Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Wednesday, 18 November 2026

Virtual Meeting

Name of Registrant:	**Carmen Miranda Heeres**
NMC PIN:	01C0017C
Part(s) of the register:	Registered Nurse - Adult (Level 2) (RN2) 7 March 2001
Relevant Location:	West Sussex
Type of case:	Conviction
Panel members:	Allison Brindley (Chair, Registrant member) Alison Smalley (Registrant member) Rosanna Duncan (Lay member)
Legal Assessor:	Juliet Gibbon
Hearings Coordinator:	Teige Gardner
Facts proved:	Charge 1
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**
Final outcome:	**FTP impaired - striking off order**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Ms Heeres' registered email address by secure email on 12 October 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and the fact that this meeting was to be heard virtually.

In the light of all of the information available, the panel was satisfied that Ms Heeres has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Background

Mrs Heeres was formerly employed as the Registered Manager at Bay Trees Nursing Home (the Home) between November 2011 to April 2023.

The resident died at the Home on 08 December 2022. The resident had mental capacity and managed his own financial affairs up until his death. The resident had no Next of Kin (NOK). Upon his death, the resident had £21000 in his bank account.

Mrs Heeres maintained that in her capacity as Registered Manager, it was her responsibility to make the funeral arrangements for the resident, with any remaining money to be processed by the Crown.

On 10 April 2023, a member of the Home's administrative staff opened a bank statement for the resident. She grew concerned when she saw that a number of large transactions had occurred since his death. On 13 April 2023, the matter was reported to Sussex police. Sussex Police were able to evidence that between 09 December 2022 (the day after the resident's death) to 16 March 2023, Mrs Heeres had made a number of transactions using the resident's bank card, including; adding the resident's bank card to her personal

Amazon account, paying a large energy bill and other miscellaneous purchases. The exact value of the fraud has not been specified.

On 10 October 2024, Mrs Heeres was convicted of fraud contrary to sections 1 and 4 of the Fraud Act 2006, at Worthing Magistrates Court. She was sentenced to a 12 month community order, fined £1500 and given a 20 day rehabilitation activity requirement.

Details of charge

That you, a registered nurse:

1) On 1 October 2024, at Worthing Magistrates Court, were convicted of the offence of Fraud by abuse of position, contrary to the Fraud Act 2006

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

Decision and reasons on facts

The charge concerns Ms Heeres' conviction and, having been provided with a copy of the certificate of conviction, dated 1 October 2024, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3). These state:

*'**31.**— (2) Where a registrant has been convicted of a criminal offence—*

(a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and

(b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.

(3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with

paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'

The panel also had regard to Ms Heeres' bundle.

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Ms Heeres' fitness to practise is currently impaired by reason of Ms Heeres' conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *CHRE v NMC & Grant* [2011] EWHC 927 (Admin), *Cohen v GMC* [2008] EWHC 581 (Admin) and *GMC v Meadow* [2007] QB 462 (Admin).

Decision and reasons on impairment

The panel next went on to decide if as a result of the conviction, Ms Heeres' 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 and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. 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/their fitness to practise is impaired in the sense that S/He/They:*
>
> 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*
>
> a) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel was of the view that all four limbs of *Grant* are engaged in this case.

The panel finds that there is a potential risk of financial harm to patients as a result of Ms Heeres' conviction. Although The resident was deceased at the time this incident occurred, the panel was of the view that Ms Heeres' conviction brings into question her character and highlights a potential deep-seated attitudinal issue. The panel noted that Ms Heeres repeatedly used the resident's bank card over a period of time on various miscellaneous items. Particularly, the panel noted that Ms Heeres added the resident's bank card to her personal Amazon account and used it to purchase items and she also paid a large energy bill with it. In the panel's view Ms Heeres' conviction had breached the fundamental tenets of the nursing profession, particularly surrounding professionalism, trust and honesty, and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

The panel took into consideration the positive testimonials provided by Ms Heeres' colleagues. Whilst these testimonials did speak to Ms Heeres' professionalism and openness surrounding her conviction, the panel was of the view that this did not reduce the risk posed by her to patients.

Regarding insight, the panel considered Ms Heeres' reflective piece. It was of the view that she has shown some insight into her conviction. However, it noted that Ms Heeres did not address how her actions have impacted patients, colleagues, the nursing profession, the NMC as regulator and the wider public. Further, the panel noted that, in her reflective piece sent to the NMC on 15 July 2025, Ms Heeres stated that *'she had been told'* she used the bank card to pay for miscellaneous purchases on Amazon, indicating that she was not aware she had made these purchases but she had previously admitted this in her police interview on 18 June 2024. Also, the panel noted that, in the same reflective piece, Ms Heeres claimed that the resident had given her permission to use his bank card after his passing which she had not referred to during her police interviews. The panel was of the view that this indicates that Ms Heeres' insight has worsened since she admitted to her conviction in 2024. The panel also noted that Ms Heeres has provided limited evidence of her remediating her dishonesty. Therefore, the panel was of the view that more insight is required for it to be satisfied that Ms Heeres would not be likely to repeat her conduct.

The panel is of the view that there is a risk of repetition based on the dishonesty involved in Ms Heeres' offending behaviour which led to her conviction, the lack of insight demonstrated, and limited evidence of her remediating her dishonesty. The panel therefore decided that a finding of impairment is necessary on the grounds of public safety.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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 was of the view that public confidence in the professions and the NMC as regulator would be seriously damaged should it not find registrants convicted with fraud to be impaired. Therefore, the panel determined that, in this case, a finding of impairment on public interest grounds was also required.

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

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Ms Heeres off the register. The effect of this order is that the NMC register will show that Ms Heeres has been struck-off the register.

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 *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Ms Heeres' 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 panel had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- abuse of a position of trust
- deliberate breaches of the Code
- a pattern of offending behaviour over a period of time
- dishonesty
- limited insight
- vulnerability of the person whilst in her care
- initial denial to the police of the offending behaviour

The panel also took into account the following mitigating features:

- Financial hardship at the time of the incident
- Positive testimonials/references from colleagues

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 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 Ms Heeres' offending behaviour was not at the lower end of the spectrum, and it found that there is a risk to patients and public safety. The panel therefore determined that a sanction that does not restrict Ms Heeres practise 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 to place conditions of practice on Ms Heeres' registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026). Having regard to the nature and seriousness of Ms Heeres' offending behaviour, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

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.'*

Whilst the panel acknowledged that the risks identified could be managed by Ms Heeres being temporarily removed from the Register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the conviction. Given Ms Heeres' limited insight, lack of remorse for the impact of her conviction on others, together with no evidence of training and development, the panel considered that there is no realistic possibility that she would address the concerns to such a level where she could return to practise safely.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

In considering a striking-off order, the panel had regard to the NMC Guidance on *'Sanctions for the highest risk cases'* (Reference SAN-4 Last Updated: 28/01/2026). Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case'*.

The panel had regard to the following considerations as set out in the NMC Guidance entitled *'Striking-off order'* (Reference: SAN-2e Last Updated; 28/01/2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

The panel found that Ms Heeres' conviction does raise fundamental questions about her professionalism as a registered nurse, as it relates to dishonesty and abuse of her position as the registered manager of the Home. The panel took into consideration Ms Heeres' reflective piece and was of the view that it falls short of showing full insight. The panel noted that she did not adequately show remorse for her actions, or explain the impact her actions had on patients, colleagues, the NMC as regulator and the wider public. The panel was of the view that Ms Heeres' insight has regressed since she admitted to the charge, as she now claims the resident said she could have the money that was in his account after his death. In addition, the panel noted that Ms Heeres claims she was unaware, until told, that she used the resident's bank card on her Amazon account. Therefore, the panel determined that there is no real prospect that after a period of suspension Ms Heeres will show improved insight into her conviction.

The panel was of the view that Ms Heeres' actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Ms Heeres' actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this meeting, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of

Ms Heeres' actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was 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.

This will be confirmed to Ms Heeres in writing.

Interim order

As the striking-off 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 Ms Heeres' own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

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. The panel had regard to the seriousness of the conviction and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim 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 determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months due to cover the appeal period, if Ms Heeres decides to appeal its decision.

If no appeal is made, then the interim suspension order will be replaced by the substantive striking off order 28 days after Ms Heeres is sent the decision of this hearing in writing.

That concludes this determination.