

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

**Substantive Hearing
Monday, 27 April 2026- Friday, 1 May 2026
Monday, 21 September – Wednesday, 23 September 2026**

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

Name of Registrant:	David John Guyers
NMC PIN:	81H0773E
Part(s) of the register:	Registered Nurse – Sub parts 1 & 2 Learning Disabilities Nursing (Level 2) – 12 September 1983 Mental Health Nursing (Level 1) – 21 October 2005
Relevant Location:	Wigan
Type of case:	Misconduct
Panel members:	John Kelly (Chair, Lay member) Janet Williams (Registrant member) Olan Jenkins (Lay member)
Legal Assessor:	Attracta Wilson
Hearings Coordinator:	Eidvile Banionyte (27 April 2026 - 1 May 2026) Dilay Bekteshi (21 – 23 September 2026)
Nursing and Midwifery Council:	Represented by Stephanie Stevens, Case Presenter
Mr Guyers:	Not present and not represented
Facts proved:	Charges 1, 2a, 2b, 3 and 4
Facts not proved:	None

Fitness to practise:

Impaired

Sanction:

Striking-off order

Interim order:

Interim suspension order (18 months)

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Guyers was not in attendance and that the Notice of Hearing letter had been sent to Mr Guyers' registered email address by secure email on 16 March 2026.

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and venue of the hearing and, amongst other things, information about Mr Guyers' right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In light of all of the information available, the panel was satisfied that Mr Guyers has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, Ms Stevens made a request that this case be held partially in private on the basis that proper exploration of Mr Guyers' case may involve reference to [PRIVATE]. The application was made pursuant to Rule 19.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to go into private session if and when reference is made to Mr Guyers' [PRIVATE] in order to protect his privacy.

Decision and reasons on proceeding in the absence of Mr Guyers

The panel next considered whether it should proceed in the absence of Mr Guyers. It had regard to Rule 21 and heard the submissions of Ms Stevens who invited the panel to continue in the absence of Mr Guyers. She submitted that Mr Guyers had voluntarily absented himself.

Ms Stevens referred the panel to an email from Mr Guyers to the NMC, dated 5 November 2025 in which he stated:

'I am happy for you to place that statement before a Panel and as stated I am not engaging with this process anymore, you have my authority to close this case.'

Ms Stevens further referred the panel to the most recent correspondence, dated 17 April 2026:

'This is far too late now in my life to pursue, it is also very costly and as previously stated, I am going away on Saturday 25th April, my wife felt I needed a break and booked this for me.'

Referring to the above statements, Ms Stevens submitted that there was no reason to believe that an adjournment would secure Mr Guyers' attendance on some future occasion. She also reminded the panel about Mr Guyers' wishes to no longer practise as a nurse.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised ‘*with the utmost care and caution*’ as referred to in the case of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel decided to proceed in the absence of Mr Guyers. In reaching this decision, the panel has considered the submissions of Ms Stevens and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Guyers;
- Mr Guyers has informed the NMC that he has received the Notice of Hearing and confirmed he is not going to be attending the hearing;
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- A number of witnesses are scheduled to attend to give live evidence;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2023;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Guyers in proceeding in his absence. Although the evidence upon which the NMC relies was sent to him at his registered address, he will not be able to challenge the evidence relied upon by the NMC and give evidence on his own behalf. However, in the panel’s judgement, this can be mitigated. The panel can make allowance for the fact that the NMC’s evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies.

Furthermore, the limited disadvantage is the consequence of Mr Guyers' decisions to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Guyers. The panel will draw no adverse inference from Mr Guyers' absence in its decision-making.

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Stevens to amend the wording of charge 3.

The proposed amendment was to delete in charge 3, reference to charge 1(a), specifically (a), as it was a typographical error because there was no charge 1(a). It was submitted by Ms Stevens that the proposed amendment would correct such error.

“That you, a registered nurse:

3. Completed an incident form in relation to charge 1~~(a)~~ which did not accurately reflect what had happened with Resident A

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

The panel accepted the advice of the legal assessor and had regard to Rule 28.

The panel was of the view that this amendment was in the interest of justice. The panel was satisfied that there would be no prejudice to Mr Guyers and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment to ensure accuracy.

Decision and reasons on application to admit close-circuit television (CCTV) footage (in relation to the incident on 22 February 2023)

At the stage when Ms Oakes was about to give her evidence, the panel heard an application made by Ms Stevens under Rule 31 to allow the CCTV footage from the Home of the incident on 22 February 2023 to be admitted into evidence. She submitted that whilst Ms Oakes' witness statement does not exhibit this footage or refer to it, it would be fair to admit it at this stage as Ms Oakes' evidence could assist the panel in identifying the parties in the footage as well as provide any background information. Ms Stevens submitted that Mr Guyers was sent this footage and had confirmed this in an email dated 17 April 2026.

The panel heard and accepted the advice of the legal assessor.

The panel considered that the CCTV footage was relevant to the charges faced by Mr Guyers. It therefore proceeded to consider whether it would be fair to admit it. The panel took into account that Mr Guyers had received a copy of the CCTV footage and had not objected to it being before the panel. The panel also took into account that Ms Oakes was the registered manager of the Home at the relevant time. She was also a registered nurse with training in Crisis Prevention Intervention (CPI). She also had knowledge of the Home's policies and procedures, the individual care plan for Resident A and the layout of the building and how CCTV operated. The panel therefore considered that she was in a good position to interpret what appeared on CCTV and would have no reason to fabricate or embellish her evidence.

The panel further considered that Mr Percy would also be giving evidence relative to what appeared on the CCTV footage and the panel would be able to view the CCTV footage and consider both accounts in deciding what weight, if any, to give to it.

Whilst not present, the CCTV also had potential to support Mr Guyers account.

In these circumstances, the panel came to the view that it would be fair to admit the CCTV to be viewed during Ms Oakes' evidence.

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Stevens to amend the wording of charge 2(a).

She submitted that the evidential position in relation to Charge 2(a) has materially changed following Ms Dalby's oral evidence. Ms Stevens submitted that when asked what she meant at paragraph 14 of her statement by '*Mr Guyers put their hands on Resident A incorrectly*', Ms Dalby confirmed that she could not recall how Resident A was held. She explained that her concern was not the specific hold or technique, but the way the intervention was carried out: "*it happened quickly and Resident A was not spoken to*". Ms Stevens submitted that Ms Dalby's evidence therefore does not support an allegation about the technique, placement, or movement of the hold. She invited the panel to amend the charge 2(a) as per below, to better reflect the evidence:

"That you, a registered nurse:

2. On or around 14 February 2023:

- a) ~~Did not use the appropriate restraint techniques in that you placed and/or moved Resident A in a hold incorrectly~~ **Used physical intervention or low/medium holds on Resident A without clinical justification**

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

Ms Stevens referred the panel to *Council for the Regulation of Health Care Professionals v General Medical Council and Ruscillo* [2004] EWCA Civ 1356 and *PSA v HCPC & Doree* [2017] EWCA Civ 319. She submitted that these authorities confirm that the panel has the power to amend allegations after evidence has been heard where it is necessary to reflect

the reality of the evidence and avoid '*undercharging*', provided the amendment can be made without unfairness to the registrant.

Ms Stevens submitted that the factual matrix underpinning Charge 2(a) has not changed, what changes is the way the concern should properly be put. She submitted that in light of Ms Dalby's evidence, the issue is whether any physical intervention was clinically justified at all, rather than whether the intervention was performed incorrectly in terms of technique, placement, or movement.

With reference to any potential unfairness or prejudice to Mr Guyers, Ms Stevens told the panel that he made it clear that he has disengaged from this process and has no desire to return to nursing. She submitted that by choosing not to attend or participate, Mr Guyers has limited his ability to respond to issues that arise during the hearing, which is a foreseeable consequence of non-engagement.

Ms Stevens further submitted that in any event, any potential prejudice is mitigated because Mr Guyers' written submissions focus on whether physical intervention was justified. She submitted that this demonstrates that he understood the core concern to be the justification for intervening, rather than the precise technique used.

Ms Stevens submitted that if the panel was not with her, the obvious remedy would be an adjournment to allow Mr Guyers time to respond to the amendment. She submitted, however, that the NMC would strongly resist that course, Mr Guyers is plainly not engaging and there is no evidence that a further period of notice would make any difference.

The panel accepted the advice of the legal assessor and had regard to Rule 28.

The panel was of the view that this amendment was in the interest of justice. The panel was of the view that the new suggested wording better reflects the evidence as it emerged, which is not new evidence but a clarification of it. The panel was satisfied that

there would be no prejudice to Mr Guyers and no injustice would be caused to either party by the proposed amendment being allowed. It noted that Mr Guyers has briefly responded to this and that it would not be unfair to allow this amendment as it does not alter the substance of the charge.

It was therefore appropriate to allow the amendment to ensure the charge better reflects the evidence.

Details of charge (as amended)

That you, a registered nurse:

1. On or around 22 February 2023, used excessive force to pull/drag Resident A
2. On or around 14 February 2023:
 - a. Used physical intervention or low/medium holds on Resident A without clinical justification
 - b. Did not make sufficient attempts to de-escalate Resident A before placing them into holds
3. Completed an incident form in relation to charge 1 which did not accurately reflect what had happened with Resident A
4. Your conduct at charge 3 was dishonest in that you intended to mislead and/or conceal what had happened

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

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Ms Stevens under Rule 31 to admit the local written statements of Ms Currie, Ms Atkins, Ms Fox, Ms Davies and Ms Shaikh into evidence as hearsay.

Ms Stevens referred the panel to the case of *Thorneycroft v NMC* [2014] EWHC 1565 (Admin), which outlines principles for the panel to consider when determining whether it is fair to admit hearsay evidence:

1. *Whether the statement is the sole and decisive evidence in support of the charges;*
2. *The nature and extent of the challenge to the contents of the statement;*
3. *Whether there was any suggestion that the witness had reason to fabricate their allegation;*
4. *The seriousness of the charge, taking into account the impact which adverse findings might have on the registrant's career;*
5. *Whether there was a good reason for the non-attendance of the witness;*
6. *Whether the regulator had taken reasonable steps to secure the witness's attendance; and*
7. *Whether the registrant did not have prior notice that the witness statement would be read.*

Ms Stevens also referred the panel to the NMC Guidance on Evidence (DMA-6).

Ms Stevens told the panel that all the individuals were support workers who were present on 14 February 2023, when Mr Guyers was alleged to have used holds and dragged Resident A from his chair to the lift.

Ms Stevens addressed the panel on *Thorneycroft* application in this case.

She submitted that the local statements were neither the sole nor the decisive evidence in relation to any charge. The panel has already heard oral evidence from Mr Joof, who was directly assisting Mr Guyers during the intervention, and Ms Dalby, who witnessed the incident. The local statements provide additional detail, which is consistent with, and broadly mirrors, the account already given by Ms Dalby.

Ms Stevens further submitted that Mr Guyers' account remains in dispute. He says he "*guided*" Resident A to the lifts; that Resident A initially resisted; and that there was no struggle as he and Mr Joof guided Resident A. Ms Stevens submitted that on this basis, Mr Guyers has not made any full admissions to the substance of the charges. She submitted that these local statements therefore assist the panel by providing further contemporaneous accounts of what was observed at the time.

Ms Stevens submitted that there was no evidence to suggest that any of the five statement-makers had any reason to fabricate their local accounts. She told the panel that Mr Guyers referred, in his written responses, to a poor relationship with one of the support workers (without naming them). On the face of the material available, that person appears to be Tracey Atkins, who challenged Mr Guyers about his actions on 14 February 2023. In any event, Ms Stevens submitted that multiple witnesses describe the same core events: Mr Guyers placing Resident A into holds without sufficient attempts at de-escalation.

Ms Stevens submitted that the allegations are extremely serious and if proved, the findings would have significant adverse consequences for Mr Guyers professionally and personally. She submitted that whilst the seriousness is recognised, it also underlines the public interest in the panel considering all relevant and fair evidence available.

Ms Stevens submitted that no reasons have been provided for the non-attendance of the statement-makers to give evidence in person. She submitted that the NMC has taken reasonable steps to engage with Ms Atkins and Ms Currie, but had received no response. She told the panel that the NMC accepts it has not contacted the other three statement makers and that this decision was taken because both Ms Dalby and Mr Joof are

attending and are able to give direct evidence about the same events. Ms Stephens submitted that in those circumstances, further attempts to secure attendance from the remaining statement makers were not considered necessary or proportionate for the fair determination of the issues.

Ms Stevens submitted that Mr Guyers was given clear notice of this application on 16 April 2026. On 17 April 2026 he responded in terms which indicate that he opposes the application. Ms Stevens submitted that the panel can therefore be satisfied that there is no ambush, and that Mr Guyers has had a fair opportunity to make representations.

Ms Stevens submitted that this evidence is demonstrably reliable as it is a formal account given to a local investigator which has been signed by each of those making the statement.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel considered the application to admit the evidence of Ms Currie, Ms Atkins, Ms Fox, Ms Davies and Ms Shaikh as hearsay.

The panel first considered the relevance of these statements. It noted that all of the statements referred to the events on 14 January 2023. The panel noted that these were oral statements which were made soon after the events charged and written down contemporaneously and presented to the statement makers for their signatures. The panel further noted that four of the statements make direct reference to the events on the day in question (Ms Currie, Ms Atkins, Ms Fox and Ms Shaikh), but Ms Davies' statement does not. The panel therefore concluded that Ms Davies' statement is not relevant and will not be admitted into evidence. The panel found the remaining four statements to be relevant.

The panel determined that the evidence in these statements was not individually or cumulatively sole or decisive in relation to any of the charges as it was supported by the evidence of Mr Joof and Ms Dalby, both of whom gave live evidence to the panel. The statements also considered different aspects of the same incident. The panel also noted that all of the statements were brief and short in detail with limited scope for challenge. There was no indication that any of the witnesses had reason to fabricate their evidence.

The panel noted that there was some reference from Mr Guyers about the working relationship with Ms Atkins.

In his statement to the NMC dated 17 September 2025, Mr Guyers states:

“I asked one of the female staff to secure the lift, this was not done. Resident A was not in hold of any sort but he decided to pretend to struggle for attention, I then got a lecture from a certain female staff I had recent issues with about using correct procedures and correct holds.”

Triangulating this with the statements subject of this application, the panel was of the view that the member of staff referred to was Tracy Atkins. Mr Guyers gave no further detail of any disagreement with Tracy Atkins and provided no information upon which a conclusion could be reached that Tracy Atkins provided a false account.

The panel noted there were attempts to contact two of the witnesses (Tracy Atkins and Pamela Currie), the last being in 2023 with no response and no attempts to contact the remaining two (Kirsty Fox and Munera Shaikh). The panel also noted that Mr Guyers had prior notice about this hearsay application and whilst it was objected to, no reasons for the objections were advanced. In all of the circumstances, the panel determined that it would be fair to admit the hearsay evidence and that it would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it, in particular the live evidence of Mya Dalby and Babou Joof.

Background

The charges arose whilst Mr Guyers was employed as a registered nurse by Swallowfield Gardens (the Home), a 30-bedded residential unit supporting individuals with challenging behaviours. Mr Guyers was referred to the NMC in relation to two incidents, one on 14 February 2023 and the other on 22 February 2023, involving a vulnerable service user, Resident A.

[PRIVATE]. At the relevant time, Resident A lived on the top floor of the Home and was known to become anxious and unsettled by change or unfamiliar situations. While he could present as hostile or verbally aggressive, it was very rare for Resident A to become physically aggressive. The Home had systems in place to manage distress, including de-escalation strategies, environmental distraction, and PRN medication when required.

Mr Guyers had received CPI training, which encompasses restraint, de-escalation, and safeguarding principles.

The first alleged incident occurred on 14 February 2023.

Resident A had travelled from the top floor to the middle floor lounge of the Home and sat at a desk, engaging in behaviour described as typical for him. The NMC's case was that physical intervention was used by Mr Guyers unnecessarily. It was alleged that Mr Guyers and a colleague lifted Resident A by his arms from a chair, without first attempting to communicate with him, and moved him out of the room, after Resident A refused to return to the top floor. While no injury resulted from this incident, the NMC says this conduct fell outside appropriate restraint practice and was not preceded by adequate de-escalation.

The second incident occurred on 22 February 2023, during a night shift.

The incident, covered by CCTV footage, shows a verbal exchange between Mr Guyers and Resident A in the kitchen area, lasting less than a minute. It was the NMC's case that

Mr Guyers grabbed Resident A by the arm and pulled or dragged him across the kitchen, causing Resident A to fall to the floor, partly into the corridor. It was also alleged that Resident A sustained a head injury, with visible bleeding from a cut to the forehead.

Following this incident, Mr Guyers completed an incident form describing the event as a witnessed fall. The NMC's case was that this did not accurately reflect what had occurred and was inconsistent with the CCTV evidence. The NMC also alleged that this was not a mere error or misunderstanding, but that the record was dishonest, in that it was intended to mislead or conceal the true nature of the force used against Resident A.

Mr Guyers has provided various accounts during a local investigatory meeting held on 13 March 2023, a police interview on 7 March 2023 (incorrectly dated 7 March 2022), his written and signed statement to the NMC dated 17 September 2025 and in other correspondence to the NMC. While he accepts responsibility for Resident A's injury, Mr Guyers denies throwing Resident A, maintains it was an accident, and asserts that his intention was to remove Resident A from what he perceived as a risky environment. It was the NMC's case that his explanations shift over time and do not adequately account for what the CCTV footage shows, nor for the description of events given by other witnesses.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Stevens.

The panel has drawn no adverse inference from the non-attendance of Mr Guyers.

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 heard live evidence from the following witnesses called on behalf of the NMC:

- Mr Babou Joof: A support worker at the Home at the time of the allegations
- Ms Mya Dalby: Care worker at the Home at the time of the allegations
- Ms Tina Oakes: Registered Home manager at the Home at the time of the allegations
- Mr Mark Percy: Clinical Nurse Lead at the Home at the time of the allegations

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by the NMC. It assessed and evaluated all evidence in deciding credibility and reliability. It took into account that Mr Guyers was not present in the hearing, but considered all information provided by him. It was mindful of its duty to ensure that Mr Guyers received a fair hearing of the allegations against him.

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

Charge 1

“That you, a registered nurse, on or around 22 February 2023, used excessive force to pull/drag Resident A.”

This charge is found proved.

In reaching this decision, the panel took into account Mr Guyers responses, Mr Percy's evidence and exhibits, Ms Oakes' evidence, CCTV footage and the documentary evidence as referred to in the paragraphs below.

The panel took account of the Physical Intervention Policy that was in place at the Home. It noted the specific provision at point 1 *'When physical intervention can be used'*:

'Physical intervention may be used when non-physical interventions have been attempted without success or when it is apparent that they would not be effective. It may only be used when Resident's behaviour poses a threat of imminent, serious physical harm to self and/or others.'

It also had regard to point 3:

"Physical intervention may not be used as a response to property destruction, disruptive behaviour or verbal threats which do not constitute a threat of imminent harm. Physical restraint may never be used as a means of punishment."

The panel also had regard to the CPI plan which outlined that before any physical intervention takes place, there needs to be efforts to de-escalate and distract. It also outlined the specific plan for Resident A, such as primary preventive interventions, triggers and background factors, observable behaviours, supportive approaches, crisis behaviour and crisis management as well as post-crisis support. Ms Oakes confirmed that Mr Guyers had completed training as recently as 27 October 2022 (prior to the incident in question).

The panel viewed the CCTV footage covering the incident in question. The CCTV had no audio. However, it provided evidence of what appeared to be a short verbal exchange between Mr Guyers and Resident A in the kitchen area. The panel identified no evidence of any physical aggression on the part of Resident A. The panel considered that the footage appeared to show Mr Guyers attempting to grab Resident A's hands on two

occasions, before physically moving or pulling him, causing Resident A to fall to the floor, striking his head.

The panel considered the CCTV footage and the evidence of Ms Oakes and Mr Percy. It took into account that neither Ms Oakes nor Mr Percy witnessed the incident. However, there was evidence that both were experienced in CPI and gave their interpretation of the CCTV footage based upon their experience, their knowledge of policy and procedure in the Home and Resident A's individual care plan.

The panel accepted that the CCTV showed Mr Guyers using physical intervention, whilst Resident A's behaviour appeared to give no cause for concern.

The panel also accepted the witnesses' interpretation of the CCTV evidence that Resident A was not displaying aggressive or '*high-end*' crisis behaviour that would justify immediate physical intervention under CPI guidance. Mr Percy specifically stated that Resident A showed no aggressive behaviour and was not presenting an imminent risk of harm. The panel noted that CPI policy only permits force in extremely rare circumstances where there is a serious risk of harm, and that those risk factors were not apparent on the CCTV footage.

The panel rejected Mr Guyers' account that Resident A had been "*trashing the kitchen*" or creating a risk:

'Resident A commenced his usual behaviour and began trashing the kitchen. I acted to remove him by his arm as he was using this to discourage any interaction to prevent him grabbing anything on the way past such as the kettle he was moved quite quickly'

The CCTV did not support this description, and both Ms Oakes and Mr Percy stated there were no concerns about Resident A being in the kitchen. Mr Percy also confirmed that Resident A would also have his personal items in a shared fridge in the kitchen to which

Resident A has full access. The panel found there was no observable evidence of dangerous behaviour that would justify physical intervention.

The panel noted Mr Guyers' assertion in his witness statement to the NMC dated 17 September 2025 that:

"...I decided to pot and administer Resident A's medication and while I obtained a drink from the kitchen which was in a disgusting state Resident A followed me in as soon as I walked in.,[SIC] I shouted for BJ he did not arrive."

However, in an email to the NMC dated 15 March 2023, Mr Guyers describes the same sequence of events but made no mention of seeking assistance from "BJ".

Finally, in comparing the evidence of the NMC witnesses and the CCTV footage against information provided by Mr Guyers, the panel noted that Mr Guyers account appears to have changed in material respects over a relatively short period of time. The panel identified inconsistencies between Mr Guyers' various accounts. It noted a conflict between his accounts and the evidence of the NMC witnesses, including his claim that Resident A should not have been in the kitchen: '*...he [Resident A] went straight to the far end of the kitchen, he knows he shouldn't be in there*', which was contradicted by the evidence of Ms Oakes and Mr Percy.

On the other hand, there was a consistency between the evidence of Ms Oakes and Mr Percy and their accounts were supported by the CCTV footage.

For these reasons, the panel preferred the evidence of Ms Oakes and Mr Percy over the information provided by Mr Guyers.

Taking all of the above into account, including the panel's own observations, the panel found this charge proved on the balance of probabilities.

Charge 3

“That you, a registered nurse, completed an incident form in relation to charge 1 which did not accurately reflect what had happened with Resident A.”

This charge is found proved.

In reaching this decision, the panel relied on the CCTV footage, which it accepted as an accurate and reliable record of the incident. The integrity of the CCTV was confirmed by Mr Percy and Ms Oakes, who explained that the footage was securely stored with limited access. The panel gave the footage significant weight in its deliberations.

The panel found that several elements of the incident form completed by Mr Guyers and dated 22 February 2023 at 21:50 were inconsistent with what was evident in the CCTV. In particular, the incident form referred to Resident A displaying “*untoward behaviour*” and stated that Resident A “*dropped to the floor.*” The panel concluded that these descriptions were inaccurate and misleading.

The panel accepted Mr Percy’s evidence that the CCTV did not show Resident A engaging in untoward, aggressive, or concerning behaviour. Neither the panel nor Mr Percy observed any evidence of Resident A “*trashing the kitchen*” or pulling out food. The panel therefore found that the incident form inaccurately characterised Resident A’s behaviour.

The panel also rejected Mr Guyers’ account in the incident form that Resident A “*dropped to the floor launching himself forward.*” Having reviewed the CCTV footage, the panel found that Resident A did not voluntarily drop himself to the floor, instead he fell as a direct consequence of force being applied by Mr Guyers. The panel therefore considered that incident form did not accurately reflect what happened to Resident A, including Mr Guyers

assertion in his incident form that Resident A commenced untoward behaviour in the kitchen, “*pulling things out of the cupboard*” and “*generally messing around*”.

The panel noted that Mr Guyers was an experienced nurse and therefore should have been aware of the importance of accurate and reliable documentation.

Overall, based on the CCTV footage, the evidence of Mr Percy and Ms Oakes, and the inconsistencies within the written records, the panel concluded that the incident report form did not accurately reflect what had happened to Resident A and therefore found this charge proved.

Charge 4

“Your conduct at charge 3 was dishonest in that you intended to mislead and/or conceal what had happened.”

This charge is found proved.

The panel applied the test in *Ivey v Genting Casinos (UK) Ltd t/a Crockford* [2017] UKSC 67 (the Ivey test) as follows:

‘When dishonesty is in question, the panel must ascertain (subjectively) the actual state of the individual’s knowledge or belief as to the facts. The reasonableness or otherwise of her belief is a matter of evidence going to whether the registrant held the belief but is not an additional requirement that her belief must be reasonable. The question is whether it is genuinely held. When their actual state of mind as to knowledge or belief as to the facts is established, the question whether their conduct was honest or dishonest is to be determined by the panel adopting the (objective) standards of ordinary decent people.’

The panel first considered Mr Guyers' subjective state of mind at the time. The panel noted that as a registered nurse, Mr Guyers knew what was expected of him in completing incident reports. He would have known the importance of accurate record keeping in terms of clinical care and managing risk. He was trained in CPI procedures and Mr Percy confirmed that Mr Guyers was competent and experienced in documentation and CPI processes. The panel therefore rejected the possibility that the inaccuracies were innocent mistakes or poor record keeping.

The panel then considered the inconsistencies identified in the incident form and whether there was a reasonable innocent explanation for these inconsistencies. The panel noted that the inconsistencies identified were material rather than minor inaccuracies. It took into account that the incident form was completed close to the time of the incident and therefore, any inaccuracies were unlikely to be as a result of faded memory.

The panel took account its findings in relation to charge 1 that Mr Guyers used excessive force to pull or drag Resident A. The panel found that Resident A's fall to the floor and the head injury sustained was a consequence of Mr Guyers' physical intervention, and not as a result of Resident A voluntarily throwing himself down and forwards. The panel also found that Resident A's behaviour in the kitchen immediately before him was not such that physical intervention was necessary. In all of the circumstances, the panel concluded that Mr Guyers would have been aware that this was the case and concluded that his subsequent account in the incident form overstated Resident A's behaviour so as to justify his physical intervention and misrepresented the way in which Resident A fell to the floor so as to distance himself for any responsibility for the fall and subsequent injury.

The panel concluded that at the time that Mr Guyers completed the incident form, Mr Guyers knew that the information in the form was incorrect and misleading as described above. The panel further concluded that it was completed in an attempt to conceal what had happened.

The panel went on to consider whether Mr Guyers' conduct would be considered dishonest by reference to the standards of ordinary decent people. It concluded that such behaviour would be considered dishonest by those standards.

The panel therefore found this charge proved.

Charge 2a)

“That you, a registered nurse, on or around 14 February 2023:

- a) Used physical intervention or low/medium holds on Resident A without clinical justification.”

This charge is found proved.

In reaching this decision, the panel considered the live evidence of Ms Dalby. It noted that Ms Dalby answered questions posed by the panel. It took into account that her oral evidence was supported by a short statement she completed on 15 February 2023. It considered that her oral evidence was consistent with her written NMC statement and was supported by Mr Joof's evidence and the hearsay accounts from other four members of staff who were present on the second floor around the time of the incident (Ms Currie, Ms Atkins, Ms Fox and Ms Shaikh). Although the panel approached the hearsay evidence with caution, it considered that the accounts were broadly consistent with one another and with Ms Dalby's evidence. The panel therefore considered Ms Dalby to be a reliable witness.

Ms Dalby told the panel in her oral evidence that as soon as Mr Guyers entered the lounge area and saw Resident A, he immediately used CPI physical intervention techniques on him. She described Mr Guyers standing beside Resident A and physically taking him out of the room. Ms Dalby explained that the intervention was not carried out in accordance with CPI procedures because there had been no planning, communication, or

attempts at de-escalation beforehand. She stated that the procedure “*was not done properly from the start*”. Ms Dalby also told the panel that she had no concerns about Resident A’s behaviour at the time and did not consider him to be a risk either to himself or to others. The panel accepted this evidence.

The panel also considered Mr Guyers’s assertion that Resident A posed a risk, including alleged concerns regarding sexualised behaviour towards females. However, the panel had no evidence before it to support this claim. Both Mr Percy and Ms Oakes confirmed that Resident A was permitted to be in the lounge area, and there was nothing within his care plan identifying concerns of this nature. Mr Percy also described Resident A as someone who normally interacted appropriately with others, chatted with residents, and played board games. The panel concluded that Resident A’s presence in the lounge and engagement in ordinary social activities had been normalised within the Home and that he was permitted to be there.

The panel further took into account the hearsay accounts of four members of staff:

Ms Atkins described seeing Mr Guyers “*dragging Resident A towards the lift*”, with Resident A appearing distressed. Ms Atkins also recalled shouting a reminder to Mr Guyers about proper techniques.

Ms Fox corroborated Ms Atkins’ account and confirmed that she (Ms Atkins) reminded Mr Guyers about appropriate holds. The panel noted that Mr Guyers himself acknowledged being upset at being shouted at by care assistants, which it considered corroborative of Ms Fox’s account.

Ms Currie stated that she became sufficiently concerned about the way Mr Guyers was speaking to Resident A that she could not remain in the lounge area. She also described an incident involving Resident A nearly hitting the lift.

Ms Shaikh, who was also present in the lounge, described Mr Guyers saying words to the effect of “*right, you upstairs*”, before grabbing and pulling Resident A out of the room. She also confirmed concerns that Resident A’s head nearly hit the lift, consistent with the accounts of Ms Fox and Ms Currie.

Having considered all of the evidence, the panel concluded that there was no clinical justification for the use of physical intervention or low/medium holds. It found that Mr Guyers initiated physical intervention without any clinical justification for doing so.

The panel therefore found this charge proved.

Charge 2b)

“That you, a registered nurse, on or around 14 February 2023:

- b) Did not make sufficient attempts to de-escalate Resident A before placing them into holds.”

This charge is found proved.

The panel relied on the evidence relating to Resident A’s care plan and CPI guidance, which made clear that, if there was any need to move or manage Resident A’s behaviour, staff were required to begin with the least restrictive interventions, particularly verbal communication and de-escalation techniques. The evidence before the panel was that any intervention should start with calm communication, encouragement, and attempts to gain cooperation before physical contact was considered.

The panel accepted Ms Dalby’s evidence that the interaction was extremely quick and involved little or no meaningful communication before physical intervention occurred. She described Mr Guyers entering the lounge area, immediately approaching Resident A, and

physically taking him out without any prior planning or de-escalation. The panel found this evidence credible and consistent with the overall evidence in the case.

The panel also accepted the evidence of the witnesses that there was no immediate risk or crisis situation at the time. Both Mr Joof and Ms Dalby, who gave evidence, confirmed that Resident A was not presenting behaviour that required intervention. The panel found that, even if there had been a reason to move Resident A, the appropriate response under CPI guidance would have been to begin with verbal communication and the lowest level of intervention.

The panel considered Ms Shaikh's evidence and determined that it was supported by Ms Dalby and Mr Joof's evidence. She described Mr Guyers pointing at Resident A and saying words to the effect of "*right, you upstairs*", before immediately grabbing and pulling him away. The panel found that this account demonstrated that the decision to intervene physically was made quickly and without sufficient attempts at de-escalation beforehand.

The panel also had regard to a Point of concern note which was a record of a conversation between Mr Percy and Mr Guyers during which the incident on 14 February 2023 was discussed. Mr Percy told the panel that the record was signed by himself and Mr Guyers on 23 February 2023, however the discussion itself had taken place before that date. Mr Percy confirmed in evidence that the document accurately recorded their discussion. The panel noted that the record, signed by both Mr Guyers and Mr Percy, stated that Mr Guyers had accepted there were "*a number of options*" available to him. The panel rejected Mr Guyers' later suggestion, made in his NMC witness statement dated 17 September 2025, that he had been bullied into signing the Point of concern document. It found there was no evidence to support that claim and accepting Mr Percy's evidence that it was a proper and accurate record of the conversation. The panel was of the view that the incident on 14 February 2023 was initiated by Mr Guyers' own intervention in directing Resident A upstairs. It concluded that following Resident A refusal, Mr Guyers made no attempt to de-escalate the situation before resorting to physical intervention.

The panel therefore found this charge proved.

Proceeding in absence

Ms Stevens submitted that the notice of the resumed hearing was sent to Mr Guyers on 20 July 2026. Mr Guyers was aware of the proceedings and in the email correspondence to the NMC, dated 30 July 2026, he indicated that he would not be attending. She submitted that it would be fair to proceed in his absence.

The panel accepted the advice of the legal assessor.

Given the time that has elapsed since the substantive hearing, the panel considered whether it remains fair and appropriate to proceed in Mr Guyers' absence. The panel noted that, in his email to the NMC case coordinator in July 2026, Mr Guyers had clearly stated that he did not wish to attend. The panel was satisfied, from the email dated 30 July 2026, that Mr Guyers was aware of the proceedings, had been given the opportunity to participate, and that there was no information before it to suggest any change in his position. This was the only material addition to the information previously considered. In those circumstances, and having regard to its earlier rationale, the panel adopted its previous reasoning and determined that it was fair and appropriate to proceed in Mr Guyers' absence for the purposes of this resumed hearing.

The additional material before the panel consisted of a series of emails since July 2026 from Mr Guyers to the NMC case coordinator. The panel noted that the relevant information arising from that correspondence was Mr Guyers' indication that he would not be attending. The remainder of the correspondence did not materially assist with the issues before the panel.

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 Mr Guyers' 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, Mr Guyers' fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct and impairment

Ms Stevens referred the panel to the case of *Roylance v General Medical Council (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.*' and reminded the panel that misconduct must be sufficiently serious.

Ms Stevens invited the panel to find that the facts found proved amounted to misconduct. She referred the panel to the terms of *The Code: Professional standards of practice and behaviour for nurses and midwives 2015* (the Code). She submitted that the charges found proved demonstrated a disregard for Resident A's safety and dignity, a failure to practise effectively, and a serious departure from the standards of professionalism and trust expected of a registered nurse.

Ms Stevens took the panel through each of the charges in more detail and identified the associated risks. She submitted that Mr Guyers' conduct towards a vulnerable resident was serious, occurred on two separate occasions, and was made more serious by his dishonesty. She submitted that his behaviour represented a serious departure from the standards of integrity, professionalism, respect and safe practice expected of a registered nurse.

Ms Stevens moved on to the issue of impairment and addressed the panel on the need to have regard to protecting 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. She referred the panel to the NMC guidance DMA-1 and to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Stevens submitted that Mr Guyers' conduct was deliberate. She submitted that he failed to plan, coordinate or direct what should happen during the CPI holds on two occasions, resulting in potential harm on one occasion and actual harm on another. She submitted that the charges brought the profession into disrepute and had the potential to undermine trust and confidence in the profession.

Ms Stevens submitted that Mr Guyers breached the fundamental tenets of the nursing profession. She submitted that he failed to prioritise Resident A, disregarded his support plan, and acted on assumptions rather than Resident A's individual needs. She further submitted that Mr Guyers failed to preserve safety and caused or risked causing harm. She submitted that the submission of an inaccurate record was inherently dishonest, particularly as it concerned a vulnerable resident who had sustained an injury.

In respect of remediation, Ms Stevens submitted that Mr Guyers' dishonesty was directly linked to his practice. She submitted that the proved conduct was not simply a matter of deficient technique or a clinical lapse. Rather, it included the inappropriate use of physical intervention towards a vulnerable resident, a failure to apply de-escalation techniques and

support plans, and the completion of an incident form which materially misrepresented what had occurred. She submitted that those matters indicated concerns about Mr Guyers' judgment, candour, attitude and professional accountability. She said that the conduct was capable of being addressed in principle, but submitted that this would require meaningful insight, reflection, relevant training and evidence of sustained, safe and honest practice.

Ms Stevens submitted that there was insufficient evidence before the panel that Mr Guyers had remediated the concerns. There was no evidence of meaningful reflection. He maintained that he did not use CPI interventions. Alternatively, Mr Guyers suggested that, if he had done so, he considered it to be the safest option. Ms Stevens submitted that this response did not demonstrate meaningful insight. In relation to the second incident, Mr Guyers accepted responsibility for Resident A's injury, but Ms Stevens submitted that this statement was not supported by any meaningful analysis of what that responsibility entailed. He did not explain what he would have done differently.

Ms Stevens submitted that Mr Guyers' recent reflections did not provide reassurance. Much of the material focused on concerns he had about the Home, rather than on the specific incidents. She submitted that Mr Guyers had also indicated that the CCTV footage was doctored, although he accepted that Resident A sustained an injury. Ms Stevens submitted that these reflections minimised his own failings and deflected attention away from the concerns.

Ms Stevens submitted that Mr Guyers was entitled to deny the allegations. However, she submitted that, in the absence of focused reflection, the panel could not be satisfied that the concerns had been sufficiently addressed.

In relation to training, Ms Stevens submitted that the evidence provided by Mr Guyers was largely irrelevant, insufficient and now dated. There was no information about the content, duration or relevance of that training, nor any explanation of how it had changed his practice or what he would do differently in the future. She further submitted that evidence

of previous good practice did not sufficiently address the specific failings identified in this case. In those circumstances, she submitted that there remains a risk of repetition.

Ms Stevens therefore submitted that both public protection and the wider public interest are engaged. She submitted that public confidence in the profession would be undermined if a finding of impairment were not made.

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code. The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel was of the view that Mr Guyers' actions fell significantly short of the standards expected of a registered nurse and amounted to breaches of the Code. Specifically:

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

1.3 avoid making assumptions and recognise diversity and individual choice

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

2.1 work in partnership with people to make sure you deliver care effectively

2.6 recognise when people are anxious or in distress and respond compassionately and politely

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

To achieve this, you must:

3.1 pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages

8 Work co-operatively

To achieve this, you must:

8.2 maintain effective communication with colleagues

8.5 work with colleagues to preserve the safety of those receiving care

10 Keep clear and accurate records relevant to your practice This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

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

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

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

The panel noted its findings in relation to the charges. It took into account that Mr Guyers was an experienced registered nurse working in a senior position in a residential setting providing care to vulnerable residents. Mr Guyers was familiar with all relevant policies and procedures in place and with Resident A's care needs. [PRIVATE]

Resident A was vulnerable and had a clear and detailed care plan. The panel was satisfied that Mr Guyers was aware of that plan. Notwithstanding that knowledge, Mr Guyers intervened by using excessive and unnecessary force against Resident A, on two occasions, without justification, and in disregard of the Home's policies and procedure and the CPI training he had received.

The shifts during which the two incidents occurred were otherwise unremarkable. While Mr Guyers claimed that there were staffing issues, the witness evidence before the panel did not support that assertion.

Charge 1

The panel noted that this incident occurred in the kitchen of the Home. Resident A was entitled to be in the kitchen area, where he had personal items stored and access to them.

The panel noted that Mr Guyers' in using excessive force to pull/drag Resident A caused him to fall to the floor and sustain an injury, namely a head injury. The panel considered that the fall would not have occurred without Mr Guyers' inappropriate physical intervention. There was no justifiable reason for him to intervene in the manner that he did, and the force used was excessive, and contrary to the expected approach to supporting Resident A. In those circumstances, the panel considered this conduct was a serious

departure from the standards expected of a registered nurse and amounts to serious misconduct.

Charges 2a) and 2b)

The panel noted that this incident occurred in the second-floor lounge of the Home. The panel heard and accepted evidence that Resident A was entitled to be in the lounge area. The panel found that Mr Guyers unnecessarily and inappropriately used physical intervention against Resident A. The evidence showed that such intervention was not clinically justified. There was no planning, effective communication, or attempts to de-escalate the situation, and Resident A did not present a level of difficulty or risk which justified the intervention used. Mr Guyers disregarded his CPI training, the Home's policy and Resident A's care plan and resorted to physical intervention when less restrictive options remained available. In doing so, he exposed Resident A to an avoidable risk of harm. In those circumstances, the panel considered this conduct was a serious departure from the standards expected of a registered nurse and amounts to serious misconduct.

Charges 3 and 4

Following the incident following the subject of charge 1, Mr Guyers was required to complete an incident form. The panel found that the form misrepresented the incident, including Mr Guyers' behaviour and the nature of his own intervention. The panel concluded that this was an attempt to divert attention away from his own actions and cover up his misconduct subject of charge 1. Mr Guyers was an experienced nurse and knew the importance of keeping accurate records, particularly where a vulnerable resident had sustained an injury. The panel noted that accurate record keeping is fundamental to safe and effective care, and inaccurate records can lead to inappropriate treatment by other practitioners.

The panel considered that the dishonesty found proved at charge 4 was particularly serious because it concerned an incident involving injury to a vulnerable resident and had

the potential to mislead others involved in his care. In those circumstances, the panel considered this conduct was a serious departure from the standards expected of a registered nurse and amounts to serious misconduct.

The Home had clear processes and procedures in place, and Mr Guyers was expected to follow them. His physical intervention did not follow, and was contrary to, the policy and procedures, and it caused Resident A harm.

The panel found that each of the charges individually amounted to serious misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mr Guyers' 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/ fitness to practise is impaired in the sense that S/He:

- 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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel decided that all four limbs of the Grant test were engaged in relation to the past. In both incidents, Mr Guyers placed Resident A at unwarranted risk of harm and, in the second incident, actual harm occurred when Resident A sustained a head injury. The

panel found that Mr Guyers' behaviour was deliberate and was not clinically justified. On the evidence in relation to charges 1 and 2, there had been no adequate attempt by him to de-escalate or to use less restrictive options. His conduct also brought the profession into disrepute. The public would expect nurses to act with care, compassion and honesty and Mr Guyers misconduct clearly undermined that expectation. He intervened unnecessarily and in a manner that breached the fundamental tenets of the nursing profession, including prioritising people, practising effectively, preserving safety, and promoting professionalism and trust. He also deliberately misled his managers by overstating Resident A's behaviour and understating his own intervention, thereby deflecting attention away from himself and avoiding responsibility for his actions.

The panel considered the factors set out in *Cohen v General Medical Council* [2008] EWHC 581 (Admin) and determined that the misconduct was, in principle, capable of being addressed. However, the panel also considered the NMC guidance at FTP-16a. It noted that the dishonesty was serious, was directly linked to Mr Guyers' nursing practice, and involved the creation of a false and misleading record following an incident in which a vulnerable resident had been injured. The panel concluded that the dishonesty was motivated by a desire to divert attention away from himself and cover up his misconduct. As a result, the panel determined that the element of dishonesty made remediation more difficult because it indicates an attitudinal issue on the part of Mr Guyers and would require clear evidence of insight, reflection and sustained change.

In considering whether Mr Guyers has remediated his misconduct, the panel first looked to his insight. It noted Mr Guyers' right to defend the charges. The panel noted that there were aspects of the account he had provided which indicated some awareness of what had gone wrong and some acceptance of responsibility. In the Point of Concern record, which reflects a discussion between Mr Guyers and his manager, Mr Percy, on 23 February 2023 and was signed by Mr Guyers, it states in relation to the incident on 14 February 2023:

‘David accepted there was a number of options available to him that he failed to consider/utilise prior to placing Resident A into holds...

On reflection David will learn from his experience and will ensure least restrictive practice and appropriate holds will be utilised in any future intervention that he is involved in....’

In relation to the incident on 22 February 2023, during a police interview on 7 March 2023, he said in relation to this incident:

‘I hate to say this but I am responsible for that, injury, the head injury. Even though it was an accident I’m responsible for it...’

The panel noted that Mr Guyers did not expand upon those acknowledgements until the statement to the NMC dated 17 September 2025. There was no evidence that his insight had developed beyond those limited acknowledgements. There was no up-to-date evidence of further reflection since those dates. Much of the email correspondence with the NMC appeared to direct responsibility elsewhere and to deflect blame. This was evidenced in an email to the NMC dated 18 March 2025, in which he stated: *“I was bullied into that ridiculous point of concern...”* This assertion was rejected by the panel in its findings of fact. There was no evidence that he had been able to step back, consider what went wrong, identify what he could have done differently, or explain how he would act differently in the future.

The panel noted that in his statement to the NMC dated 17 September 2025, Mr Guyers said:

“There is no way on this earth I would deliberately harm or injure another human being, yes, he fell, yes it was me who caused the injury to Resident A however it was an accident, and I have made myself very clear that I was truly sorry that Resident A got hurt. I remain very remorseful that I injured a client in my care and

that should never happen. The fact that I did still causes me concern even after 31 months.”

The panel noted that whilst this appears to be a sincere reflection of Mr Guyers’ thoughts, it noted that he characterises the incident on 22 February 2023 as an accident and whilst expressing regret for the injury to Resident A, falls short of accepting responsibility for his actions depicted on CCTV footage.

The panel therefore had no evidence of meaningful acceptance of his failings. There was also no evidence that Mr Guyers had strengthened his practice through relevant training. The panel had sight of a training record completed in 2022, but nothing since then.

The panel saw no evidence that Mr Guyers has meaningfully reflected on his dishonesty and its potential impact on Resident A, colleagues, the Home, and public confidence in the profession. In those circumstances, the panel could not conclude that Mr Guyers has remediated his misconduct.

The panel had not seen any testimonials from managers or colleagues, nor any workplace assessments of Mr Guyers’ current practice. The panel was not satisfied that Mr Guyers had demonstrated that he would respond differently if faced with similar circumstances in the future. In the absence of such evidence, and in light of the limited insight and absence of meaningful remediation, the panel concluded that there remained a significant risk of repetition. The panel therefore determined that the four limbs of the Grant test were engaged in relation to the future. The panel decided that a finding of impairment was necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds was also required. Mr Guyers behaviour amounted to serious misconduct directed towards a vulnerable resident of the Home. His unnecessary and inappropriate intervention caused actual injury to Resident A, and he then dishonestly completed an incident form which misrepresented what had occurred. The panel considered that members of the public would expect nurses to act with care, honesty and professionalism, particularly when caring for vulnerable residents and when recording incidents involving injury. A well-informed member of the public would be concerned if no finding of impairment were made in these circumstances. In addition, a finding of impairment on public interest grounds is required in this case in order to declare and uphold proper standards in the nursing profession. Accordingly, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made.

The panel therefore found Mr Guyers' fitness to practise impaired on the grounds of public protection and public interest.

Sanction

The panel has considered this case and decided to make a striking-off order. It directs the registrar to strike Mr Guyers off the register. The effect of this order is that the NMC register will show that Mr Guyers 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).

Submissions on sanction

Ms Stevens referred the panel to the NMC sanctions guidance. She submitted that the only proportionate sanction was a striking-off order. She identified the aggravating factors and submitted that there were no mitigating factors.

Ms Stevens took the panel through the available sanctions in ascending order. In relation to taking no further action and imposing a caution order, she submitted that neither outcome would be appropriate. She submitted that the misconduct involved repeated behaviour towards a vulnerable resident, resulted in harm, involved dishonesty, and that Mr Guyers had not demonstrated sufficient insight. In those circumstances, she submitted that neither outcome would protect the public, mark the seriousness of the misconduct, or uphold public confidence in the nursing profession.

In relation to a conditions of practice order, Ms Stevens submitted that, although conditions might in principle address discrete clinical concerns, they could not adequately manage the risks in this case. She submitted that the findings included deliberate use of excessive force and dishonesty intended to cover up misconduct. She submitted that it demonstrated an underlying attitudinal concern which could not be safely and effectively addressed by conditions. She submitted that conditions would not protect the public, mark the gravity of the misconduct, or maintain confidence in the profession.

Ms Stevens submitted that only a striking-off order would be sufficient, as any lesser sanction would fail to adequately address or reflect the seriousness of the concerns. She submitted that the concerns were at the high end of seriousness and involved pulling, dragging and restraining a vulnerable resident. She further submitted that the conduct suggested attitudinal or behavioural concerns and that Mr Guyers' reflections did not demonstrate sufficient understanding of the impact of his conduct on Resident A or on the wider profession. She submitted that his conduct also involved a breach of the professional duty of candour.

Ms Stevens submitted that a period of suspension would not be sufficient. Although suspension can be appropriate where there is a realistic prospect that a registrant may

develop insight and remediate, she submitted that the concerns arose in 2023 and there had been little meaningful development in Mr Guyers' insight since. She therefore submitted that a suspension order would not be appropriate or proportionate.

In relation to striking off, Ms Stevens submitted that the misconduct raised fundamental questions about Mr Guyers' professionalism. She submitted that public confidence could not be maintained if he remained on the register, particularly where the public would expect the regulator to take firm action against a registered nurse who had harmed a vulnerable resident and then acted dishonestly. She submitted that Mr Guyers had not demonstrated the level of insight necessary to reassure the panel that the public would be protected or that public confidence would be maintained. She noted that he had had a substantial period in which to reflect on the misconduct and demonstrate insight.

Ms Stevens submitted that, in all the circumstances, the misconduct was so serious that it was fundamentally incompatible with Mr Guyers remaining on the register. She submitted that a striking-off order was necessary to protect the public, maintain public confidence in the profession, uphold proper professional standards and mark the seriousness of Mr Guyers' conduct.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Mr Guyers' fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel bore 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 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
- conduct which caused injury to Resident A and risk of suffering harm
- Resident A was a vulnerable adult with mental health and learning disabilities
- Misconduct on two occasions
- dishonesty involving an attempt to cover-up his earlier misconduct
- no meaningful insight
- deliberate breaches of the Code
- failure to attend hearings, or to engage in the Fitness to Practise (FtP) process, without good reason

In relation to mitigating features, the panel noted that Mr Guyers acknowledged responsibility for the head injury. In his statement to the NMC dated 17 September 2025, he apologised for the injury caused to Resident A. However, the panel has previously noted that this fell short of an apology for his actions.

Taking all of the above together, the panel considered this to be a very serious case. Mr Guyers' conduct deliberately placed Resident A at risk of harm and did in fact cause harm. The seriousness of the misconduct was compounded by his dishonesty, which the panel found was used in an attempt to cover up what had happened, to mislead the Home and had the potential to be detrimental to Resident A's ongoing care.

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 Mr Guyers' actions were not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mr Guyers' practice 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 a conditions of practice on Mr Guyers' 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).

The panel could not formulate conditions which would adequately address the misconduct or the dishonesty found proved. The panel considered that conditions are generally directed towards identifiable areas of practice which are capable of being remediated and monitored. In this case, the concerns were not confined to clinical deficiency. They include deliberate conduct towards a vulnerable resident, dishonesty, a lack of meaningful insight and attitudinal concerns. The panel was not satisfied that any conditions could be sufficiently workable, measurable or enforceable to address those risks. It also noted the limited evidence of engagement and remediation, and was not satisfied that Mr Guyers would comply with conditions if imposed.

Having regard to the nature and seriousness of Mr Guyers conduct, 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 Mr Guyers being temporarily removed from the Register, it considered that suspension would not be

sufficient to protect the public or to uphold public confidence in the profession and maintain professional standards. The panel considered the seriousness and nature of the facts found proved, including the harm caused to a vulnerable resident, the misuse of professional power, the dishonesty, and the lack of meaningful insight or remediation. Mr Guyers has had since 2023 to reflect, demonstrate insight and engage with the NMC. Given Mr Guyers' limited engagement, absence of meaningful insight and lack of evidence of reflection, remediation or training, the panel was not satisfied that there was a realistic prospect that he would address the concerns to a level where he could return to practise safely. His own correspondence with the NMC supports this view.

The panel determined that the charges found proved were at the most serious end of the spectrum and called into question Mr Guyers' professionalism. Although suspension may be appropriate where there is a realistic possibility of future safe practice following a period of reflection, the panel did not consider that this case fell into that category. Mr Guyers has not engaged to any meaningful extent, not demonstrated insight, and not provided evidence of remediation which would reassure the panel that a period of suspension would lead to safe return to practice.

The panel found that Mr Guyers' conduct involved a breach of the duty of candour by covering up what he had done. It also involved misuse of power, direct risk to Resident A on two occasions, dishonesty, and a failure to engage with his regulator. In the panel's view, Mr Guyer did not recognise the seriousness of his dishonesty and there was no evidence of meaningful remediation. The panel did not consider that a period of suspension would assist him to gain insight or strengthen his practice or reduce that risk.

The panel therefore 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 '*Deciding between suspension and sanction*' (Reference SAN-3) and '*Sanctions for the highest risk*

cases' (Reference SAN-4 Last Updated: 28/01/2026). The panel considered that the case involved serious concerns about public protection and public confidence.

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?*

Applying those considerations, the panel found that the charges proved did raise fundamental questions about Mr Guyers' professionalism. The misconduct involved deliberate physical conduct towards a vulnerable resident, caused harm, and was followed by dishonesty designed to conceal what had happened. The panel considered that Mr Guyers' failure to be open and candid was a serious departure from the standards expected of a registered nurse. The panel was not satisfied that any meaningful insight or reflection had been demonstrated sufficient to keep people receiving care safe, maintain public confidence in the profession, or uphold professional standards. Nor was it of the view that there was a realistic prospect that a period of suspension would lead to Mr Guyers gaining sufficient insight and strengthening his practice so as to reduce the risk he posed.

The panel has identified a significant risk of repetition in this case and was of the view that the findings demonstrate that Mr Guyers' actions were serious and to allow him to continue practising would not protect the public and would undermine public confidence in the profession and in the NMC as a regulatory body.

The panel concluded that Mr Guyers' actions were fundamentally incompatible with him remaining on the register.

Balancing all of these factors and after taking into account all the evidence before it, the panel determined that the appropriate and proportionate sanction is that of a striking-off order.

The panel considered that this order was necessary to mark the seriousness, protect the public, maintain 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.

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 Mr Guyers' own interests until the striking-off sanction takes effect.

Submissions on interim order

Ms Stevens submitted that, given the panel's findings, an interim suspension order for a period of 18 months would be necessary and proportionate. She submitted that an interim suspension order will protect the public and uphold the wider public interest. She

submitted that the interim order for a period of 18 months would provide for the gap between the making of any substantive order and closure of the statutory appeal window or any actual appeal.

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 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 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 to allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.

This will be confirmed to Mr Guyers in writing.