Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
7, 8, 9, 10 and 11 September 2026

Virtual Hearing

Name of Registrant:	Karen Jane Makinson
NMC PIN:	97C1199E
Part(s) of the register:	Registered Nurse – Adult RNA – 27 April 2000 Registered Specialist Comm Public Health Nurse – HV RHV – 10 January 2015 Community Practitioner Nurse Prescriber V100 – 24 January 2015
Relevant Location:	Cheshire
Type of case:	Misconduct
Panel members:	Graham Gardner (Chair – Lay member) Diane Gow (Registrant member) Philippa Hardwick (Lay member)
Legal Assessor:	Sean Hammond
Hearings Coordinator:	Vicky Green
Nursing and Midwifery Council:	Represented by Rowena Wisniewska, Case Presenter
Ms Makinson:	Present and unrepresented on day 1 Not present and not represented from day 2 onwards
Facts proved:	Charges 1.a, 1.b.i and 1.b.iv,
Facts not proved:	Charges 1.b.ii and 1.b.iii
Fitness to practise:	Impaired
Sanction:	**Suspension order – 12 months**
Interim order:	**Interim suspension order – 18 months**

On day one of the hearing, Ms Makinson attended the hearing and was unrepresented. Ms Makinson informed the panel that she does not check her emails and despite the bundles for the hearing being sent to her by the NMC previously, she had not read any papers before today. The panel was informed that the legal assessor, case presenter and hearings coordinator had met with Makinson earlier during a pre meeting and the legal assessor had explained the process of a substantive Fitness to Practise hearing and the details of the charges she faced. The hearings coordinator re-sent all of the bundles on the morning of day 1 and Ms Makinson was allowed most of the remainder of the morning to read the papers.

After it heard submissions from Ms Wisniewska on a hearsay application, Ms Makinson informed the panel she had been unable to download or read the nine page hearsay bundle subject to the application. The panel decided to adjourn the hearing early to allow Ms Makinson more time to read the bundles and to prepare her response to the application. She was provided with IT support to ensure her access to the relevant documents.

Having adjourned the hearing on day 1, parties were asked to join the hearing at 9am on day 2. Ms Makinson did not join the hearing at 9am. The panel allowed further time for her to engage during which the hearings coordinator attempted to contact her on several occasions and received a response from Ms Makinson indicating that she would not be attending. It heard an application from Ms Wisniewska to proceed in her absence at approximately 10:30am.

Decision and reasons on service of Notice of Hearing

Although Ms Makinson had attended on day 1, the panel first considered service of Notice of the Hearing (the Notice). It noted that the Notice was sent to Ms Makinson's email address by secure email on 29 July 2026.

Ms Wisniewska informed the panel that during a preliminary meeting in which the legal assessor and hearings coordinator were present, Ms Makinson said that she had an appointment on day 2 at 11am. However, this was not raised with the panel and she did not say that she would be unable to join the hearing at 9am.

Ms Wisniewska, 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', as amended (the Rules).

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Ms Makinson had been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34. Furthermore, as Ms Makinson was present at the hearing on day 1, the panel considered that she was clearly aware of this hearing and its purpose.

Decision and reasons on proceeding in the absence of Ms Makinson

The panel next considered whether it should proceed in the absence of Ms Makinson. It had regard to Rule 21 and heard the submissions of Ms Wisniewska who invited the panel to continue in the absence of Ms Makinson.

The hearings coordinator informed the panel that when Ms Makinson did not attend the hearing at 9am, she sent an email, text message and attempted to call Ms Makinson on three occasions. Shortly before 10am, Ms Makinson responded to the text message in which the hearings coordinator asked if she would join the hearing. Ms Makinson responded by saying *'no'* and when the hearings coordinator sought further clarification, Ms Makinson replied stating the following:

> *'I don't see any point in the way I was spoken to yesterday,…. It was disrespectful.'*

In reaching its decision to proceed in Ms Makinson's absence, 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 has decided to proceed in the absence of Ms Makinson. In reaching this decision, the panel has considered the submissions of Ms Wisniewska, the responses from Ms Makinson 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 had regard to the overall interests of justice and fairness to all parties. It noted that:

- The panel considered that there was no merit in Ms Makinson's assertion that she had been spoken to in a disrespectful way. It was of the view that every courtesy had been extended to Ms Makinson and the panel noted that the hearing is recorded and that all interactions are therefore a matter of record.
- Ms Makinson has clearly elected to disengage and in the panel's view, has voluntarily chosen to absent herself from the hearing.
- No application for an adjournment has been made by Ms Makinson and there is no reason to conclude that she would engage if the hearing was adjourned until a later date.
- Two further witnesses have attended today to give live evidence, and an adjournment is likely to impact on their ability to recollect matters that are alleged to have happened in 2024.
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the residents who need their professional services.
- There is a strong public interest in the expeditious disposal of the case.

Whilst the panel acknowledged that there is likely to be some disadvantage to Ms Makinson in proceeding in her absence, the panel considered that 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 Ms Makinson's decision to disengage from the hearing, waive her right to attend and to not provide evidence or make submissions.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Ms Makinson. It will draw no adverse inference from Ms Makinson's absence in its findings of fact.

Charges

That you, a registered nurse:

At Church House Nursing Home:

1. On 4 June 2024:

    a. You attended work when you were not fit to carry out your duties as a nurse safely, in that you were under the influence of alcohol; **[Proved]**

    b. As a consequence of your actions at Charge 1a above:
        i. One or more of your signatures on Patient A's MAR chart was illegible; **[Proved]**
        ii. In respect of Paracetamol 500mg tablets administered to Patient A, you wrote a stock count of '21' in the MAR chart when the correct stock count was '4'; **[Not proved]**
        iii. In respect of Pregabalin 50mg administered to Patient A, you wrote a stock count that looks like '21' when the correct stock count was '24'; **[Not proved]**
        iv. You were staggering/ swaying when walking. **[Proved]**

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

Decision and reasons on hearsay application

This application was made on the afternoon of day 1 of the hearing when Ms Makinson was present. Given that Ms Makinson was not represented and that she had informed the panel she had not previously accessed the papers, it decided to allow her time to prepare her case and respond to this application on day 2. Ms Makinson indicated that she opposed this application *"because it is hearsay"* but did not expand on this or indicate the nature and extent of her challenge to the admissibility of the document. As Ms Makinson did not attend the hearing on day 2, she made no further submissions in respect of this application.

Ms Wisniewska highlighted a document entitled probationary review meeting notes dated 18 June 2024 and informed the panel that the author of this document has not been called by the NMC to give evidence at this hearing. She submitted that Mr Hammond, who conducted the first part of the probationary meeting on 7 June 2024 produced the meeting notes dated 18 June 2024 as his exhibit. She submitted that Ms Makinson would have the opportunity to challenge this evidence (Ms Makinson was still engaged with the proceedings at the time of these submissions). Ms Wisniewska made an application for the probationary review meeting notes dated 18 June 2024 to be admitted into evidence pursuant to Rule 31 of the Rules. She submitted that this document is relevant and it would be fair to admit it into evidence.

Ms Wisniewska referred the panel to the factors set out in the case of *Thorneycroft v Nursing and Midwifery Council [2014] EWHC 1565 at paragraph 56*:

> *1. 'Whether the statements were the sole and decisive evidence in support of the charges;*
> *2. The nature and extent of the challenge to the contents of the statements;*
> *3. Whether there was any suggestion that the witnesses had reasons to fabricate their allegations;*
> *4. The seriousness of the charge, taking into account the impact which adverse findings might have on N's career;*
> *5. Whether there was a good reason for the non-attendance of the witnesses;*

6. Whether the Respondent had taken reasonable steps to secure the attendance of the witness;
7. The fact that N did not have prior notice that the witness statements were to be read.'

She submitted that this document is not the sole and decisive evidence in support of the charges. The NMC has called three witnesses to give evidence during this hearing and all of those witnesses support the charges. Ms Wisniewska submitted that Ms Makinson opposed this application, however, she has not put forward anything further than a generic opposition of admitting hearsay evidence. Ms Wisniewska submitted that the charges are serious, and if found proved, they are likely to have an adverse impact on Ms Makinson's career. She submitted that calling the author and attendees of the meeting would not have been proportionate. Ms Wisniewska submitted that Ms Makinson had been given notice by the NMC that it intended on making this application, the hearsay bundle was served on Ms Makinson together with the other papers.

Ms Wisniewska submitted that if the panel decided to admit this document, once it had heard all of the evidence it would attach what weight it determined is appropriate. She submitted that the document was made in a professional setting and it is a formal document.

The panel accepted the advice of the legal assessor.

In reaching its decision, the panel had regard to the factors set out in the case of *Thorneycroft* and to the NMC Guidance. The panel considered that the document is relevant to the charges and noted that it was the second part of an internal formal documented investigation process at the Home.

The panel found the document that was the subject of the application was of the type generally used to record local investigations of this nature. On its face, it appears to have been recorded contemporaneously, and in a professional manner. A dedicated note-taker was present and the panel noted the interview time was shown as concluding precisely at 14:54. There is no reason for the panel to believe it has been fabricated and Ms Makinson herself was present. Further this document records the second part of the

two part local investigation interview, both of which were exhibited by a witness scheduled to attend this hearing.

The panel noted that there is other evidence in support of the charges and three witnesses will be called to give evidence during the hearing. The panel noted that Ms Makinson objected to this evidence on the basis that it is hearsay, but did not provide any further detail as to the nature of that objection. The panel noted that there was no information to suggest that the author of the document had any reason to fabricate their evidence. The panel accepted that if the charges are proved, then this is likely to have an adverse effect on Ms Makinson's career.

Whilst the panel acknowledged that the NMC had taken no steps to secure the attendance of the author of the document at this hearing, the panel considered that this was a proportionate approach given the other evidence and other witnesses being called.

Balancing all of the factors set out above, the panel decided that it was fair to admit this document into evidence. What weight to be attached to it will be determined when it makes an assessment of all of the evidence before it.

Background

On 29 July 2024, the NMC received a referral from Akari Care Limited about Ms Makinson who was employed at Church House Care Home (the Home). Ms Makinson was employed by the Home from April 2024 until she was dismissed on 14 June 2024.

The Home is a 44-bed nursing home set over two floors. It provides care for vulnerable residents, many of whom have dementia, are prone to strokes or are receiving end of life care.

The referral raised concerns that on 4 June 2024, Ms Makinson attended work under the influence of alcohol. It is alleged that on 4 June 2024, three colleagues noticed that Ms Makinson smelled of alcohol. It is also alleged that Ms Makinson lost her balance and was having difficulties in walking and during handover, she repeatedly asked the same questions. It is alleged that Ms Makinson undertook a medication round on 4 June

2026, and whilst she was doing so, she was swaying, inappropriately laughing and having difficulties in handling the medication due to an apparent loss of coordination. It is alleged that Ms Makinson's entries in the MAR charts for two residents were illegible.

Ms Makinson was asked to leave the Home as her manager had deemed her unfit to work. Her manager also refused to let her drive home and Ms Makinson handed over her car keys. When booking a taxi, Ms Makinson required assistance from a senior carer as she was unable to use her phone. Ms Makinson is also alleged to have had difficulties in exiting the building using her fob and needed assistance in getting into the taxi.

During the local investigation, Ms Makinson admitted that she had drank two small glasses of wine with lunch and that the smell of alcohol was due to her not cleaning her teeth. When this incident is alleged to have occurred, Ms Makinson was in her probation period at the Home. Following a meeting, Ms Makinson was dismissed on 14 June 2024.

Decision and reasons on facts

When the charges were read, Ms Makinson was present and denied all of the charges. In reaching its decisions on the facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Wisniewska on behalf of the NMC. The panel also had regard to Ms Makinson's comments during the local investigation, her defence as put to Ms Perera, and the observations she made about the merits of the case to the panel on day 1.

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:

- Apsara Perera: Senior Carer at the Home.
- Michelle Ephraim: Deputy Manager at the Home.
- Robert Hammond: Home Manager.

Ms Makinson's response

Ms Makinson has denied that she was under the influence of alcohol whilst at work on the evening of 4 June 2024. The panel noted that during the local investigation she initially stated that she had not drunk any alcohol on that day, then she said that she had not consumed any alcohol since the previous day and then during the second probationary interview, she went on to concede she had drunk two glasses of wine at lunch time some eight hours earlier. She maintained she may have appeared unsteady on her feet because she was answering a text on her mobile phone. She also stated that she was apparently unable to use her phone to contact a taxi because she was unfamiliar with a recently downloaded app. The panel found Ms Makinson's explanations and account of events to be implausible. Further, as a result of her decision to absent herself from proceedings, she did not have the opportunity to give evidence and present her account. As a consequence, it was not possible for Ms Makinson's account to be tested during cross examination.

Decision and reasons on facts

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

Charge 1.a.

At Church House Nursing Home:

1. On 4 June 2024:

    a. You attended work when you were not fit to carry out your duties as a nurse safely, in that you were under the influence of alcohol;

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the evidence of Ms Perera, Ms Ephraim and Mr Hammond. It also took into account Ms Makinson's response.

In considering the charge, the panel first noted that it was not contested that Ms Makinson was working at the Home on 4 June 2024. It therefore found that the stem of the charge was made out.

The panel had sight of Ms Perera's local statement dated 4 June 2024 in which she wrote that she observed Ms Makinson having difficulties walking, ask the same question twice during handover, having less coordination and inappropriately laughing uncontrollably. In her local statement, Ms Perera also stated that Ms Makinson dropped tablets and was unable to pick them up. Ms Perera also wrote that she assisted Ms Makinson in booking a taxi and assisted her into the taxi. In her oral evidence, Ms Perera was consistent with her contemporaneous statement and provided further detail.

In her oral evidence, Ms Perera told the panel that Ms Makinson was unable to place tablets into a pot, she dropped them on the floor and was unable to pick them up – *'I didn't want her to offer them to patients it was a patient safety issue'*. Ms Perera told the

panel that she was concerned that Ms Makinson was unable to safely administer drugs to patients because of her condition that evening.

In her local statement, Ms Perera also stated *'that time she accepted as she was drunk'*, though when questioned by the panel clarified that she had been in fact been told this by Mr Hammond, the Home Manager. The panel had regard to Ms Perera's oral evidence which is found to be consistent with her contemporaneous statement.

The panel had regard to Ms Ephraim's NMC witness statement and had particular regard to the following:

> *'When I arrived at the Home, Karen was sat in the foyer and was laughing at things that were not funny. I don't have an example to give but the best way I can explain this is uncontrollable laughing when someone shouldn't be laughing. I noticed immediately that Karen's behaviour seemed different from usual, and I started getting on with work given that it was now about an hour into the shift.*
>
> *…*
>
> *I went to assist with the medication round that Karen had started, I learnt that senior carer Aspera[sic] had to step in to assist Karen with the start of the medication round because Karen wasn't able to do this. Some of the MAR charts*

that Karen signed before Aspera [sic] stepped in to assist were illegible. I have provided the NMC with copies of the MAR charts…

Whilst I was finishing Karen's medication round, Robert had asked Karen to sit down in the foyer until the taxi had arrived to take her home. Due to the unfit state Karen was presenting, Robert did not allow Karen to drive home. Karen was supposed to order a taxi but wasn't physically able to use her phone due to her state. Another member of staff, I believe Apsara, had to order this on Karen's behalf. I saw Karen trying to guide her finger on the phone but couldn't seem to process moving her hands.

Karen was unable to coordinate her brain and her hands, and I would say that she appeared as someone under the influence. I cannot say for certain whether this was due to alcohol or medication side effects, but Karen was acting certainly different from her normal behaviour'

In her oral evidence, Ms Ephraim's account was consistent, she had a clear recollection of events and was able to provide further detail about the events that occurred on 4June 2024. She told the panel that in her opinion, Ms Makinson was under the influence.

She described Ms Makinson's lack of coordination and swaying coming down the stairs, where she had had to hold the bars to steady herself. She also described being next to Ms Makinson at the drug trolley and that she was swaying at that point as well as dropping pills as they were popping out, and not being able to FOB-out. She described how these behaviours led her to believe that Ms Makinson was not fit for work, in that she would not be able to do medications safely, or read MAR's or do other night shift

duties as the sole nurse on duty. Ms Ephraim told the panel that *“she could barely walk, so could not work”*.

The panel also had regard to Mr Hammond’s the NMC witness statement in which he stated the following:

> *‘I went to find Karen and found her coming along the corridor, she was swaying left to right, and she walked past me to the stairs without acknowledging me. Karen clearly could not walk very well and was holding onto the stairs rail as she walked down the stairs. I immediately told her to stop doing medication, asked her if she was okay and to come with me into the office.*
>
> *Karen followed me into the office and sat tapping her legs and was not her usual self. I asked Karen to be honest with me and asked if she was under the influence. Karen denied it. I could smell alcohol on Karen’s breath.*
>
> *Jackie was in the office with me, and I again asked Karen if she had drunk any alcohol or taken anything that might have caused her to feel this way. Karen said that she had drank something alcoholic the previous night, I explained to Karen that she could not attend work like this.*
>
> *After talking with Karen some more to check if she was okay, Karen explained that she had a drink that afternoon whilst having lunch. I told her that I didn’t think she was fit to work and asked her to hand her medication keys to a team member until Michelle arrived to take over Karen’s shift. I told Karen she had to go home.*
>
> *Michelle arrived later to take over Karen’s shift and whilst I was updating her on the situation, I noticed that Karen was struggling to clock out and had asked senior care assistant, Aspara [sic] Perera, to assist. Karen had been struggling to fob out and had put in a managers request to clock out early.*
>
> *I thought Karen had left at this point, so I decided to walk Karen out and to ensure she got home safely. I asked Karen how she had gotten to work, and she explained that she had driven in; I took her keys and refused to let her drive*

home in the state she was in. I told Karen to book a taxi and explained that her car would be fine at work.

Aspara[sic] had to assist Karen with booking a taxi because Karen was unable to see anything on her phone as a result of her unfit state. Karen simply could not coordinate to move her fingers on her phone to book a taxi home…'

In his oral evidence, Mr Hammond's recollection of events was consistent with his witness statement. Mr Hammond told the panel that Ms Makinson was not coherent in her speech and that she lacked coordination. He told the panel that he was in a small, confined office with Ms Makinson and *"each time she spoke I could smell alcohol"*. Mr Hammond also described observing Ms Makinson swaying, particularly while she was coming down the stairs, which he said was not normal for her.

The panel noted that Mr Hammond stated that initially Ms Makinson said that she had not consumed any alcohol that day, she then said that she had drunk alcohol the day before but then she changed her account and said that she had consumed two small glasses of wine at lunch that day. The panel also noted that during the first local investigation meeting on 7 June 2024, Ms Makinson was unable to recollect the events that occurred on 4 June 2024. She was unable to recall where she had been spoken to in the Home or who was present.

The panel considered that all of the witnesses called on behalf of the NMC were consistent, credible and reliable in respect of this charge. The panel noted that all of the witnesses work in a clinical setting and are well-placed to determine whether someone was under the influence of alcohol. The panel also noted that all of the witnesses had worked with Ms Makinson previously and had prior knowledge of her typical behaviour. The panel considered that there was no suggestion or reason to believe that there was a grudge or any other reason for the witnesses to fabricate their evidence. All of the witnesses stated that Ms Makinson's behaviour on 4 June 2024 was very different to how she normally acts, describing that she could not undertake basic tasks due to a loss of coordination, and they all concluded that she was under the influence of alcohol. The panel found the evidence of Mr Hammond to be compelling, and considered his decision to ask her to leave was based on an assessment of how she was presenting to the extent that he concluded that she was unfit to work. It also considered that Mr

Hammond's intervention to take Ms Makinson's keys from her was as a result of a genuine belief that she was under the influence of alcohol and unfit to drive.

The panel considered that the behaviours described are indicative of someone who was under the influence of alcohol, as well as Ms Makinson's difficulties in recollecting events. The panel accepted the evidence of Ms Perera, Ms Ephraim and Mr Hammond and found that it was more likely than not that Ms Makinson attended work when she was unfit to carry out her duties as a nurse safely as she was under the influence of alcohol. The panel was of the view that being intoxicated to the level described and the consequent difficulties Ms Makinson had with her coordination meant that she was unfit to carry out her role safely. The panel therefore found this charge proved.

Charge 1.b.i.

At Church House Nursing Home:

1. On 4 June 2024:

    b. As a consequence of your actions at Charge 1a above:
        i. One or more of your signatures on Patient A's MAR chart was illegible;

This charge is found proved.

In reaching this decision the panel had regard to all of the evidence before it. It had particular regard to the evidence of Ms Ephraim and to Patient A's MAR chart. It also took into account Ms Makinson's response.

The panel had regard to Ms Ephraim's NMC witness statement in which she stated the following:

> *'The first page on the MAR charts, I have highlighted the illegible signature which Karen has written down. This signature is in column 4, at bedtime, and for the medication Atorvastatin 40mg tablets. Karen doesn't really write the K and M as she should be initialling, she just scribbles in something and this is illegible which can cause problems if we need to rely on the MAR charts later.'*

The panel also had regard to Ms Ephraim's oral evidence in which she stated that she was familiar with how Ms Makinson would usually sign, having overseen part of her induction, and that on 4 June 2024 her signature was different and illegible. Ms Ephraim went on to explain the importance of MAR chart accuracy – *'MAR is a legal document and needs to be clear to avoid [medication] errors'.*

The panel had sight of Patient A's MAR chart and it found that the entries made by Ms Makinson were inconsistent and illegible. It accepted of Ms Ephraim that she would usually sign her initials clearly, however, on the date in question her initialled signatures were illegible. The panel therefore found this charge proved.

Charge 1.b.ii.

At Church House Nursing Home:

1. On 4 June 2024:

    ii. In respect of Paracetamol 500mg tablets administered to Patient A, you wrote a stock count of '21' in the MAR chart when the correct stock count was '4';

This charge is found not proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the evidence of Ms Ephraim and to Patient A's MAR chart. It also took into account Ms Makinson's response.

In Ms Ephraim's NMC witness statement she stated the following:

> *'On page two of Exhibit 2, again I have highlighted the illegible signatures of Karen. For the medication of paracetamol 500mg tablets and in the column 4, Karen has scribbled her signature for the bedtime medication round so that we cannot know this is her signature and has written down a stock count that again is illegible. The correct stock count should be the number '4', but this is not clear by Karen's writing.'*

The panel also heard evidence from Ms Ephraim that she read the entry as *'21'*. However, having had sight of the MAR chart, the panel considered it more probable that what had been written was the number 4 but Ms Makinson's writing was ambiguous and unclear which is likely to be as a result of her being under the influence of alcohol.

As the panel could not conclude that *'21'* had been written, it found this charge not proved.

Charge 1.b.iii.

At Church House Nursing Home:

1. On 4 June 2024:

    i. In respect of Pregabalin 50mg administered to Patient A, you wrote a stock count that looks like '21' when the correct stock count was '24';

This charge is found not proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the evidence of Ms Ephraim and to Patient A's MAR chart.

In Ms Ephraim's NMC witness statement she stated the following:

> *'Highlighted again on page two of Exhibit 2, the medication Pregabalin 50mg capsules, at bedtime, and in column 4, Karen has written a faint signature and stock count which is illegible. The stock count for this medication is supposed to be 24 but looks more like a 21. Nurses should always count before administering medication to ensure that no medication is missing or unaccounted for and clear written stock numbers help to confirm this.'*

The panel also heard evidence from Ms Ephraim. Whilst the panel acknowledged Ms Ephraim's evidence, having had sight of the MAR chart, the panel was not convinced that the number 21 had been written. The panel considered that it was more probable that Ms Makinson had written 24 but it was ambiguous and unclear which is likely to be as a result of Ms Makinson being under the influence of alcohol.

As the panel could not conclude that *'21'* had been written, it found this charge not proved.

Charge 1.b.iv.

At Church House Nursing Home:

1. On 4 June 2024:

    i. You were staggering/ swaying when walking.

This charge is found proved.

In reaching this decision, the panel took into account all of the evidence before it. It had particular regard to the evidence of Ms Perera, Ms Ephraim and Mr Hammond. It also took into account Ms Makinson's response.

The panel had regard to Ms Ephraim's local statement, NMC witness statement and oral evidence. It had particular regard to the following contained within her NMC witness statement:

> *'I also noticed Karen staggering a lot during the short window I saw her. Normally, Karen is able to walk fast paced but, on this shift, she couldn't walk fast and was unable to remain upright. She was swaying a lot and clearly struggling to walk between the foyer and lounge.'*

During the hearing, Ms Ephraim also described Ms Makinson as swaying from left to right and physically demonstrated to the panel how Ms Makinson was swaying.

The panel also had regard to Mr Hammond's witness statement in which he stated the following:

> *'I went to find Karen and found her coming along the corridor, she was swaying left to right, and she walked past me to the stairs without acknowledging me. Karen clearly could not walk very well and was holding onto the stairs rail as she walked down the stairs.'*

Mr Hammond also gave oral evidence which was consistent with this.

The panel heard evidence from Ms Perera who also witnessed Ms Makinson swaying during the medication round, having difficulties in walking and she told the panel that she had to assist her into the taxi.

The panel had regard to Ms Makinson's response during the local investigation and noted that in response to a question asked about her stumbling, she said *'I missed my footing as I was reading a text'*.

The panel preferred the evidence of Ms Perera, Ms Ephraim and Mr Hammond which it found to be consistent, credible and reliable. Having accepted the clear evidence that Ms Makinson's coordination and balance was impaired and having found that Ms Makinson was under the influence of alcohol to the extent she was, the panel considered that it was more likely than not that she was staggering/swaying when she was walking. The panel therefore found this charge 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 Ms Makinson'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, Ms Makinson's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

In coming to its decision, the panel had regard 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.'*

Ms Wisniewska submitted that the facts found proved amount to misconduct. She referred the panel to the 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) and identified the specific standards which in her submission Ms Makinson had breached.

Ms Wisniewska submitted that all of the charges found proved are serious given the risks arising out of attending work under the influence of alcohol. She submitted that the risks arising from Ms Makinson's conduct do not have had to have crystalised into

actual harm to be serious. Ms Wisniewska submitted that in attending work whilst under the influence of alcohol, Ms Makinson did not ensure that she delivered the fundamentals of care effectively. She submitted that Ms Makinson's signature in Patient A's MAR chart was illegible and therefore created a risk to the residents. Ms Wisniewska also submitted that Ms Makinson's ability to dispense medication safely and effectively was impacted and created an unwarranted risk of harm. Ms Wisniewska submitted that as a result of Ms Makinson being under the influence she made illegible entries which creates a risk. She submitted that Ms Makinson's colleagues' ability to provide care to the residents was also impacted because they had to manage her and ensure that she got home safely. Ms Wisniewska submitted that in attending work under the influence of alcohol, she did not act as a good role model for her colleagues. She submitted that given the nature of the findings, the charges found proved amounted to serious professional misconduct.

Submissions on impairment

Ms Wisniewska 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. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Wisniewska submitted that Ms Makinson is not currently fit to work without restriction. She submitted that there is evidence to demonstrate that Ms Makinson's clinical practice was impacted by her behaviour in attending work while she was unfit for duties which posed a risk to the residents and staff at the Home. Ms Wisniewska submitted that Ms Makinson is liable to act in a similar way in the future as she has provided no evidence of remediation or reflection and has a lack of insight into her actions.

Ms Wisniewska submitted that Ms Makinson breached fundamental tenets of the profession as she did not prioritise people, practise effectively, preserve safety or promote professionalism and trust. She submitted that Ms Makinson brought the profession into disrepute in attending work whilst under the influence of alcohol.

Given that there is no evidence of insight, reflection or remediation, Ms Wisniewska submitted that there is a real risk of repetition and that Ms Makinson's fitness to practice is currently impaired on public protection and public interest grounds.

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 was of the view that Ms Makinson's actions did fall significantly short of the standards expected of a registered nurse, and that her actions amounted to a breach of the Code. Specifically:

> ***'1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*
>
> > ***1.2*** *make sure you deliver the fundamentals of care effectively*
>
> ***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 stage*
>
> ***8 Work co-operatively To achieve this, you must:***
>
> > ***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:

> ***10.4*** *attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written…*

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

> ***13.4*** *take account of your own personal safety as well as the safety of people in your care*

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.*

> ***19.4*** *take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public.*

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.*

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

The panel acknowledged that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that in attending work as the nurse in charge and the only nurse on shift, providing clinical care to vulnerable residents whilst under the influence of alcohol, was very serious misconduct and fell far below the standards expected of a registered nurse. The panel concluded from the evidence, that Ms Makinson was extremely intoxicated and that her coordination, judgment and behaviour were all adversely affected as a consequence. It was of the view that someone who was intoxicated to this extent would be unlikely to recognise a deteriorating patient or respond appropriately if an emergency situation arose, placing residents at a significant risk of harm. When confronted by her manager on the evening in question and in the subsequent local investigation interviews, the panel found Ms Makinson provided inconsistent accounts to investigators regarding her alcohol consumption over the previous 24 hour period, initially denying and thereafter changing her explanation as to when she last consumed alcohol. The panel therefore found that attending work whilst under the influence of alcohol was very serious and amounted to misconduct.

The panel found that Ms Makinson failed to sign Patient A's MAR chart properly because she was under the influence of alcohol. The panel considered that in undertaking a medication round and subsequently signing the MAR chart illegibly was very serious. Other medical professionals rely on the accuracy of such records to ensure patient safety and in writing in this important legal document when she was intoxicated, Ms Makinson's actions were serious and, in the panel's view, amounted to misconduct.

In respect of Ms Makinson swaying and staggering as a result of consuming alcohol before her shift, the panel was of the view that this was very serious misconduct. This presented both a physical and emotional risk to vulnerable and end of life patients in a care environment. Ms Makinson is expected to be fit to work and to care for residents safely. The panel found that being intoxicated to this level fell far below the standards expected of a registered nurse.

Having regard to all of the above, the panel considered that Ms Makinson's conduct fell far below the standards expected of a registered nurse and amounted to misconduct in respect of each of the charges found proved.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Ms Makinson'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/ 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) *...'*

The panel found limbs a, b and c engaged in this case.

In relation to the proven conduct, the panel was of the view that in attending work under the influence of alcohol, Ms Makinson placed vulnerable residents in her care at unwarranted risk of harm. As the nurse in charge and only nurse on shift, Ms Makinson would have been responsible for administering prescribed medication, providing care, noticing and responding to any deteriorating patients and any other emergency situations that could have arisen. The panel noted that Ms Makinson dropped medications on the floor and was unable to pick them up. In proceeding to undertake a drugs round whilst intoxicated, she placed residents at unwarranted risk of harm because her judgement was impaired and she could have given the wrong medication. Furthermore, in failing to keep clear and accurate records, Ms Makinson placed the resident at a risk of harm as it could have impacted other professional's ability to understand what care had been provided.

The panel heard evidence from the Home Manager, Deputy Manager and a Senior Carer about their intervention with Ms Makinson on 4 June 2024. It noted that as a consequence of Ms Makinson's behaviour and condition, they had to dedicate a significant amount of time dealing with the situation and ensuring that she got home safely. In the panel's view, this diversion from their normal roles redirected care away from vulnerable residents and placed them at unwarranted risk of harm. Furthermore, the panel considered that Ms Makinson's behaviour which included inappropriate, loud and prolonged laughter is likely to have been distressing for the residents, some of whom were receiving end of life care. Vulnerable residents have the right to consistent and safe care, and in attending the Home for work in an intoxicated state, in the panel's view had the very real potential to have caused emotional harm to the residents. The panel was also mindful of the emotional distress that could have been caused to the relatives and loved ones of the residents if they knew that a registered nurse under the influence of alcohol was providing care.

The panel considered that in attending work under the influence of alcohol and the behaviour that arose from this brought the profession into disrepute and breached all of the fundamental tenets of the profession. Nurses are expected to prioritise people, practise effectively, preserve safety and promote professionalism and trust and Ms Makinson, in attending work under the influence, did not.

The panel noted that Dame Janet Smith's test reflects the forward-looking nature of impairment in that it also requires the panel to consider what Ms Makinson is liable to do in the future. In this regard, the panel considered the three questions posed in the case of *Cohen* namely, can the misconduct be remediated? Has the misconduct been remediated? And is the misconduct highly unlikely to be repeated?

The panel considered that whilst the misconduct was very serious and attitudinal in nature, with detailed reflection and full insight, it was potentially capable of being remediated.

In determining whether Ms Makinson has remediated her misconduct, the panel noted that Ms Makinson has not provided any evidence to demonstrate that she has strengthened her practice or that she had reflected on her actions and developed

insight. The panel therefore found that Ms Makinson has not remediated her misconduct.

The panel next considered whether it was highly unlikely that the misconduct would be repeated. The panel took into account that this was an isolated incident on 4 June 2024, however, the panel was concerned about the manner in which Ms Makinson has responded to the concerns both at a local level and during the Fitness to Practise process. The panel bore in mind that Ms Makinson is of course entitled to deny the allegations and put forward a defence. However, the panel considered that the manner in which she has behaved may be indicative of a deep-seated attitudinal concern. During the local investigation Ms Makinson displayed a dismissive attitude and appeared to have a disregard for the safety of the residents. The panel was also mindful of Mr Hammond's witness statement in which he stated the following:

'I do not think she understood or cared about the seriousness of the concerns'.

The panel also noted that prior to the commencement of this hearing, Ms Makinson had not read any of the case papers that had been sent to her in advance of the hearing. The papers were provided to her again on the morning of day 1 of the hearing and she was given time by the panel to read them. Notwithstanding this, it became apparent that she had only chosen to read the first witness statement and none of the other papers. This disrupted the hearing because when Ms Wisniewska made an application to admit hearsay evidence, Ms Makinson was not able to respond to the application because she had not read the document in question. This required the panel to adjourn the hearing for the rest of the day to ensure fairness and to allow Ms Makinson a further opportunity to read the papers. On day 2 of the hearing Ms Makinson failed to attend the hearing and disengaged with the Fitness to Practise process.

In light of the above, and the complete lack of insight and remediation, the panel determined that it is not highly unlikely that the misconduct would be repeated. On the contrary, the panel considered that there is a significant risk of repetition.

Given the risk of repetition identified by the panel, it determined that limbs a, b and c of Dame Janet Smith's test are also engaged in relation to Ms Makinson's future conduct. The panel determined that Ms Makinson was liable to repeat her conduct, place patients

at unwarranted risk of harm, bring the profession into disrepute and breach fundamental tenets of the profession in the future. The panel therefore decided that a finding of impairment is 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 is required because public confidence in the profession would be seriously damaged if a nurse who attended a Home under the influence of alcohol was not subject to a finding of impairment. The panel therefore also found Ms Makinson's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Ms Makinson's fitness to practise is currently impaired on both public protection and public interest grounds.

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 12 months with a review. The effect of this order is that the NMC register will show that Ms Makinson's registration has been suspended.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Wisniewska informed the panel that the NMC sanction bid is that of a suspension order for a period of 12 months. She outlined a number of factors that were aggravating in her submission. Ms Wisniewska acknowledged that there have been no previous referrals in respect of Ms Wisniewska's practice, however, she submitted that there are no mitigating factors in this case. In respect of deciding which is the most appropriate and proportionate sanction, Ms Wisniewska reminded the panel of its findings of misconduct and impairment and submitted that given there is a risk of repetition identified a sanction must therefore be imposed to protect the public from harm and also to maintain public confidence in the profession. She submitted that the most appropriate and proportionate sanction in this case is that of a suspension order.

The panel invited submissions on the following bullet point contained in the NMC guidance entitled *'Deciding between suspension and strike off'* (Reference: SAN-3 Last Updated: 28/01/2026):

- *'Professionals are under an obligation to cooperate with their regulator.[4] Where professionals have failed to engage with the fitness to practise process, it won't usually be appropriate to use a suspension order as a means of giving them a 'last chance' to engage, reflect or show insight.'*

Ms Wisniewska submitted that it has been found by the panel that the misconduct is potentially remediable but that it may be indicative of a deep-seated attitudinal concern and that the misconduct is not highly unlikely to be repeated. She submitted that the sanction bid for a suspension order is based on those particular findings and that whilst Ms Makinson did not fully engage in these proceedings, she partially engaged.

Ms Wisniewska submitted that the NMC is not requesting a suspension order to give her a last chance to engage, reflect or show insight, it is in response to the panel's findings and in the NMC submission it is the most proportionate sanction. She submitted that a striking off order would be disproportionate in the circumstances.

In response to panel questions, Ms Wisniewska informed the panel that Ms Makinson has been subject to an interim suspension order since 27 September 2024 and that it was due to expire on 26 March 2026. This has been extended and at the last interim order review meeting on 13 August 2026, the panel decided to confirm the interim suspension order.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Ms Makinson'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 decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Ms Makinson attending work under the influence of alcohol when she was the nurse in charge and the only nurse on a night shift with over 30 vulnerable residents in her care including some who were receiving end of life care.
- In attempting to provide clinical care to vulnerable residents whilst intoxicated to the extent she was, Ms Makinson would have been unlikely to recognise a

deteriorating patient or respond appropriately if an emergency situation arose which placed vulnerable residents at risk of significant harm.

- As a consequence of Ms Makinson's behaviour and condition, her colleagues had to dedicate a significant amount of time dealing with the situation and ensuring that she got home safely and this diversion from their normal roles redirected care away from vulnerable residents and placed them at unwarranted risk of harm.
- Ms Makinson's behaviour which included inappropriate, loud and prolonged laughter is likely to have been distressing for the residents, some of whom were receiving end of life care.
- Ms Makinson has not shown any evidence of insight, remorse or any attempts to address the concerns, and she has been dismissive of the concerns both at a local level and during the Fitness to Practise proceedings.

Whilst the panel acknowledged that Ms Makinson indicated that she has been a nurse for over 20 years and there have been no previous regulatory concerns, it considered that this was not a mitigating factor. The panel found no mitigating factors in this case.

The panel first considered whether to take no action and noted that this is only appropriate in cases where a finding of impairment has been made solely to uphold professional standards, and in cases where a registrant has demonstrated an exceptional level of remediation and insight. The panel found that Ms Makinson's practise is currently impaired on both public protection and public interest grounds, her lack of insight and there is no evidence that she has addressed the concerns. The panel therefore found that taking no further action would neither protect the public nor uphold public confidence in the profession.

The panel next considered a caution order which is only appropriate if there is no risk to the public or to people using services. In the NMC Guidance on *'Caution order'* (Reference: SAN-2b) Last Updated: 28/01/2026) the following is set out:

> *'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 this case is particularly serious and was not at the lower end of the spectrum of impaired fitness to practise and a caution order would be inappropriate in view of the seriousness and nature of the case. As the panel found that there is an ongoing risk to patient and public safety, it determined that a sanction that does not restrict Ms Makinson's practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice order on Ms Makinson's 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 was mindful that the charges found proved, although related directly to Ms Makinson's nursing practice, were not clinical in nature. It considered that as the charges relate solely to Ms Makinson's behaviour and conduct, and due to the seriousness and nature of her misconduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel was of the view that a conditions of practice order would not be able to mitigate against the risk that Ms Makinson could consume alcohol prior to attending work. The panel was also mindful of Ms Makinson's lack of insight and engagement which would also make a conditions of practice order not workable. 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 list of circumstances that may make a suspension order an appropriate sanction and found the following applicable in this case:

- *'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*
- *...'*

The panel also had regard to the NMC guidance entitled *'Deciding between suspension and strike off'* (Reference: SAN-3 Last Updated: 28/01/2026) and the following factors:

'Determining the proportionate sanction is often difficult when the Committee is deciding between a suspension or a striking-off order. In such cases, the Committee should:

- *consider all of the relevant aggravating and mitigating factors.[1]*
- *consider that, unless the Committee directs otherwise, a suspension order will be reviewed before its expiry and may be extended.[2] However, the Committee cannot direct that the suspension must be extended on review. As such the Committee should consider whether public confidence in the profession would be protected if the professional returned to practice after one year, or ever.[3]*

- *Consider the professional's insight and attitude to addressing the concerns, and whether it is realistically possible that these will change positively during the suspension period. If it is unlikely the professional will try to address the concerns, there[sic] may not be appropriate for them to be suspended in the hopes that they will eventually return to practice.*
- *Professionals are under an obligation to cooperate with their regulator.[4] Where professionals have failed to engage with the fitness to practise process, it won't usually be appropriate to use a suspension order as a means of giving them a 'last chance' to engage, reflect or show insight.'*

The panel was of the view that the charges found proved are towards the more serious end of the spectrum and call into question Ms Makinson's suitability to continue practising. However, the panel found that Ms Makinson's misconduct is capable of being addressed through remediation, reflection and insight. The panel also found that there is a risk of repetition and a risk to the public and patients even if a conditions of practice order was imposed. The panel was of the view that Ms Makinson's misconduct and behaviour was so serious that public confidence in the profession and professional standards could not be maintained if she was able to continue to practise. Although Ms Makinson has not provided any evidence of reflection or insight, the panel noted that she did attempt to engage with these proceedings, if only in a limited way.

The panel considered all of the factors above, together with the principle of proportionality and decided to impose a suspension order for a period of 12 months. Whilst the panel acknowledged that it was a finely balanced decision, given the seriousness of the misconduct and its concerns about potential attitudinal behaviours, it was of the view that a period of suspension would give Ms Makinson the opportunity to address the panel's findings and for her attitude to positively change. The panel was also of the view that whilst the impairment found was very serious, it was not fundamentally incompatible with Ms Makinson continuing as a registered nurse. Furthermore, the panel considered that a suspension order is sufficient to satisfy the over-arching objectives of the NMC.

The panel did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and for the reasons set out above, the panel concluded that it would be disproportionate at this stage. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Ms Makinson's case to impose a striking-off order at this stage.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause Ms Makinson. However, this is outweighed by the public interest in this case.

The panel considered that this order is necessary to protect the public and to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

The panel determined that a suspension order for a period of 12 months was appropriate given the seriousness of this case and to give Ms Makinson the opportunity to address the concerns and engage in meaningful reflection, strengthening of practice and insight.

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

Any future panel reviewing this case may be assisted by:

- Ms Makinson's attendance and meaningful engagement at a review hearing.
- Evidence of remediation, strengthening of practice, reflection and insight into the charges found proved.
- Testimonials and references.
- Evidence of how Ms Makinson has kept her nursing knowledge up to date.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Ms Makinson's own interests until the striking-off sanction takes effect.

Submissions on interim order

Ms Wisniewska submitted that an interim suspension order for a period of 18 months is necessary to protect the public and to maintain public confidence for the appeal period. She submitted than an order is necessary for the protection of the public and that it is otherwise in the public interest given the seriousness of the misconduct and for the same reasons as set out in the panel's decision for imposing a substantive order.

The panel 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. Having already determined that a suspension order is necessary to protect the public and to satisfy the public interest in this case, to not impose an interim suspension order to cover the appeal period would be inconsistent with its earlier findings. The panel therefore imposed an interim suspension order for a period of 18 months to cover any appeal period.

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

This will be confirmed to Ms Makinson in writing.

That concludes this determination.