

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

**Substantive Order Review Hearing
Tuesday, 5 May 2026**

Virtual Hearing

Name of Registrant: Farayi Louisa Mutasa

NMC PIN: 20H1559E

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing – 16 November 2020

Relevant Location: Lambeth

Type of case: Lack of competence

Panel members: Michaela McAleer (Chair, Lay Member)
Aries Ogbuokiri (Registrant Member)
Ceri Edwards (Lay Member)

Legal Assessor: Fiona Barnett

Hearings Coordinator: Elizabeth Fagbo

Nursing and Midwifery Council: Represented by Nina Dunn, Case Presenter

Ms Mutasa: Present and unrepresented at the hearing

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

Fitness to practise: Impaired

Outcome: **Conditions of practice order extended (18 months)
to come into effect on 7 June 2026 in accordance with
Article 30 (1)**

Decision and reasons on review of the substantive order

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

This order will come into effect at the end of 7 June 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee (FtPC) panel on 8 November 2023. The order was reviewed on 27 November 2026, where the panel imposed an 18-month conditions of practice order.

The current order is due to expire at the end of 7 June 2026.

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

The charges found proved were as follows:

'1. Between January to April 2021, on one or more occasions:

*a. Did not offer to wash patient/s and/or did not carry out personal care to patients assigned to your care; **Proved (not lack of competence)***

*b. Did not complete a fluid balance chart as required for an unknown patient; **Proved***

*c. Failed to escalate that an unknown patient was retaining urine. **Proved***

2. Between 30 November 2020 to 31 March 2021 you:

a. ...

b. ...

c. Did not administer the prescribed dosage of FFP and/or did not escalate that an unknown patient required additional FFP to be administered.

Proved

3. Between 30 November 2020 to 31 March 2021 you:

- a. *Did not answer a call bell and/or failed to assist an unknown patient move from their commode; **Proved (not lack of competence)***
 - b. *Did not change the bedding of an unknown patient. **Proved (not lack of competence)***
4. *Your actions at charges 2 and 3 failed to prioritise the care of your patients. **Proved***
5. *On 3 January 2021 you:*
 - a. *Failed to provide a clinical overview of the patients assigned to your care, when asked; **Proved***
 - b. *Failed to complete observations of the patients assigned to your care; **Proved***
 - c. *Failed to identify that unknown patient/s assigned to your care were in respiratory distress. **Proved***
6. **Charge withdrawn by the NMC**
7. **Charge withdrawn by the NMC**
8. **Charge withdrawn by the NMC**
9. **Charge withdrawn by the NMC**
10. **Charge withdrawn by the NMC**
11. *On 24 March 2021 you:*
 - a. *Did not respond to a call bell from an unknown patient; **Proved by admission (not lack of competence)***
 - b. *Delayed the administration of an enema to an unknown patient. **Proved***
12. *On 29 March 2021, in regards to an unknown patient, failed to:*
 - a. *Ensure that a sliding scale was administered on an unknown patient. **Proved***

*b. Escalate an unknown patient with a NEWS score over 7. **Proved***

*13. Between January 2021 to April 2021, you endeavoured to administer a nebuliser to an unknown patient without a prescription. **Proved***

14. On 6 April 2021 you:

*a. Did not carry out observations on an unknown patient; **Proved***

*b. Did not monitor blood glucose on an unknown patient; **Proved***

*c. Did not complete fluid balance chart/s and/or bedside charts for patients assigned to your care. **Proved***

15. ...'

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

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

The panel considered whether your fitness to practise remains impaired.

The panel noted that the original panel found that you lacked insight.

The panel acknowledged your engagement and attendance at this hearing. The panel noted the significant personal challenges you have faced and recognised the impact these challenges have had on your ability to find work over the past 12 months. Despite your efforts to secure employment, the panel acknowledged the conditions of practice have made it difficult for you to obtain a role as a registered nurse or healthcare assistant.

However, the panel was concerned that you have not accepted the charges found proved or have not acknowledged your lack of competence. You did not provide any reflective piece to the panel, and during your oral evidence you did not demonstrate any insight into the impact your lack of competence has had on

patients, colleagues and the nursing profession. Although you have completed some recent training, the panel is not persuaded that you have taken sufficient steps to strengthen your practice.

The original panel determined that you were liable to repeat matters of the kind found proved. Today's panel has taken into account, your two training certificates, your oral submissions, and submissions from Ms Osborne. In the circumstances, the panel considers that there continues to be a significant risk of repetition of your previous failings. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

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

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

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

'The panel next considered whether imposing a further conditions of practice order on your registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that you have been unable to comply with the conditions of practice order because you have been unable to secure employed as registered nurse. The panel acknowledged your positive engagement and attendance at today's hearing and evidence of training you have provided. Despite the absence of representation from the RCN at the hearing, you chose to represent yourself. The panel commends your commitment and desire to return to nursing.

The panel also acknowledges the challenges you have faced since the decision of the original panel last year. The panel accepts that this has been a particularly challenging time for you. Despite these difficulties, you have made efforts to secure employment both as a registered nurse and healthcare assistant. You told the panel, the combination of your conditions of practice order and being a newly qualified nurse has made it challenging to obtain a registered nursing role or even a healthcare assistant position. The panel recognises your continued interest in nursing and your active pursuit of supportive roles, whether paid or unpaid, to further your career.

The panel was of the view that a varied conditions of practice order is sufficient to protect patients and satisfy the public interest. The panel has varied condition one to assist you in securing employment. The panel is satisfied that this variation is appropriate and proportionate while still ensuring public protection.

The panel was of the view that to impose a suspension order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case. Given your difficult personal circumstances and the challenges you faced in securing employment as a registered nurse, the panel considers that an extension of the order is the appropriate and proportionate response in this case.

The panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 18 months. The panel considered that this period would you allow you sufficient time to deal with difficult personal circumstances you have experienced and to further allow you to secure employment and work towards demonstrating you are fit to practice unrestricted. The order will come into effect on the expiry of the current order, namely at the end of 7 December 2024. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

‘For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course

of educational study connected to nursing, midwifery or nursing associates.

- 1. You must limit your nursing practice to one substantive employer which can be an agency. If you work for an agency, you are only permitted to work as a registered nurse for one health and social care provider.*
- 2. Until you are deemed to be, and signed off as, competent in medicines management by a registered nurse at your place of work, you must be directly supervised when administering medication, by a registered nurse.*
- 3. You must ensure that you are supervised by a line manager, or other supervisor nominated by your employer, any time you are working.*

Your supervision must consist of:

Working at all times on the same shift as, but not always directly observed by a registered nurse who is neither on probation nor preceptorship.

- 4. You must have weekly meetings with your supervisor, to discuss the topics below. After the first 8 weeks with any new employer, this may be changed to monthly meetings if your supervisor deems it appropriate based on your performance. These meetings should consist of a review of the following:*

Your activities addressing patient care, including:

- Personal care*
- Observations of patients*

- *Escalations of concerns about patients in your care*
- *Planning and prioritising your responsibilities, and*
- *Medicines management.*

5. a) *You must keep a reflection record to cover the following subjects:*

Your activities addressing patient care, including:

- *Personal care*
- *Observations of patients*
- *Escalations of concerns about patients in your care*
- *Planning and prioritising your responsibilities, and*
- *Medicines management.*

b) You must have a monthly supervision meeting with your line manager or other supervisor nominated by your employer.

c) The above reflection record must be completed in preparation for this monthly supervision meeting. This must be signed by your supervisor each time to confirm that it has been discussed and that they agree that it is a fair reflection of your performance; or to add comments regarding your performance, if different.

d) You must send copies of all monthly reflection record to your case officer at 6 months and at 10 months after these conditions come into effect.

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

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

8. *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.*

9. *You must tell your case officer, within seven days of your becoming aware of:*
 - a. *Any clinical incident you are involved in.*
 - b. *Any investigation started against you.*
 - c. *Any disciplinary proceedings taken against you.*

10. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*
 - a. *Any current or future employer.*

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

The order is for a period of 18 months. The panel is satisfied that this is the appropriate and proportionate period in the circumstances of your case.'

Decision and reasons on current impairment

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

The panel has had regard to all of the documentation before it, including the NMC bundle, and documentation from you, including testimonials and training certificates. It has also taken into account the submissions made by Ms Dunn on behalf of the NMC and your evidence given under oath.

Ms Dunn outlined the background of the case and referred the panel to the relevant documents. She submitted that 18 months have passed since the last review and you have been unable to secure employment in a nursing role in line with the order, despite the previous panel widening condition 1 on the last occasion in an effort to assist you in finding employment. Ms Dunn submitted that it also appears that you have not undertaken any volunteering nursing role in any clinical settings, as suggested by the previous panel. She submitted that from October 2024 to March 2026 you have been working as a live-in carer for an elderly person suffering with dementia, offering non-clinical personal support and daily living assistance. She submitted that you are working with a single person under your care rather than in a nursing role within a clinical setting and this role does not appear to fall under the conditions of practice order.

Ms Dunn submitted that there is an absence of evidence to show that you have been signed off as competent in medicine management by another registered nurse in line with condition 2 of the order. Also, she submitted that there is no reflective record before the panel demonstrating monthly supervisions and/or commenting on your performance over the last 18 months. Ms Dunn submitted that it appears that you have recently completed medication awareness training, you have also provided a positive testimonial from your patient's son.

Ms Dunn submitted that there is no evidence of strengthened practice, specifically in a nursing role in the areas of concern, and you have not practised as a nurse in a clinical setting since 2021. She submitted that the concerns are wide-ranging, appear to have occurred very early on in your nursing career, and it may be considered that there remains a risk of repetition and harm to the public. Ms Dunn submitted that you have not completed a reflective piece addressing the original shortcomings and the impact on patients, colleagues and the reputation of the profession, despite the significant time that has passed since the order was made. She submitted that whilst you deny the charges, that that does not bar you from being able to demonstrate insight.

Further, Ms Dunn submitted that persuasive burden is placed on you to demonstrate that you have fully acknowledged why your past professional performance was deficient through insight and application. She submitted that as you have not taken sufficient steps to address the wide-ranging concerns about your past conduct, the NMC would invite the panel to find that you remain impaired on the grounds of public protection and public interest. Ms Dunn referred the panel to the relevant guidance, she submitted that if the panel finds current impairment, the panel must then decide on the appropriate sanction.

The panel also had regard to your oral evidence. You submitted that the allegations arose when you were a newly qualified nurse, and that after you had reported being bullied *'things were never the same'* for you on the ward. You submitted that you went on sick leave and when you returned the allegations had arisen. You stated that the allegations were reported on unknown dates, by unknown patients, and no Datix reports or documents were produced regarding the allegations.

You submitted that you were in the process of solidifying what you had learned and your competencies, and you felt that you should have been given a chance to try. You submitted that you have been unable to secure employment with the current conditions on your practice.

You submitted that part of health care is looking after people and their well-being. You submitted that you make sure the hygiene needs and psychological needs of the patient are met. You stated that when your client was unwell, you would escalate this by contacting the GP. You submitted that you have engaged in relevant nursing training courses, which have nothing to do with your current live in carer role, to keep yourself up to date with your nursing practice. You submitted that you believe that the fact that you are newly qualified is also causing challenges in obtaining employment.

You submitted that no members of the public were harmed and that you have an unblemished 15-year career as a health care assistant, have worked in all sectors of healthcare, and have had no further concerns. You submitted that you have cared for a patient and received great feedback from the patient's family. You stated that you have demonstrated that you are a safe practitioner.

Ms Dunn questioned you regarding your employment since the death of the patient that you were caring for in March 2025. You submitted that you have been applying for nursing roles, however, have been unsuccessful and have been told that you should come back when the conditions of practise order have been removed. You submitted that you have been discussing voluntary roles and health care assistant roles on bank. However, you would have to agree on suitable dates as you need a source of income.

When questioned regarding the importance of prioritisation of patients, you submitted that it is important to prioritise the care of the patients so that they have confidence in the care being provided and feel safe.

When questioned regarding the impact on the nursing profession as a whole and the reputation of the profession if a nurse has not prioritised the care of their patients or has not completed observations, you submitted that it brings the profession into disrepute and people lose trust and confidence in the nurses and the whole profession.

When questioned as to whether you accept that there was a risk of harm to patients by not escalating concerns or completing observations, and that those failures create a risk of harm, you submitted that this is an allegation, and that had those allegations actually happened, there would be a high risk of harm.

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

The panel considered whether your fitness to practise remains impaired.

The panel noted that the last reviewing panel found that you had a lack of insight. At this hearing the panel noted that you had provided positive testimonials and also online training certificates which included:

- Venepuncture, Phlebotomy and Canulation Training
- Blood Component Transfusion
- Mandatory Training
- Medication administration

However, there was no written reflective piece before the panel. You had explained that you would find it difficult to reflect on matters for which there had been no documentary evidence. The panel noted that the reflective piece that was being sought by the last panel required you to reflect on the findings from the substantive hearing and not on the evidence. This is something you should be able to achieve notwithstanding that you still do not accept the findings of the initial panel.

The panel took into account that you had been able to obtain employment as a live in carer from October 2024 to March 2026. The panel noted that you had received a positive testimonial from the son of the patient you were caring for, who was also a GP. It was clear to the panel from the way this testimonial was set out that you had been candid with the GP/your new employer about the conditions of practice order and that the GP has attempted to address some of the specific conditions and how he felt you were meeting

them in your role as a carer for his mother. It noted that you have shown dedication to improving your practice and have shown some insight into the impact of your lack of competence on the nursing profession, acknowledging during your evidence that this would bring the profession into disrepute and cause members of the public to lose confidence in nurses. The panel acknowledged that you deny the allegations, however, it was of the view that sufficient insight could still be demonstrated through a detailed reflective piece which you had failed to provide at this hearing. The panel determined that your insight remained insufficient and as you have been unable to obtain employment as a registered nurse you have therefore not had the opportunity to demonstrate how your learning and developing insight has been embedded into your practice or to demonstrate compliance with the conditions. Whilst the testimonials from your role as a carer were positive, the panel had no evidence from a clinical role to demonstrate that the risk of repetition has diminished. Therefore, it decided that there is still a real risk of harm to patients if you were permitted to practise unrestricted at this time. The panel decided that a finding of continuing impairment is necessary on the ground of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required. The panel noted that your compliance with each of the conditions set out in the previous order would require to be individually demonstrated by you. Members of the public reasonably expect nurses to be competent in the care they deliver. It would be unacceptable to a member of the public if they thought that your compliance with such conditions could simply be dispensed with by virtue of your genuine albeit unsuccessful attempts to secure paid or unpaid suitable work in a clinical environment in a 30 month period.

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

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in

Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that your lack of competence 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 imposing a further or varied conditions of practice order on your registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that the current conditions are appropriate and practical, and would continue to address the failings highlighted in this case. The panel accepted that you have been unable to comply with conditions of practice due to your current employment status but you are engaging with the NMC and are willing to comply with any conditions imposed. Whilst there was positive evidence before the panel in the form of testimonials, and an evidenced commitment from you to continue your nursing career, the panel was not satisfied that there was sufficient evidence to justify reducing the requirements of the conditions at this stage.

The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest noting, as the original panel did, that there are no deep-seated attitudinal problems and that this case is related largely to clinical

competence issues. Therefore, the current conditions would protect patients and meet the public interest during the period they are in force.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case because you have been engaging with the NMC proceedings and have engaged in efforts to strengthen your practice and obtain employment despite being unsuccessful.

Accordingly, the panel determined, pursuant to Article 30(1)(a) to extend the conditions of practice order for a period of 18 months which will come into effect on the expiry of the current order, namely at the end of 7 June 2026. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

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

- 1. You must limit your nursing practice to one substantive employer which can be an agency. If you work for an agency, you are only permitted to work as a registered nurse for one health and social care provider.*
- 2. Until you are deemed to be, and signed off as, competent in medicines management by a registered nurse at your place of work, you must be directly supervised when administering medication, by a registered nurse.*
- 3. You must ensure that you are supervised by a line manager, or other supervisor nominated by your employer, any time you are working.*

Your supervision must consist of:

Working at all times on the same shift as, but not always directly observed by a registered nurse who is neither on probation nor preceptorship.

4. *You must have weekly meetings with your supervisor, to discuss the topics below. After the first 8 weeks with any new employer, this may be changed to monthly meetings if your supervisor deems it appropriate based on your performance. These meetings should consist of a review of the following:*

Your activities addressing patient care, including:

- *Personal care*
- *Observations of patients*
- *Escalations of concerns about patients in your care*
- *Planning and prioritising your responsibilities, and*
- *Medicines management.*

5. *a) You must keep a reflection record to cover the following subjects:*

Your activities addressing patient care, including:

- *Personal care*
- *Observations of patients*
- *Escalations of concerns about patients in your care*
- *Planning and prioritising your responsibilities, and*
- *Medicines management.*

b) You must have a monthly supervision meeting with your line manager or other supervisor nominated by your employer.

c) The above reflection record must be completed in preparation for this monthly supervision meeting. This must be signed by your supervisor each time to confirm that it has been discussed and that they agree that it is a fair reflection of your performance; or to add comments regarding your performance, if different.

d) You must send copies of all monthly reflection record to your case officer at 6 months and at 10 months after these conditions come into effect.

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

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

8. *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.*

- 9. You must tell your case officer, within seven days of your becoming aware of:*
 - a. Any clinical incident you are involved in.*
 - b. Any investigation started against you.*
 - c. Any disciplinary proceedings taken against you.*

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

The period of this order is for 18 months in deciding on this period of time the panel took account of the time you would need to secure suitable paid or unpaid work as set out in the conditions in addition to the time frame required for you to demonstrate compliance with each of the conditions individually.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 7 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 you has complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Your continued engagement and your attendance at any future hearing;
- Testimonials from any paid or unpaid work, including your current employer at the time this order is reviewed;
- Evidence of any ongoing training you are undertaking;
- A written reflective piece addressing the shortcomings identified in your case, and their impact on your patients, colleagues and the nursing profession and on what you have learned since.

This will be confirmed to you in writing.

That concludes this determination.