Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Monday 16 November 2026

Virtual Hearing

Name of Registrant:	**Grace Okanlawon**
NMC PIN:	06H2890E
Part(s) of the register:	Nurses Part of the Register – Sub Part 1 RNMH: Mental Health Nurse, Level 1 (1 March 2007)
Relevant Location:	West Northamptonshire
Type of case:	Misconduct
Panel members:	Susan Thomas (Chair, Lay member) Adaeze Chioma Obiayo (Registrant) Christine Wroe (Lay member)
Legal Assessor:	Fiona Barnett
Hearings Coordinator:	Andrea Lawrence
Nursing and Midwifery Council:	Represented by Isabella Priestman Bennett, Case Presenter
Mrs Okanlawon:	Present and unrepresented at this hearing
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Impaired
Outcome:	**Suspension order (9 months) to come into effect on 21 November 2026 in accordance with Article 30(1).**

Decision and reasons on review of the substantive order

The panel decided to extend the current suspension order for a period of 9 months.

This order will come into effect at the end of 21 November 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 panel on 15 April 2025. This was reviewed on 13 April 2026 and the panel decided to replace the conditions of practice order with a six month suspension order.

The current order is due to expire at the end of 21 November 2026.

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

'That you, a registered nurse:

1. *Between 6 September 2022 and 3 October 2022 on one or more occasion failed to check and/or record Patient H's blood glucose/sugar.*

2. *On 6 September 2022 and/or 25 September 2022 and/or 26 September 2022 failed to document handover notes in respect of one or more patient/s on the electronic system* (proved only in relation to 25 September 2022 and 26 September 2002)

3. *On 31 August 2022 in respect of Patient A:*
    a) *Failed to carry out a second check of their blood pressure.*
    b) *Failed to monitor their blood pressure.*
    c) *Failed to escalate their high blood pressure to a General Practitioner.*
    d) *Failed to handover their high blood pressure reading.*
    e) *Failed to record any comment/rationale for the high reading.*

4. *On 13 September 2022 in respect of Patient B:*
    a) *Failed to record their medication on the electronic care plan system.*

5. *On 21 September 2022:*
    a) *in respect of Patient C;*
        i. *Turned off the PEG feed pump/machine.*
        ii. *Did not change the feeding tube.*
        iii. *Failed to escalate their feed had occluded.*

    b) *In respect of Patient D;*
        i. *Did not close the wound review on the system.*

6. *Between 4 October 2022 and 5 October 2022 on one or more occasion failed to check and/or record Patient E's blood glucose/sugar.*

7. *On 28 September 2022:*
    a) *In respect of Patient C stopped their feeding tube early/disconnected their feeding tube before the feed was finished.*
    b) *In respect of Patient E;*
        i. *Did not follow up when they refused to have their wound checked.*
        ii. *Failed to record that they required their wound to be checked.*
        iii. *Failed to handover that they had refused to have their wound checked.*

8. *On or about 2 October 2022 in respect of Patient F;*
    a) *Were unable to take their blood pressure.*
    b) *Did not attempt to use the manual blood pressure machine.*
    c) *Contacted 111 unnecessarily without attempting to use the manual machine.*

9. *On 5 October 2022 in respect of Patient G failed to record on their MAR chart that their medication, Gabapentin and/or Diazepam, had been administered.*

10. *On an unknown date wrongly identified a Covid test as negative.*

11. On an unknown date did not carry out the Covid testing procedure correctly.'

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

'The panel considered whether Mrs Okanlawon's fitness to practise remains impaired.

The panel noted that there has been no new information about Mrs Okanlawon's current employment and whether she is currently working in a health care capacity.

The panel had no information before it today to suggest that Mrs Okanlawon had been complying with the conditions of practice order in her current employment. The panel also had no information before it today to suggest that the concerns identified by the original substantive hearing panel had been addressed.

The panel considered that Mrs Okanlawon had not provided any evidence to show that she had addressed the recommendations made by the original panel. The panel also noted that there was no evidence of insight or remediation since the original substantive hearing.

The panel considered that if Mrs Okanlawon is working as a registered nurse, she has a duty to engage with the NMC as her regulator, and to demonstrate compliance with her conditions of practice order, however it had no information on her current employment.

The panel therefore considered that there remains a risk of repetition and therefore it determined that a finding of impairment remains 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

a finding of impairment also remains necessary on public interest grounds, in order to maintain confidence in the nursing profession and in the NMC as a regulator.

For these reasons, the panel finds that Mrs Okanlawon's fitness to practise remains impaired.

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

'The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow you further time to fully reflect on your previous failings. The panel concluded that a further 9-month suspension order would be the appropriate and proportionate response and would afford you adequate time to develop your insight and take steps to strengthen your practice.'

Decision and reasons on current impairment

The panel accepted the advice of the legal assessor. It also had regard to NMC's guidance on Impairment DMA-1 and the NMC's guidance on Substantive order reviews REV-2 and Standard review of substantive order before they expire REV-2(a).

The panel 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 had regard to all of the documentation before it, including the NMC bundle. It has taken account of your oral evidence, the submissions made by Ms Priestman-Bennett on behalf of the Nursing and Midwifery Council (NMC), and those made by you.

Ms Priestman-Bennett provided the background to this case. She submitted that since the last hearing, there has been some positive engagement from you with regard to the NMC's process, this being highlighted by your attendance today.

Ms Priestman-Bennett submitted that there has been no new evidence provided by you to suggest that your fitness to practise is no longer impaired. She submitted that you have not provided any evidence of training completed, testimonials from a current employer, or reflective pieces highlighting insight or showing remediation.

Ms Priestman-Bennett submitted that you showed a lack of insight into proven charges against you. She submitted that you remain a risk to vulnerable patients and this has not been reduced since the previous review hearing.

Ms Priestman-Bennett submitted that although you are now in employment as a carer there is no evidence that you are seeking to strengthen your practice as a registered nurse. Ms Priestman-Bennett submitted that the lack of new evidence provided highlights a lack of remorse.

The panel next heard your oral evidence. You explained that you are currently working as a carer in a care home. You stated that this experience has been a positive one for you.

You acknowledged that you have not provided any written evidence of training certificates to the panel. However, you advised the panel that you have just started a National Vocational Qualification (NVQ) Level 3 course.

In response to panel questions about this course, you stated that the course would be a minimum of 6 months and consisted of workshops and assignments covering subjects such as medication management, communication and handling challenges.

You stated that this course will boost your confidence and strengthen your practice, especially regarding your attitude towards patients and taking responsibility for their care.

You told the panel that you are having trouble gaining experiences and training around some highlighted areas of concern namely PEG training, manual blood pressure training

and wound care. However, you will continue to research ways in which you can carry out this training.

You explained that you are aware of your lack of testimonials from your current employers, however stated that you have had good feedback from your patients.

The panel had regard to the closing submissions from Ms Priestman-Bennett. She submitted that your fitness to practice is still impaired and invited the panel to consider extending the current suspension order or alternatively to impose a conditions of practice order on the grounds of public protection and in the public interest.

The panel accepted the advice of the legal assessor.

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

The panel considered whether your fitness to practise remains impaired.

The panel acknowledged that you continue to deny some of the charges found proved by the substantive panel. However, the panel found that you have failed to show that you have developed sufficient insight as to the charges found proved. You have failed to provide the panel with any evidence to show that you understand why your conduct was considered unacceptable and to persuade the panel that the misconduct identified would not be repeated.

The panel took into account that you expressed remorse about being present at the hearing and taking it seriously. The panel recognises that registrant’s have a continuing right to disagree with charges bought and the outcomes of a fitness to practice hearing. You did not provide the panel with any written reflections concerning the misconduct found, nor any testimonials from your line manager in the care home where you are working. You have not provided anything to show the panel that you would act differently in the future.

The panel considered the seriousness of the charges found proved and found that you did not show sufficient insight as to how your actions put your patients, colleagues and the wider nursing profession at risk. The panel noted at this hearing you did not provide any documentary evidence to demonstrate that you have strengthened your knowledge through further training or remediation.

In light of this, this panel determined that you remain liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection, in that patients remain at risk of harm, and on public interest grounds in order to maintain confidence in the nursing profession and the NMC as your regulator.

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 charges found proved. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

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

The panel next considered whether a conditions of practice order 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 have been provided with no new information from you since the last hearing, which materially changes that position and demonstrates that the risks have been reduced. Consequently, it was unable to formulate workable and measurable conditions of practice.

The panel considered the imposition of a further period of suspension order. It was of the view that a suspension order would allow you further time to develop stronger insight and demonstrate greater remediation. The panel concluded that extending the current suspension order for a further 9-months would be the appropriate and proportionate response and would afford you adequate time to undertake training, such as the NVQ Level 3 course that you detailed to the panel, to further develop your insight and take steps to strengthen your practice.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 21 November 2026 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case may be assisted by:

- Reflection and insight, including demonstrating and understanding of the impact of your misconduct towards patients, colleagues and the wider nursing profession.
- Evidence of the completion of your current NVQ 3 course (this includes certificates of all modules undertaken and passed).
- Documentary evidence of completion of any other relevant courses that strengthen your practice including for example: understanding policies and procedures, medication management, waste management, teamwork, duty of candour, reflective practice, record keeping, infection control

- Testimonials and references from your current employer, colleagues and/or supervisors.

This will be confirmed to you in writing.

That concludes this determination.