had regard to Rule 21 and heard the submissions of Mr Earnshaw who invited the panel to continue in the absence of Mr Adams. He submitted that Mr Adams had waived his right to attend or be represented at this hearing.

Mr Earnshaw submitted that there had been no engagement at all by Mr Adams with the NMC in relation to this hearing and, as a consequence, there was no reason to believe that an adjournment would secure Mr Adams' attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel decided to proceed in the absence of Mr Adams. In reaching its decision, the panel considered the submissions of Mr Earnshaw and the advice of the legal assessor. It had particular regard to relevant case law and to the overall interests of justice and fairness to all parties. The main considerations were:

- Mr Adams has not engaged with the NMC or responded to any of the letters sent to him about this hearing;
- There is no reason to suppose that adjourning would secure Mr Adams' attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel decided that it is fair to proceed in the absence of Mr Adams.

Decision and reasons on review of the substantive order

The panel decided to extend the current conditions of practice order for a period of 3 months.

This order will come into effect at the end of 9 June 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 8 November 2024.

The current order is due to expire at the end of 9 June 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 being a registered nurse between 2017 and 2019

Whilst working at Pathfields Lodge Home

1. *On the 2nd April 2017,*
 - (a) *did not lock Resident A's medication in a secure place in the clinic room*
Proved by admission
 - (b) *instead placed it in an unlocked cupboard in the nurses' office.*
Proved by admission
 - (c) *Inaccurately recorded in your time management form that the medication had been stored in an appropriate way. **Proved by admission***

2. *On the 4th April 2017, did not administer Resident A's morning medication of Alendronic acid. **Proved by admission***

3. *Further to (2) did not*
 - (a) *Communicate this to staff **Proved by admission***
 - (b) *Mention it at handover. **Proved by admission***
 - (c) *Make an entry in the 24 hour report and communication record and **Proved by admission***
 - (d) *Explain why the medication had been refused. **Proved by admission***

4. ~~*On or about the 7th April 2017, administered night time medication to Residents D and N when in fact their morning medication was due to be administered to them.*~~

5. ~~*Before the administration referred to at (4) above, did not do the following*~~
 - ~~*(a) Check the name of the drug, the dose and the time for administration against the MAR chart and blister pack*~~
 - ~~*(b) Make the same checks against the blister pack.*~~

6. ~~*After the said administration at (4), did not*~~
 - ~~*(a) make any record in Resident D's and N's nursing notes and 24 hours report and communication record*~~

- ~~(b) create a Datix incident record~~
- ~~(c) inform other nursing staff at handover~~
- ~~(d) ensure that one of the residents received his levothyroxine that day.~~

7. Between the 6th and 7th April 2017, whilst managing Resident B's PRN co-codamol pain relief did not record the actual time any co-codamol was given

- (a) On the nursing notes. **Proved by admission**
- (b) On the 24 hour report and communication record and on **Proved by admission**
- (c) The MAR Chart. **Proved by admission**

8. Insofar as a time was provided by you as to Resident B's co-codamol

- a) on the PRN administration record of 21.15 pm on the 6th April
Proved by admission
- b) at 07.20 am on the Daily Progress notes for the 7th April at time of feed
Proved by admission
- c) at 06.00 am by ticking feed and "meds" on the 7th April 2017
Proved by admission

you did not provide a clear or consistent picture as to the time of administration thereby potentiating delay in Resident B's pain relief.

9. On the 6th and 7th April 2017, did not fully complete entries in Resident C's notes as to her blood sugar levels

- (a) At 06.00 hours and then again at 17.00 hours in the 24 hour report and communication record **Proved by admission**
- (b) As to the actual times that any blood sugar levels were monitored in the Daily Progress Notes. **Proved by admission**
- ~~(c) To deduce patterns between the ingestion of food and variation in the blood sugar level.~~

~~10. Further to (9) above, recorded inconsistent entries in relation to the same monitoring of blood sugar levels, in that~~

~~(a) On the 6th April 2017 on the Insulin Administration recorded 6.4 blood sugar level and 34 insulin given~~

~~(b) On the same day on the 24 hour Report and Communication record entered blood sugar 8 and insulin given at 200.~~

11. On the 11th June 2017, did not supply Resident M with her respite PRN paracetamol when requested. **No case to answer**

12. Further, in not administering Resident M's PRN medication on the 11th June 2017, did not record

(a) The reason why Resident M was requesting PRN medication. **No case to answer**

(b) The time it was requested. **No case to answer**

(c) Why it was not administered **No case to answer**

13. On the 13th June 2017, whilst tasked with Resident C's care and insulin treatment did not record in the nursing notes

(a) ~~Record in the notes~~ any diabetic observations **Proved by admission**

(b) ~~Record~~ any concerns arising out of the diabetic monitoring.

Proved by admission

(c) ~~Record~~ Resident C's blood sugar levels. **Proved by admission**

~~(d)~~ any insulin injection given. **Proved by admission**

14. On the 13th June 2017,

(a) did not administer Resident O's anti-hypertensive medication, Atorvastatin **No case to answer**

- (b) Signed inaccurately on Resident O's MAR Chart that you had administered the Atorvastatin. **No case to answer**
- (c) Recorded in the Disposal Medication Book that Resident F (who was not prescribed atorvastatin but rather zopiclone) had refused Atorvastatin and spat it out. **No case to answer**
- (d) Made no entry on Resident F's MAR chart. **No case to answer**
- (e) Attempted to give Resident F Atorvastatin in error in that this was prescribed to Resident O not F. **No case to answer**

~~15. On the 13th June 2017~~

- ~~(a) You attempted to administer medication to Resident G covertly.~~
- ~~(b) You made no entry as to whether the medication was administered or not and if not why not.~~
- ~~(c) You did not record the reason for any covert medication or its failure.~~
- ~~(d) You did not record why the medication had been refused.~~
- ~~(e) You did not hand over to the next shift the status in which Resident G stood in relation to medication.~~

16. On the 13th or 14th June 2017,

- (a) You were aware or should have been aware that Resident H had not had her anti-convulsant medication for some 8 days or thereabouts
Proved by admission
- (b) You were aware that Resident H was prone to refuse medication
Proved by admission
- (c) You were aware that permission was in place to use covert medication.
Proved by admission
- (d) Did not administer Resident H's anti-convulsant medication. **No case to answer**

17. On the 14th June 2017

- (a) Carried two unfinished insulin pens in one kidney dish **No case to answer**

(b) Did not lock the insulin pens in the medication trolley or in the nurses' clinic.

No case to answer

*(c) Instead of (b) left the unfinished insulin pens in the kidney dish on a radiator in the residents' lounge. **No case to answer***

18. *On or shortly after the 28th September 2017, due to performance concerns, you were placed by Padthfields Lodge Home on a Performance Management Plan ["PMP"], which plan imposed **Proved by admission***

(a) Supervision of all administration of medication until competency was assessed

(b) Periodic medication supervision assessments, in particular on the

*(i) 11th Oct 2017 **Proved by admission***

*(ii) 18th Oct 2017 **Proved by admission***

*(iii) 1st Nov 2017 **Proved by admission***

19. *In the course of these assessments, failed in key elements as to your*

*(i) understanding of accountability for drug administration error. **Proved by admission***

*(ii) understanding of the reporting procedures for a drug error **Proved by admission***

*iii) demonstrating a thoughtful approach to drug administration and residents **Proved by admission***

20. *In relation to 19 (iii),*

(i) Did not talk sufficiently to residents to offer assistance and/or compassion

(ii) Did not sufficiently assess the Residents' needs by discussing such matters with them.

(iii) In particular, did not sufficiently discuss their medication needs, such as PRN which would need discussion and a caring response

21. On the 11th October 2017, at the first assessment, took the telephone to answer a call in the middle of a medication round. **Proved by admission**

22. On the 18th October 2017, at the second assessment, took some 2 hrs and 40 minutes to complete the morning medication round. **Proved by admission**

23. On the 18th October 2017, at the second assessment, became disorganised and/or flustered and mixed up the colour coding of the blister packs such as to dispense an orange pack (for pm) instead of a yellow one (for lunch)
Proved by admission

24. On the 18th October 2017, upon Resident J refusing his medication,

(a) placed the medication in its pot on the medication trolley and then forgot to take any further action. **Proved by admission**

(b) did not properly identify and/or label what the drug actually was **Proved by admission**

(c) Did not dispose of the medication in the dedicated clinical waste bin. **Proved by admission**

25. On the 19th October, having decided with Colleague 1 that risperidone should be withheld from Resident F on the grounds that she was already sedated.

a) You had removed the drug from its blister pack. **Proved by admission**

b) You knew that (a) meant the drug had to be disposed of at the end of the round
Proved by admission

c) You forgot to do this and retained the tablet in your pocket.
Proved by admission

d) You did not dispose of the medication in the dedicated clinical waste bin.
Proved by admission

26. On the 28th October 2017, knowing that

(a) *Pathfields Care Home required any administration by you of medication to be under the supervision of a qualified third party **Proved by admission***

(b) *The measure at (a) was implemented in order to protect the residents until Pathfields Lodge otherwise deemed you competent. **Proved by admission***

(1) *Nevertheless undertook an unsupervised medication round dispensing and/or administering a full medication trolley. **Proved by admission***

(2) *Did not inform Colleague 2, an agency nurse that you were confined to administer medication under supervision. **Proved by admission***

~~27. On the 1st November 2017, at the third assessment did not sign the MAR charts to
—confirm that medication had been given in relation to Resident K and one other.~~

~~28. On or about the 1st November 2017,~~

~~(a) —Left Resident J unsupervised in his room with his medication for some
1 ½ hours when his care plan only authorised such an approach for
30 minutes.~~

~~(b) —Did not ensure that Resident J took the medication.~~

~~(c) Insofar as Resident J sought not to take his medication, did not record
a “refusal” in code on the MAR chart.~~

~~29. On the 1st November 2017, at the third assessment, at the end of the
medication round did not administer two Residents, K and L, with their lunch time
medication.~~

30. *On the 1st November 2017, at the third assessment, in relation to Resident H, a
sufferer of tonic-clonic seizures and consequential lethargy*

(a) *Delegated to a support worker the task of administering Sodium Valproate,
keppra and carbamazepine to Resident H covertly **Proved by admission***

(b) Prior to (a) and/or any decision to administer such drugs did not assess Resident H for lethargy and/or suitability to have the drugs. **Proved by admission**

(c) In the light of (b) and generally, your delegation of this task was inappropriate.

And whilst working at Midland Care Home ;

31. On the 15th March 2018 or 16th March 2018 did not replace Resident EE's Buprenorphine seven day patch. **Proved by admission**

32. In the approximate periods

(a) February 2018 to April 2018

(b) Leading up to August 2018

(c) Leading up to February 2019

You did not manage your time effectively and/or efficiently in that you were late in completing your morning medication rounds.

~~33. On the 4th and 5th August 2018, you did not sign for a number of different unknown medications on the MAR charts for unknown residents~~

34. On the 13th, 18th and 19th August 2018 you gave Resident GG his anti-convulsant medication Levetiracetam before 20.00 pm when it was prescribed to be given at night time between 21.00 and 22.00 hours **Proved by admission**

35. On the 13th, 18th and 19th August 2018, you signed on Resident GG's MAR record that you had administered the drug Levetiracetam at the prescribed night time between 21.00 and 22.00 hours. **Proved by admission**

36. Your entries at Charge 35 were dishonest in that you knew

- (a) You had not administered the drug between 21.00 and 22.00 hours and/or*
- (b) You knew the drug had been administered earlier by yourself and/or.*
- (c) You were not in the Home at 21.00, your shift having ended at 20.00 hours and/or*
- (d) Your entries were designed to conceal that you had given the drug at the wrong time.*

37. On the 10th August 2018, upon Resident P's dressing coming off,

- (a) At about 11.00 am, Colleague 3 informed you of this for your attention.*
- (b) By 11.30 am or thereabouts, you sought only to address the issue by advising that Resident P's under-pants be removed and she be placed on her side.*
- (c) Despite repeated requests from Colleague 3 and ~~Colleague 4~~, you left Resident P unattended in the position described at (b).*
- (d) You did not attend to Resident P's dressing until approximately 16.00 pm to 16.30 pm.*

*38. On the 13th August 2018, you gave Resident FF a metformin tablet when the same had been discontinued on or prior to the 7th August 2018. **Proved by admission***

39. On the 5th September 2018, you signed on Resident AA's MAR chart that you had given him Co-Careldopa when in fact you had not.

40. ~~On or about the 5th September 2018, you missed medication that was required to be given to Resident LL.~~

41. On the 5th September 2018, signed on Resident HHs MAR chart that you had given him paracetamol when in fact you had not. **No case to answer**
42. On the 31st December 2018, you did not administer Frusemide to Resident CC and yet you signed his MAR Chart as if you had. **No case to answer**
43. On the 30th January 2019, acting as witness to the administration of controlled drugs by another to Residents BB and KK
- (a) You countersigned the relevant controlled drug record for both residents before the person giving the drug had made their entry on the record.
- (b) You did not check the stock after the administration of the drugs
- (c) You did not notice that there were discrepancies in Resident BB's and KK's controlled drug records.
44. On or about the 22nd February 2019, left approximately a month's supply of medication unlocked on the ground floor of the home. **Proved by admission**
45. On or about the 3rd March 2019,
- (a) did not heed advice from the emergency service, Telemed, that antibiotic treatment for Resident CC's cellulitis should be chased from out of hours providers on or about the 4th March 2019
- (b) did not thereafter provide verbal and written handover details to the same effect as (a) **No case to answer**
46. On the 15th March 2019, either
- (a) recognised that unknown medication was low in supply or
- (b) ought to have recognised that it was in low supply
- and did not order medication stocks to be replenished.
47. On the 17th May 2019,

a) dispensed medication from both ground floor trolleys whilst both were open

Proved by admission

b) dispensed medication to Residents CC and II together without returning to sign off their MAR charts individually. **Proved by admission**

c) Placed medication for Resident JJ in the pocket of your tabard. **Proved by admission**

d) Administered medication to Resident HH without returning to the medication trolley to sign off the MAR chart **Proved by admission**

e) Distributed medication to Residents CC and II whilst holding more than one medication pot and without returning to the trolley. **Proved by admission**

f) answered the phone in the course of the medication round. **Proved by admission**

48. On the 26th March 2019,

(a) did not escalate Resident DD's care for medical review notwithstanding high blood sugar readings at 14.15 pm, 15.55 pm, 18.25 pm and 20.00 pm

(b) Did not sign Resident DD's MAR chart for the administration of insulin at 18.00 hours.

And in the light of the above, your fitness to practise is impaired by virtue of your misconduct'.

The original panel of 8 November 2024 determined the following with regard to impairment:

'The panel found limbs a, b and c engaged in the Grant test. The panel found that patients were put at risk as a result of your misconduct by your:

- Failure to store drugs safely;
- Failure to administer medicines as prescribed;

- *Failure to accurately record the details of medicines administered including of controlled drugs;*
- *Failure to adhere to policies regarding medicines management.*

It found that your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. Regarding insight, the panel took into account that you made admissions to a number of the charges. However, the panel noted that you had not provided any written reflections. It considered that you have not provided evidence of your understanding of how your actions put the patients at risk of harm and the potential impact on them. Nor have you demonstrated an understanding of how your actions impacted negatively on the reputation of the nursing profession. The panel was of the view that you have not provided evidence about how you would behave differently in the future. The panel determined that you had demonstrated minimal insight into your misconduct.

The panel also took into account the online training certificates you provided some of which were relevant to the charges found proved. However, the panel noted that these training certificates did not disclose any assessment details and there was no evidence that you have been able to implement your learning in practice.

The panel is of the view that there is a significant risk of repetition based on the lack of evidence of insight or strengthened practice. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind 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 concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also found 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 of 8 November 2024 determined the following with regard to sanction:

‘The panel took into account the following aggravating features:

- You have demonstrated limited insight into your failings.*
- A pattern of misconduct over a period of 18 months at two different places of employment.*
- Your misconduct put patients at risk of suffering harm.*

The panel also took into account the following mitigating features:

- You made admissions to a number of charges.*
- You have demonstrated some insight and a willingness to develop this further.*
- You have undertaken relevant training to address the concerns.*
- Personal mitigation. You described that [PRIVATE].*

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 not protect the public nor be 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 sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel 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. The panel considered that there was no evidence of attitudinal problems. Conditions would address the areas of your practice in need of retraining and enable monitoring and assessment of those identified areas.

The panel accepted your evidence that you would be willing to comply with conditions of practice and that conditions would protect patients during the period they are in place.

The panel had regard to the fact that these incidents happened several years ago and that you are a highly experienced nurse who had previously practised for many years with an unblemished record. The panel 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.

The panel determined that a conditions of practice order for a period of 18 months would allow you the opportunity to address the concerns whilst in employment.

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

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.

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 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 confine your nursing practice to a single employer. It must not be an agency and you must not undertake bank work.*
- 2. You must not undertake medicines administration including controlled drugs and/or record on MAR charts and in controlled drug books without supervision by another registered nurse until you have sent your case officer evidence that you have been assessed undertaking medicine rounds for at least 8 patients/residents on three occasions. At least one of these assessments must include controlled drug checking, counting,*

administering and recording. These assessments must be carried out on 3 different days by an assessor who must be a registered nurse who is in a senior position to yourself, such as:

- clinical lead*
- clinical educator*
- home or ward manager*
- deputy home or ward manager*

This condition will continue until you have sent your case officer evidence that you have successfully completed these 3 assessments, at which point it will be discharged.

3. You must keep a reflective practice profile. The profile will:

- Detail examples of occasions when you have been involved with medications management (ordering, receiving, storing, administering, recording, disposing or returning medications, including controlled drugs).*
- Set out the circumstances of the situation, your role and that of others and your reflections on what went well and what could be improved. Note good practice when you see it and consider how you can improve your own practices. This will be a personal record for your use.*
- Include a summary that will detail what you have learnt and how you plan to implement it in the future.*

The summary sheet only must be sent to your NMC case officer at least 7 days prior to the review hearing to demonstrate your learning and development.

5. You must work with line manager, mentor or supervisor (or their nominated deputy) to create a personal development plan (PDP). Your PDP must address the concerns regarding time management and medicines administration.

6. You must send a copy of your PDP and a report from your line manager, mentor or supervisor (or their nominated deputy) setting out the standard of your performance and your progress towards achieving the aims set out in your PDP to the NMC at least 7 days before any NMC review hearing or meeting.

7. *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 name, postal address, email address and telephone number.*

8. *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, postal address, email address and telephone number of the organisation offering that course of study.*

9. *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.*

10. *You must tell your NMC case officer, within seven days of your becoming aware of:*
 - a. *Any investigation started against you.*
 - b. *Any disciplinary proceedings taken against you.*

11. *You must allow your NMC case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*
 - a. *Any current or future employer.*
 - b. *Any educational establishment.*
 - c. *Any other person(s) involved in your retraining and/or*

supervision required by these conditions

The period of this order is for 18 months. The panel determined that this is an appropriate amount of time to enable you to return to the workplace, strengthen your practice and fully develop your insight.

Before the order expires, 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:

- *Your continued engagement with the NMC including attendance at any future review hearing.*
- *Evidence of recent training and education undertaken.*
- *Testimonials from a line manager or supervisor that detail your current work practices'.*

Decision and reasons on current impairment

The panel considered carefully whether Mr Adams' fitness to practise remains impaired.

Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as whether a professional on the NMC register can practise as a nurse safely and effectively without restriction. In considering this case, the panel carried out a comprehensive review of the order in light of the current circumstances. Whilst it noted the decision of the last panel, this panel exercised its own judgement as to current impairment.

The panel had regard to all of the documentation before it, including the NMC bundle. It took account of the submissions made by Mr Earnshaw on behalf of the NMC.

Mr Earnshaw submitted that it was difficult to form a complete view of Mr Adams' current position due to the absence of any meaningful information since the substantive order was

imposed. He referred the panel to the date of the order and noted that it is due to expire on 9 June 2026.

Mr Earnshaw submitted that the conditions imposed were substantial in nature, including restrictions relating to medicines administration, requirements for assessments in relation to controlled drug checking, maintaining a reflective practice profile, working with a line manager, mentor or supervisor, and providing a personal development plan.

Mr Earnshaw submitted that there was no evidence before the panel demonstrating compliance with any of those conditions. He submitted that the panel had no evidence of reflective practice, training, education, testimonials, supervision, or any evidence of engagement from Mr Adams. Mr Earnshaw informed the panel that he had made enquiries as to whether the NMC held any further information, but none had been provided.

Mr Earnshaw submitted that the original panel had clearly identified the type of information that would assist a future panel, including attendance at hearings, evidence of recent training and education, testimonials from managers or supervisors, and evidence of continued engagement with the NMC. He submitted that none of this information had been provided.

Mr Earnshaw submitted that, in the absence of evidence to the contrary, there remains a presumption that Mr Adams' fitness to practise is currently impaired. He submitted that, as there was no evidence demonstrating that the conditions of practice had been complied with or had been effective, the panel may conclude that Mr Adams remains impaired. Mr Earnshaw submitted that the available sanction options were a matter for the panel. He submitted that a caution order would not be appropriate and that shortening the current order would also not be appropriate given that the order expires on 9 June 2026. He submitted that replacing the order with another sanction, including a suspension order or a striking-off order, was a matter for the panel's consideration.

Mr Earnshaw acknowledged that a striking-off order is the ultimate sanction available to the panel. However, he submitted that the difficulty in the present case was that there was no information available regarding Mr Adams' current circumstances, employment, insight, remediation, or engagement.

Mr Earnshaw submitted that the substantive findings were serious in nature, involved concerns over a significant period of time, and included a number of admitted allegations. He submitted that, in his view, there appeared to be two realistic options available to the panel: either extending the current order for a relatively short period, potentially three months, to allow Mr Adams a further opportunity to engage and provide evidence of compliance and remediation, or considering a striking-off order in circumstances where no other sanction appeared workable.

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 Mr Adams' fitness to practise remains impaired. In doing so, the panel had regard to the NMC guidance titled '*Impairment*' (Last Updated on 28 January 2026).

The panel noted that the original panel found that although Mr Adams had made admissions to a number of the charges, he had not provided any written reflections or evidence of his understanding of how his actions put the patients at risk of harm and the potential impact on them, therefore demonstrating minimal insight. The panel bore in mind that Mr Adams was present during the original hearing. At this hearing, the panel has no information at all to suggest that Mr Adams is currently working, complying with the conditions and demonstrating a strengthened practice.

Further, the panel noted that the original panel determined that Mr Adams was liable to repeat matters of the kind found proved. Today's panel has not received any new information that mitigates the concerns identified. For these reasons, the panel determined that a risk to the public remains and, as such, Mr Adams remains 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 bore 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 Mr Adams' fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mr Adams' 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 also took into account the 'NMC's Sanctions Guidance' (SG) and bore 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.

The panel 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 Mr Adams' 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 Mr Adams' 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 determined that it would be appropriate to continue with the conditions imposed by the original panel. Continuing these conditions would ensure that the risks to the public and the public interest are managed whilst permitting Mr Adams to work as a nurse should he choose to do so. It would also provide Mr Adams with an opportunity to engage with the conditions of practice order. However, for the avoidance of doubt, the panel emphasised

that the onus is on Mr Adams to comply with the conditions and to provide the required evidence of strengthened practice in order to demonstrate that his fitness to practise is no longer impaired. Failure to do so may lead to a sanction other than a further conditions of practice order.

The panel determined that a further conditions of practice order in the same terms as the previous order is sufficient to protect patients and the wider public interest, noting as the original panel did on 8 November 2024 that there was no evidence of any deep seated attitudinal issues.

The panel determined that, at this stage, 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 Mr Adams' case.

Accordingly, the panel determined, pursuant to Article 30(1)(a), to extend the conditions of practice order for a period of three months, which will come into effect on the expiry of the current order, namely at the end of 9 June 2026. It decided to extend 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 must confine your nursing practice to a single employer. It must not be an agency and you must not undertake bank work.
2. You must not undertake medicines administration including controlled drugs and/or record on MAR charts and in controlled drug books without supervision by another registered nurse until you have sent your case officer evidence that you have been assessed undertaking medicine rounds for at least 8 patients/residents on three occasions. At least one of these assessments must include controlled drug checking, counting, administering and recording. These assessments must be carried out on

3 different days by an assessor who must be a registered nurse who is in a senior position to yourself, such as:

- clinical lead
- clinical educator
- home or ward manager
- deputy home or ward manager

This condition will continue until you have sent your case officer evidence that you have successfully completed these 3 assessments, at which point it will be discharged.

3. You must keep a reflective practice profile. The profile will:

- Detail examples of occasions when you have been involved with medications management (ordering, receiving, storing, administering, recording, disposing or returning medications, including controlled drugs).
- Set out the circumstances of the situation, your role and that of others and your reflections on what went well and what could be improved. Note good practice when you see it and consider how you can improve your own practices. This will be a personal record for your use.
- Include a summary that will detail what you have learnt and how you plan to implement it in the future.

The summary sheet only must be sent to your NMC case officer at least 7 days prior to the review hearing to demonstrate your learning and development.

5. You must work with line manager, mentor or supervisor (or their nominated deputy) to create a personal development plan (PDP). Your PDP must address the concerns regarding time management and medicines administration.

6. You must send a copy of your PDP and a report from your line manager, mentor or supervisor (or their nominated deputy) setting out the standard of your performance and your progress towards achieving the aims set out in your PDP to the NMC at least 7 days before any NMC review hearing or meeting.

7. 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 name, postal address, email address and telephone number.

8. 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, postal address, email address and telephone number of the organisation offering that course of study.

9. 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.

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

- a. Any investigation started against you.
- b. Any disciplinary proceedings taken against you.

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

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

The period of this order is for three months to allow time for Mr Adams who is not currently engaging, to engage with the NMC and to provide evidence of compliance with the conditions.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 9 June 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 Mr Adams 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.

This will be confirmed to Mr Adams in writing.

That concludes this determination.