

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

**Substantive Meeting
Thursday, 22- Friday, 23 October 2026**

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	Kelly Marie Lawrence
NMC PIN:	08A1610E
Part(s) of the register:	Registered Nurse – RNA: Adult nurse, level 1 (28 January 2008)
Relevant Location:	Cheshire
Type of case:	Misconduct
Panel members:	Lucy Watson (Chair, registrant member) Jessica Read (Registrant member) Joanne Morgan (Lay member)
Legal Assessor:	Lee Davies
Hearings Coordinator:	Hanifah Choudhury
Facts proved:	Charges 1 and 2
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	Conditions of practice order (6 months) with review
Interim order:	Interim conditions of practice order (18 months)
Final outcome:	FTP impaired - COP 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 Miss Lawrence's registered email address by secure email on 2 September 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting contained details of the charges, particularising the allegations and setting out the alleged facts on which they are based and it was accompanied by relevant documents. It informed Miss Lawrence of the powers available to the panel at the meeting, including the power to make an interim order and invited representations from Miss Lawrence and indicated the timeframe as to when the meeting would take place.

In the light of all of the information available, the panel was satisfied that Miss Lawrence 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).

Preliminary matters

The panel noted that the NMC had applied to offer no evidence in respect of charges 1a and 1b. The NMC submitted as follows:

'It is the NMC's submission that there is no longer a realistic prospect of a panel finding charges 1a and 1b proved on the basis of the evidence before the panel as it has become apparent that the case examiners' decision was made on an incorrect basis.'

The panel considered the NMC's submission in the context of the issues identified at the previous substantive meeting. The panel noted that the Case Examiners' decision had been made on the basis that Miss Lawrence had a duty to complete the Mental Capacity and Best Interests assessment for Resident A in respect of the incident. However, the

previous panel had noted that Miss Lawrence did not have responsibility for completing those assessments. The panel considered that, in light of this, the NMC's application was a sensible and appropriate submission, given the evidence before the panel and the issues previously identified.

The panel also noted from the NMC's application:

'Colleague A's statement focuses on the inappropriateness of Ms Lawrence's actions rather than specify any duty Ms Lawrence had in relation to the assessments referred to at charge 1 prior to putting on an adult channel to watch for Resident A.'

The panel considered that the inappropriateness of Miss Lawrence's actions related to putting on an adult television channel for Resident A rather than any failure to complete the relevant assessment forms. The panel noted that the evidence did not establish that Miss Lawrence had a duty to complete those assessments before putting on the television.

The Panel further noted that the NMC stated:

'Tracey Gerrard (TG) states that the relevant assessments would have been something that would have been completed as soon as a resident moves to the Home and their statement focuses on the inappropriateness of Ms Lawrence's actions rather than specify what would have been expected of her in terms of processes she needed to follow. TG does not indicate that there was a duty on Ms Lawrence to complete the assessments prior to turning on the television.'

Having considered the NMC's submissions and the evidence before it, the panel accepted that there was no longer a realistic prospect of a panel finding charges 1a and 1b proved.

Accordingly, the panel accepted the NMC's application to offer no evidence in respect of charges 1a and 1b. As a result, charge 1 in its entirety will no longer be before the panel.

Decisions and reasons on amending the charges

Having accepted the NMC's application to offer no evidence in respect of charge 1 in its entirety, the panel decided to amend the remaining charges of its own volition to reflect the removal of charge 1.

The panel determined that the charges should be amended as follows:

- Charge 2 would be amended to become charge 1.
- Charge 3 would be amended to become charge 2 with the reference to charge 2 within that charge amended to refer to charge 1.

The panel determined that these amendments would not cause any injustice to Miss Lawrence. The amendments were administrative in nature and served to clarify the charges remaining before the panel following the removal of charge 1.

Details of charge (as amended)

That you, a registered nurse:

- 1) On or around 31 May 2020, you put on an adult television channel for Resident A (a vulnerable resident) to watch.
- 2) Your action at charge 1 was inappropriate in that you failed to consider the potential psychological and/or physical effects of your actions upon Resident A.

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

Background as taken from the NMC's statement of case

On 10 June 2020, the NMC received a referral from 3L Care nursing Home, raising concerns about Miss Lawrence's fitness to practise. At the time of the concern raised in the referral, Miss Lawrence was employed as a night nurse at Chapel House (the Home).

In the early hours of 31 May 2020, Miss Lawrence went into Resident A's room and switched on an adult channel, namely 'Babe station'.

Resident A was an extremely vulnerable client with an acquired brain injury; they were quadriplegic and non-verbal but could communicate via blinking.

On the night of the incident, Resident A was unsettled and groaning during the night. Following a discussion with other staff members about how they could help Resident A, Miss Lawrence concluded that Resident A was groaning due to being sexually frustrated. The other staff member did not share her view. Miss Lawrence entered Resident A's room and put on an adult channel ('Babe station'), for them to watch. Moments later, other staff members entered Resident A's room and turned the television off. This was following Resident A indicating that they did not want the television on.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel had regard to the written statements of the following witnesses on behalf of the NMC:

- Immi Orme: Health Care Assistant at the Home at the material time;
- Tracey Gerrard: Interim Home Manager after the events

The panel noted that Miss Lawrence had not challenged the NMC's case and had not made any submissions in relation to the facts of the case on her own behalf.

The panel then considered each of the disputed charges and made the following findings.

Charge 1)

- 1) On or around 31 May 2020, you put on an adult television channel for Resident A (a vulnerable resident) to watch.

This charge is found proved.

In considering whether Resident A was a vulnerable resident, the panel had regard to Ms Orme's statement, which stated:

'There was a client at the Home, who I will refer to as Resident A, who had an acquired brain injury. I think that he had been knocked off from his push bike at the age of about 14 or 15 years old. He was non-verbal but had capacity, as we were able to ask him yes or no questions for small decisions. We communicated with him via blinks – one blink meant "yes", two blinks meant "no", and three blinks meant that Resident A did not want to communicate. He had a percutaneous endoscopic gastrostomy (PEG) tube, meaning that he was centrally fed. He required quite a lot of pain medication as his body was quite rigid. His arms were fused up and he was unable to bend his legs, which meant that he was wheelchair and bed bound. He also required full personal care due to being doubly incontinent.'

The panel also had regard to Resident A's care plan which further demonstrated his vulnerability and communication needs. The panel noted that Ms Orme had worked at the Home for approximately two and a half years and would therefore have been familiar with Resident A and his care needs. The panel was satisfied that Resident A was a vulnerable resident.

The panel considered Ms Orme's NMC statement which stated:

'Myself and some other staff members, including Kelly, were sat around outside his room, speculating about how we could help him. Kelly came to the conclusion that Resident A could be experiencing sexual frustration and suggested whether she should put a pornography programme on the television for him, like Babe Station. Myself and the other staff said that we did not think this would be appropriate and did not think it would be allowed. We also told her that we would not be comfortable with providing personal care to Resident A while this programme was on. However, Kelly went ahead and Babe Station on for him to watch. None of the other staff agreed that she should put this programme on for Resident A.'

The panel had further regard to Miss Lawrence's investigation interview meeting notes which stated:

'You were asked to attend the meeting to discuss the following:

- You put inappropriate content on a vulnerable Clients TV*

....

Did you put "Babe station" on DC's TV?

"Yes"

The Panel noted that Miss Lawrence had expressly acknowledged, during her investigation interview, that she had put BabeStation on the television for Resident A.

Having considered the evidence in the round, the panel was satisfied that the evidence established that Miss Lawrence had put an adult television channel on for Resident A to watch on or around 31 May 2020.

Accordingly, the panel found charge 1 proved.

Charge 2)

2) Your action at charge 1 was inappropriate in that you failed to consider the potential psychological and/or physical effects of your actions upon Resident A.

This charge is found proved.

The panel had already determined that Resident A was a vulnerable resident, having regard to Ms Orme's statement which described his significant physical disabilities, his dependence on others for personal care and his limited means of communication.

The panel first considered Ms Orme's statement which stated:

'On this night, Resident A was quite vocal, as he often was. He was often in a lot of pain, which caused him to groan and moan all night. He was quite loud and usually keep the other residents up. Myself and some other staff members, including Kelly, were sat around outside his room, speculating about how we could help him. Kelly came to the conclusion that Resident A could be experiencing sexual frustration and suggested whether she should put a pornography programme on the television for him, like Babe Station. Myself and the other staff said that we did not think this would be appropriate and did not think it would be allowed. We also told her that we would not be comfortable with providing personal care to Resident A while this programme was on. However, Kelly went ahead and Babe Station on for him to watch. None of the other staff agreed that she should put this programme on for Resident A.'

Even if Resident A had been sexually frustrated, I do not think that there is anything that we would have been able to do about that. He was regularly in pain and was regularly requesting for pain medication. Sometimes when he was groaning, it was just because he wanted some company, as he would go quiet when staff entered his room and chatted to him. He had full capacity and had to lay in bed all day, so

he was likely bored a lot. It was possible to settle Resident A just by chatting with him, however this did not always work. I thought that him being sexually frustrated was an odd conclusion for Kelly to jump to.'

The panel considered that this evidence was significant as Miss Lawrence had been made aware of the usual reasons for Resident A's groaning and concerns of other staff members before proceeding to put the programme on. The panel determined that these concerns should have prompted Miss Lawrence to consider whether her proposed action was appropriate, taking into account Resident A's individual care needs and the potential impact upon him.

The panel also had regard to the evidence of Ms Gerrard who stated:

'From my experience as a Home Manager and a Registered Nurse myself, it is not usually standard practice to complete a sexual needs assessment for a resident. However, every resident needs to have a sexuality care plan if they are actively displaying signs of being sexual or if they are sexually active. A sexuality care plan will involve speaking to the resident or their family in order to understand their sexual preferences or sexuality. This might be in relation to how a person wants to dress or whether they want to be cared for only by staff of a specific gender. The care plan is about the person and what they want. It can be very different if a person was born with the disability or if it was acquired later in life, because their sexuality before the injury will need to be considered. In my career, I have never seen the practice of putting on pornography for a resident within a care plan.'

The panel considered this evidence relevant to the need for care to be individualised and informed by an understanding of the resident's needs and preferences. The panel noted that Resident A had acquired his brain injury in his teenage years and that his sexuality and sexual needs had not been identified in the evidence before it. There was no evidence that Miss Lawrence had consulted Resident A's care plan to establish whether any sexual needs had been identified or that putting on an adult television channel had not been included in his nighttime care plan.

The panel further considered the investigation interview meeting notes in which Miss Lawrence explained her reasons for putting the programme on:

'Why did you think it was appropriate to put it on?

Resident A was groaning I asked if he was in pain and he said "No" I asked if he needed flatus and he said "No" I thought Resident A might be sexually frustrated, and that we are not meeting his needs. I asked Resident A if he was feeling "horny" and he said "yes" Resident A stops groaning when female members are in his room, but I don't think it's appropriate for staff to sit in his room as we didn't know what he's thinking'

The panel acknowledged that Miss Lawrence had attempted to establish the reason for Resident A's groaning and had sought to communicate with him. However, the panel considered that her conclusion that he might be sexually frustrated was not supported by the information available to her.

In addition, the panel had regard to the safeguarding meeting minutes which stated:

'Janet Porter (JP) or any of the other staff members do not believe that Resident A's groaning was due to being sexual frustrated. Resident A groans to get your attention; sometimes he's in pain, sometimes he just wants company.'

The panel considered this evidence relevant as staff members had identified alternative explanations for Resident A's groaning, including pain and a desire for company. The panel noted that Ms Orme's evidence was also that Resident A's groaning could indicate that he was in pain or wanted company and that he would stop groaning when someone entered his room. The panel determined that Miss Lawrence should have taken account of this information rather than concluding that Resident A was sexually frustrated and acting on that assumption.

The panel also considered the evidence that Miss Lawrence had not checked Resident A's care plan before putting on the adult television channel. The panel noted that Resident A had an established communication plan, including the use of an eye-gaze tool, which enabled him to communicate some of his choices. Although Miss Lawrence stated that she

had asked Resident A whether he was feeling sexually frustrated, the panel considered that this did not remove the need for her to establish whether her proposed action was appropriate to his assessed care needs.

The panel further noted that Resident A's parents were involved in and consulted about decisions concerning his care, as reflected in the safeguarding meeting minutes. However, there was no evidence that Miss Lawrence had consulted Resident A's family or relevant professionals before making the decision to put on the adult television channel.

The panel considered that, given Resident A's vulnerability and the absence of an established care plan addressing his sexual needs, Ms Lawrence should have sought appropriate guidance rather than making this decision independently.

The panel placed weight on the evidence of Ms Gerrard, particularly her professional experience as a registered nurse and her background in caring for people with acquired brain injuries. She stated:

'Upon reviewing all of the documents provided to me by the NMC, and from my experience as a Registered Nurse and background working with brain injuries, I believe that Resident A could have been psychologically harmed by Miss Lawrence putting mild pornography on his television. If someone is disabled in this way, watching pornography could make them feel uncomfortable. If they are sexually active, it may remind them of what they can no longer do and could trigger a low mood or depression. I do not know much about Resident A's background, but if watching the pornographic television programme aroused him, he would not be able to do anything about it, which could have made him uncomfortable.

...as she has not only gone against the Code of Conduct but has also not provided person-centred care.'

The panel noted the possible effects identified, including discomfort, distress, low mood or depression, and the possibility that Resident A could experience physical arousal without being able to act upon it. The panel recognised that these were potential effects rather than evidence that such harm had necessarily occurred. However, the charge required the

panel to determine whether Miss Lawrence had failed to consider the potential psychological and/or physical effects of her actions.

The panel determined that Ms Lawrence had a duty to consider the appropriateness of her proposed action in light of Resident A's individual circumstances, care needs and vulnerability. This included considering the potential impact of the decision upon his psychological and physical wellbeing. The panel found that Miss Lawrence had not reviewed Resident A's care plan, had not established whether he had an identified sexual needs care plan, and had not considered his sexual preferences or whether her action was appropriate for him, nor had she sought advice from relevant professionals or taken into consideration the suggestions made by care staff who knew Resident A well and were present at the time.

The panel was satisfied that, in the absence of an assessment, an appropriate care plan or professional guidance, Miss Lawrence had failed to demonstrate person-centred decision-making and had not adequately considered the potential consequences of her actions for Resident A.

Taking all the evidence into account, the panel determined that Miss Lawrence had failed to consider the potential psychological and/or physical effects of putting an adult television channel on for Resident A and that her actions were inappropriate in the circumstances.

Accordingly, the panel found charge 2 proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Miss Lawrence's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no

burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Miss Lawrence's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2018)' ("the Code") in making its decision.

The NMC suggested specific relevant standards where Miss Lawrence's actions amounted to misconduct.

The NMC asked the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

With regard to impairment the NMC invited the panel to find Miss Lawrence's fitness to practise impaired on public protection and public interest grounds stating that:

'It is submitted that Miss Lawrence's action of turning on an adult channel, Babe station, for Resident A to watch, was liable to put Resident A, who was vulnerable at unwarranted risk of psychological harm and/or cause physical effects upon Resident A. Ms Gerrard who has had the experience of working as a registered nurse with patients with brain injuries is of the opinion that if someone is disabled, watching pornography could impact them psychologically and make them feel uncomfortable. It is apparent from the investigation meeting held on 7 July 2020,

Miss Lawrence had not established whether Resident A's sexual preference was female or if they would want to watch females. It is stated in Ms Orme's witness statement at paragraph 9 that, five or ten minutes after Miss Lawrence put the adult channel on, Resident A, when asked by her and another nurse confirmed that they were okay but did not want the television on.

It is submitted that Miss Lawrence's action, has brought the nursing profession into disrepute.

Miss Lawrence's actions fell far short of that expected of a registered professional due to her failure to consider how her actions could have potential psychological and/or physical effects upon Resident A and her actions undermined public trust and confidence in the nursing profession.

The identified relevant sections of the Code above indicate how Miss Lawrence's actions have breached the fundamental tenets of nursing profession. Miss Lawrence assumed Resident A was sexually frustrated and made the decision to put on the adult channel but yet acknowledged that she had not established if Resident A wanted to watch females or what their sexual preference was. Miss Lawrence did not consider the possible psychological and/or physical effects of her conduct upon Resident A. It is also of note that Miss Lawrence thought she was acting in Resident A's best interest when she admitted that they were not a resident she normally looked after so wouldn't really know much about them and wasn't aware of the communication tools they used namely igaze. It is submitted that Miss Lawrence did not keep to and uphold the standards and values set out in the Code.

Miss Lawrence has had very limited engagement with the NMC and on 23 November 2021 and 22 November 2023, she informed the NMC that she was no longer working as a nurse and wasn't sure if she would like to come back to nursing. She hasn't engaged with the NMC since then.

At the meeting on 7 July 2020, Miss Lawrence acknowledged that she should not have put the adult channel on. She wasn't aware that Resident A used Igaze as they were not one of her clients and she didn't have time to read care plans for

clients who were not her clients as she had to do medication round every hour. When asked if Miss Lawrence asked Ms Orme to check if Resident A had additional sexual frustration and distress from watching the TV, Ms Lawrence stated Resident A could close his eyes if they did not wish to watch the adult channel. She felt she had acted in Resident A's best interest at the time. She stated that she knew the procedure for completing a Mental capacity assessment, but she couldn't find one for Resident A. Miss Lawrence asked Resident A's family to be informed that if she had caused any distress or offence then she was truly sorry and this wasn't her intention. She believed that she had identified an avenue in Resident A's daily living activity that hadn't been addressed, and she never meant to cause them any harm.

In light of the above, we consider that Miss Lawrence has displayed some developing insight. She appears to have admitted that she should not have turned on the adult channel. However, she has not provided any insight into the impact her actions could have had on a vulnerable resident like Resident A and more widely to members of the public and the nursing profession. She has not indicated what she would do to ensure she does not repeat her actions and behaviour. It is also submitted that she has not provided any evidence to show she has remediated and/or reflected on her actions or done any training courses to show that she has further developed her insight.

It is therefore submitted that although the concerns may have been remediable, they have not been remedied and on the basis of the limited insight displayed, it could not be said that it is highly unlikely that the conduct will be repeated.

It is submitted that a finding of impairment on public interest grounds is required to maintain public confidence and uphold professional standards. The NMC is tasked with maintaining (1) public confidence in the profession and (2) proper professional standards of conduct in Article 3 of the NMC Order 2001.

Miss Lawrence's fitness to practice is impaired on public interest grounds as she has breached the provisions of the NMC Code and the fundamental tenets of nursing, and a member of public would be shocked and appalled to learn that a nurse against whom concerns have been raised about the way they made

assumptions about a vulnerable resident's needs which had the potential of psychological and/or physical effects upon them, was allowed to practise without any restriction.

A finding of impairment is required to mark the profound unacceptability of Miss Lawrence's actions, emphasise the importance of the fundamental tenets breached and to reaffirm the proper standards of behaviour.'

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Decision and reasons on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v GMC (No. 2)* [2000] 1 AC 311 which defines misconduct as a 'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'

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

The panel was of the view that Miss Lawrence's actions did fall significantly short of the standards expected of a registered nurse, and that Miss Lawrence's actions amounted to a breach of the Code. Specifically:

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.3 avoid making assumptions and recognise diversity and individual choice

3 Make sure that people's physical, social and psychological needs are assessed and responded to

To achieve this, you must:

3.4 act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care

4 Act in the best interests of people at all times

To achieve this, you must:

4.2 make sure that you get properly informed consent and document it before carrying out any action

7 Communicate clearly

To achieve this, you must:

7.2 take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs

7.3 use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs

7.4 check people's understanding from time to time to keep misunderstanding or mistakes to a minimum

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to.'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel took into account that Resident A was a particularly vulnerable resident who was dependent on others for his care and support. The panel considered that, by making assumptions about Resident A's sexual preferences and what he wanted to watch, Miss Lawrence failed to take sufficient account of his individual needs, dignity and wellbeing. The panel determined that she had failed to properly consider the potential psychological

and physical effects of her actions and to establish whether the intervention was appropriate for him.

The panel considered that these failures demonstrated a lack of appropriate professional judgement and an inability to ensure that Resident A's best interests were at the forefront of her decision-making. The panel was particularly concerned that Miss Lawrence had not adequately established Resident A's communication needs or made appropriate use of the communication methods available to him. Although Resident A had capacity to make some decisions, the panel determined that Miss Lawrence had not established whether he was able to make an informed choice in relation to the proposed intervention or properly considered how his wishes could be ascertained.

The panel noted that Miss Lawrence had been the nurse in charge of the shift. The panel considered that this position carried an additional level of responsibility for identifying, assessing and prioritising the needs of residents in her care. The panel determined that Ms Lawrence had failed to discharge that responsibility appropriately. In particular, although there was some suggestion that she had looked at Resident A's care plan, Miss Lawrence had admitted during the disciplinary meeting that she had not done so. The panel was concerned that she had not checked whether a sexual needs care plan was in place, had not listened to colleagues who knew Resident A, or considered whether the matter required further assessment and appropriate care planning.

The panel further noted that Miss Lawrence had not documented her actions or escalated the matter to management to consider whether Resident A's sexual needs required assessment and care planning. The panel considered that, in the absence of an established care plan addressing these needs, Miss Lawrence should have sought appropriate professional advice and escalated her concerns rather than implementing an intervention based on her own assumptions.

The panel considered that Miss Lawrence had failed to give sufficient consideration to Resident A's vulnerability and to the information available from colleagues about the possible reasons for his groaning. The panel was concerned that she had proceeded despite other staff members expressing reservations about the appropriateness of putting on the adult television channel. The panel determined that her actions fell below the

standards expected of a registered nurse and represented a significant lapse in professional judgement.

In considering the seriousness of the misconduct, the panel took into account that this was a single incident and that the adult television channel had reportedly been on for approximately 10 minutes before it was switched off. The panel also noted that Resident A had the means to communicate some choices through his eye-gaze tool or blinking and that the evidence did not establish that actual harm had occurred. However, the panel considered that there was a potential for psychological and physical harm, and that the absence of established harm did not diminish the importance of Miss Lawrence's responsibility to consider the potential consequences of her actions before proceeding.

The panel acknowledged that Miss Lawrence had not intended to cause Resident A harm and that she believed she was identifying a need that had not previously been addressed. However, the panel determined that good intentions did not excuse the failure to assess the appropriateness of the intervention, consider Resident A's individual circumstances, or seek advice from those with relevant knowledge of his care.

The panel considered that Miss Lawrence's actions represented poor nursing practice and a serious error of judgement. It determined that she had failed to uphold fundamental aspects of professional nursing practice, including person-centred care, respect for dignity, the protection of vulnerable people and the exercise of sound professional judgement. The panel found that a member of the public, properly informed of the circumstances, would consider her conduct deplorable.

Accordingly, the panel determined that Miss Lawrence's actions amounted to serious professional misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Miss Lawrence's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/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*
- d) ...'*

The panel first considered whether any of the limbs of the Grant test were engaged in the past.

In relation to limb a, the panel considered the potential harm arising from Miss Lawrence's actions. By putting on an adult television channel for Resident A without properly considering his individual needs, Miss Lawrence placed him at risk of psychological harm and discomfort. The panel was particularly concerned that she had not made appropriate use of the eye-gaze technology available to establish his wishes and needs, given his vulnerability and limited means of communication.

In relation to limb b, the panel determined that Miss Lawrence's failure to consider the potential psychological and/or physical effects of her actions upon Resident A had undermined public confidence in the nursing profession. She had failed to take account of the concerns raised by staff who knew Resident A and understood his needs and had not involved the wider multidisciplinary team to ensure that an appropriate and informed decision was made.

In relation to limb c, the panel considered that Miss Lawrence had breached fundamental tenets of the nursing profession. Although she believed she was acting in Resident A's best interests, she made assumptions about his sexual needs without adequately considering the potential psychological impact of her actions. The panel was particularly concerned that she had failed to escalate the need for an assessment, involving relevant professionals and Resident A's family, as appropriate, to determine whether a sexual needs care plan was required. The panel determined that these failures demonstrated a lack of appropriate professional judgement and a failure to provide person-centred care.

The panel therefore concluded that limbs a, b and c of the Grant test were engaged in the past.

The panel considered the factors set out in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin), namely whether the conduct is easily remediable, whether it has been remedied and whether it is highly unlikely to be repeated.

The panel considered whether Miss Lawrence's misconduct was remediable. The panel determined that it was. The incident was a one-off occurrence and the panel considered that the concerns could have been addressed locally through appropriate training, reflection and support. The panel did not identify any evidence of deep-seated attitudinal issues that would prevent remediation.

The panel then considered whether the misconduct had been remedied. The panel acknowledged that Miss Lawrence had admitted her actions during the local investigation and had expressed that she did not intend to cause harm. The panel also noted that she had sought to apologise to Resident A's family, stating:

'KL asked if the family could be informed that if she had caused any distress or offense that she was truly sorry that it wasn't her intention. She believed that she had identified an avenue in his daily living activity that hadn't been addressed and she never meant to cause him any harm.'

However, the panel determined that an apology and an absence of harmful intent were not sufficient to demonstrate insight or remediation. Miss Lawrence had not provided a reflective statement addressing the potential harm to Resident A, the impact of her actions on his dignity, or the significance of disregarding the concerns of colleagues who knew him and understood his needs. The panel was particularly concerned that she had not reflected on her responsibilities as the nurse in charge of the shift or explained what she would do differently in similar circumstances. There was also no evidence of further training or reflective discussions undertaken to strengthen her practice. The panel therefore concluded that Miss Lawrence had not demonstrated sufficient insight into the concerns identified or provided evidence that the misconduct had been remedied.

The panel next considered whether the misconduct was likely to be repeated. Given the absence of demonstrated insight, reflection or remediation, the panel determined that there remained a risk of repetition. The panel considered that, without evidence that Miss Lawrence understood the potential consequences of her actions and how to avoid similar failures in future, it could not be satisfied that the risk had been sufficiently addressed.

The panel therefore determined that Miss Lawrence's fitness to practise remained impaired on public protection grounds.

The panel also considered the wider public interest, including the need to maintain public confidence in the nursing profession and to uphold proper professional standards and conduct. The panel considered that a fully informed member of the public would be concerned that a nurse in charge of a shift had made assumptions about the sexual needs of a vulnerable resident without undertaking an appropriate assessment or following an appropriate care-planning process. The public would be concerned that Miss Lawrence had not engaged with the NMC process or demonstrated sufficient insight into the seriousness of her actions.

The panel determined that public confidence in the nursing profession would be undermined if Miss Lawrence were permitted to practise without restriction in circumstances where the concerns remained unaddressed. The panel considered that a finding of impairment was necessary to uphold professional standards and maintain public confidence in the profession.

Accordingly, the panel concluded that Miss Lawrence's fitness to practise remained impaired on both public protection and public interest grounds.

Sanction

The panel considered this case very carefully and has decided to make a conditions of practice order for a period of six months. The effect of this order is that Miss Lawrence's name on the NMC register will show that she is subject to a conditions of practice order and anyone who enquires about her registration will be informed of this order.

In reaching this decision, the panel 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.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 2 September 2026, the NMC had advised Miss Lawrence that it would seek the imposition of a conditions of practice order for six months if it found Miss Lawrence's fitness to practise currently impaired.

Decision and reasons on sanction

Having found Miss Lawrence's 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 took into account the following aggravating features:

- Conduct which put people receiving care at risk of suffering harm.
- Limited insight
- Vulnerability of the person receiving care
- Lack of engagement in the NMC fitness to practise process

The panel also took into account the following mitigating features:

- Miss Lawrence made some admissions during the local investigation
- She made apologies to the family of Resident A

The panel first considered whether to make no order. However, in view of the seriousness of the misconduct and the ongoing risk to patients, the panel determined that this would be inappropriate. The panel was concerned that Miss Lawrence had demonstrated limited

insight into her actions and had provided no evidence that she had taken steps to strengthen her practice or address the concerns identified. The panel considered that taking no action would not adequately protect the public from the risk of repetition, nor would it uphold public confidence in the nursing profession or maintain proper professional standards.

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 a caution order was inappropriate given the ongoing risk to the public and patients. The panel determined that Miss Lawrence had not demonstrated sufficient insight or provided evidence of remediation, retraining or reflection to establish that the risk of repetition was unlikely. Accordingly, the panel concluded that a caution order would not adequately address the ongoing risk or provide the necessary public protection.

The panel next considered whether placing conditions of practice on Miss Lawrence’s registration would be appropriate. The panel had regard to the NMC Guidance on ‘*Conditions of practice order*’ (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *‘no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional’s practice in need of assessment and/or retraining*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.’*

The panel determined that the concerns arising from the facts found proved were capable of being addressed through appropriate conditions, including retraining and the completion of reflective pieces. The panel considered that the risk to the public could be managed through conditions of practice.

The panel was concerned by Miss Lawrence's limited engagement with the NMC since 2023. The panel was unable to determine whether she was currently working as a nurse, noting that she had indicated an intention not to return to nursing. The panel therefore had concerns about whether Miss Lawrence would engage with and comply with any conditions imposed.

Nevertheless, having considered the nature of the misconduct and the level of impairment identified, the panel concluded that the risk to the public could be managed through a conditions of practice order with a review at six months.

The panel considered that a suspension order would be disproportionate, as although the misconduct was serious, it was not at the most serious end of the spectrum and suspension was not necessary to protect the public or uphold the wider public interest.

The panel therefore determined that a conditions of practice order was the most appropriate and proportionate sanction. The panel determined that a conditions of practice order for a period of six months would allow Miss Lawrence an opportunity to re-engage with the NMC and demonstrate her willingness and ability to comply with the conditions imposed.

The panel 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 undertake reflective practice with a nursing colleague to consider:
 - your actions towards Resident A
 - The potential impact on Resident A and his family
 - The impact on your colleagues
 - What you would do differently in the futureA copy of your reflective statement must be sent to the NMC seven days prior to any review hearing or meeting.
2. You must undertake training relating to communication with non-verbal adults and assessing individual needs in vulnerable adults with complex needs, such as those with acquired brain injury.
3. A report must be sent to NMC within seven days of the next hearing with evidence of the training you have undertaken and reflective practice you have undertaken
4. 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 contact details.
5. 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 and contact details of the organisation offering that course of study.

6. You must immediately give a copy of these conditions to:
 - a) Any organisation or person you work for.
 - b) Any agency you apply to or are registered with for work.
 - c) Any employers you apply to for work (at the time of application).
 - d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
7. 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.
8. 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 six months.

Before the end of the period of the order, a panel will hold a review hearing to see how well Miss Lawrence 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:

- Evidence of Miss Lawrence's reflective statement.

- Evidence of Miss Lawrence's compliance with the conditions of practice
- Any relevant evidence of completed training.
- Testimonials and references from her employer.
- Miss Lawrence's intentions in respect of returning to nursing.

Interim order

As the conditions of practice 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 Miss Lawrence's own interests until the conditions of practice sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC that the interim order should be imposed for a period of 18 months to cover the initial period of 28 days before the sanction comes into effect, and the time taken for the Court to consider any appeal in the event that one is lodged.

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 facts found proved 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 the only suitable interim order would be that of a conditions of practice order, as to do otherwise would be incompatible with its earlier findings. The conditions for the interim order will be the same as those detailed in the substantive order for a period of 18 months, to allow for the possibility of an appeal to be made and determined.

If no appeal is made, then the interim conditions of practice order will be replaced by the substantive conditions of practice order 28 days after Miss Lawrence is sent the decision of this hearing in writing.

That concludes this determination.