Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Thursday, 10 September 2026

Virtual Hearing

Name of Registrant:	**Dhanwati Ramdarass**
NMC PIN:	76B0005E
Part(s) of the register:	Registered Nurse – Sub Part 1 Mental Health Nursing (Level 1) – 01 April 1981 Registered Nurse – Sub Part 2 Mental Health Nursing (Level 2) – 29 November 1976
Relevant Location:	Hertfordshire
Type of case:	Misconduct
Panel members:	Angela Kell (Chair, lay member) Jenni Etchells (Registrant member) Kitty Grant (Lay member)
Legal Assessor:	Alice Robertson Rickard
Hearings Coordinator:	Samara Baboolal
Nursing and Midwifery Council:	Represented by Stephen Earnshaw, Case Presenter
Ms Ramdarass:	Present and represented by Louise Hartley, Counsel instructed by Stephenson's Solicitors
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Impaired
Outcome:	**Conditions of practice order (12 months) to come into effect at the end of 23 October 2026, in accordance with Article 30(1)**

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension order with a conditions of practice order for a period of 12 months. This order will come into effect at the end of 23 October 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 6 months by a Fitness to Practise Committee panel on 25 March 2026. The panel is reviewing the order pursuant to Article 30(1) of the Order.

The current order is due to expire at the end of 23 October 2026.

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

'That you, a registered nurse and also the Registered Provider and Nominated Individual of Mayapur House ("the Home"):

1. *As of 28 June 2022 you:*

    a. *failed to ensure that you had completed up to date medication administration training or alternatively failed to ensure that a record of such training was kept at the Home*

    b. *failed to ensure that all staff within the Home had completed up to date medication administration training*

2. *As of 28 June 2022 you failed to ensure that staff completed a risk assessment to address health and safety issues arising from the condition of Resident A's bedroom*

3. *…*

4. *…*

5. *As of 28 June 2022 you failed to take steps to ensure that risk assessments for Residents C and B contained sufficient detail*

6. *…*

7. *You failed to ensure that the risk of infection was adequately controlled in the Home in that:*

    a. *On 18 May 2022 and/or 28 June 2022:*

        i. *one or more staff and visitors did not wear masks*

        ii. *…*

        iii. *Resident A's room was not adequately clean in that wipes containing faecal matter were located on the floor*

8. *…*

    a. *…*

    b. *…*

    c. *…*

9. *On one or more occasions prior to 28 June 2022 you failed to ensure that effective audits were carried out in the Home*

10. *Between approximately February 2019 and June 2022 you failed to ensure that the fire risk within the Home was adequately managed*

11. *On one or more occasions prior to 28 June 2022 you did not ensure that one or more staff members at the Home received adequate training for their role*

12. *On one or more occasions prior to 28 June 2022 you did not ensure that the Home had sufficient staffing levels*

13. *As of 18 May 2022 you failed to ensure that the Home was registered with Environmental Health*

14. *You failed to ensure that residents were adequately safeguarded in the Home in that:*

    a. *on a date prior to 28 June 2022 a safeguarding referral was not made in relation to Resident A's falls*

    b. *on a date prior to 28 June 2022 a timely safeguarding referral was not made following an incident involving Resident B on or around 5 April 2022*

15. *You failed to ensure that a multi-disciplinary team approach was taken in relation to the care of one or more residents in the Home in that:*

    a. *physiotherapy and/or occupational therapy input was not sought for Resident B*

    b. *an occupational therapy referral was not made for Resident C*

    c. *mental health input was not sought for Resident A*

16. *…*

17. *As of 28 June 2022 you failed to ensure that one or more staff in the Home had a sufficient understanding of the principles around mental capacity and/or the Mental Capacity Act 2005 and/or Deprivation of Liberty Safeguards*

18. *As of 28 June 2022 you failed to ensure there were adequate systems in place in relation to mental capacity and deprivation of liberty in that:*

    a. *Resident A's access to her mobile phone and tablet were inappropriately restricted*

    b. *Resident A was coerced into signing a behavioural plan*

    c. *one or more of Resident A's requests to go into the community were not facilitated*

    d. *Resident B's mental capacity was not properly assessed and/or she was kept at the Home without legal authority*

19. *You used or permitted to be used discriminatory language within Resident A's care records including but not limited to you writing the following:*

    a. *'Overall she displayed the physically sick Resident A'*

    b. *'… resting in bed at the time of report writing in her usual floppy bodily display*

20. *On a date prior to 28 June 2022 you failed to ensure that consent was obtained from residents or their representatives before installing CCTV in the Home*

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

The original panel determined the following with regard to impairment:

> *'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;'*

The panel decided that the first three limbs of the test are engaged. The panel finds that patients were put at risk of physical harm as a result of your misconduct. Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel considered that you had an oversight role in relation to vulnerable residents as the registered provider and nominated individual, which carries considerable responsibility for the health and welfare of residents. Your decision to also work as a nurse alongside this role meant that the oversight responsibilities were impacted and neglected but equally, this advantage should have afforded you the opportunity to identify and address the shortcomings in the Home. The panel's view is that your decision to take on both roles without fully considering your ability to fulfil both responsibilities was an error of judgement.

The misconduct in this case encompassed a wide range of failures, including basic requirements such as adhering to environmental health and safety fire regulations through the systems and processes designed to keep individual residents safe from harm and promote their health and wellbeing. The panel noted that you admitted

residents to the Home despite not having the skills or staffing levels to support their individual needs effectively, and you were absent from the Home for periods of time without providing adequate cover to discharge your responsibilities.

Regarding your insight, the panel considered that you showed limited insight into your failings. In your oral evidence it did not seem that you had genuinely reflected on your conduct and that despite the CQC findings and your admissions you still maintained that the level of care you provided was of a high standard and that the CQC had unfairly portrayed the Home in a negative light. You also, on occasions, expressed your reliance on the expertise of Colleague 2 whilst, and when you were absent from the Home. The panel's view is that your response to the concerns raised during the course of the proceedings indicated an attitudinal reluctance to accept your shortcomings.

Although you provide an apology for the inappropriate delegation of your role to Colleague 2, you did not provide adequate insight into how appropriate systems or processes or basic failures would be addressed in the future. You mention your extensive experience in the field of mental health but do not address the significant impact of your failures in respect of the application of the mental health legislative framework and the impact that breaches had on the residents. To your credit, the panel noted, for example that your written reflections included your view on how Resident A's behaviour was managed and that you should have taken a more collaborative approach by working with other professionals. It also acknowledged your view that whilst mitigation had been put in place, the changes were not rapid. However, inherent in your role was to abide by the principles of good governance for the Home and the panel noted that your reflections do not address the fundamental failings in this respect.

The panel was mindful that some of the incidents took place at the time of the COVID-19 pandemic and that communication within the system was sometimes more difficult.

The panel accepted that some of the regulatory concerns are remediable, however, your lack of true insight into your failings and your attitude did not show that you

had truly accepted full responsibility for the range of issues that went wrong which were largely foreseeable and could have been improved and/or mitigated prior to the CQC inspection. The panel was not entirely satisfied that you fully accepted your role in what went wrong and it did not see evidence of adequate remorse from you.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether you have taken steps to strengthen your practice. The panel took into account the evidence of training you have undertaken and the steps you have taken to rectify issues since the CQC inspection. Specifically, the panel noted a significant number of training courses that you have completed between 2022 and 2025 in order to improve your skills and competencies as a registered nurse.

However, the panel is of the view that there is a high risk of repetition because your misconduct showed multiple fundamental and basic failings to which you have limited insight and developing reflections. The panel has not seen evidence that you have sufficiently strengthened your practice in light of the wide ranging nature of the failings in this case. 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 the wide range of fundamental failings and the fact that you were unable to demonstrate adequate remorse and insight into your conduct, calls for such a finding.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

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

The original panel determined the following with regard to sanction:

'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).

Having found your 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:

- *You are a very experienced nurse who was in a leadership role at the Home. You had full oversight responsibilities as the registered provider and nominated individual at the Home.*
- *A pattern of misconduct over a period of time, which included poor risk assessments, inadequate health and safety protocols, poor safeguarding for residents and a lack of training for staff.*
- *Vulnerable patients were exposed to a serious risk of harm*
- *You were at the meeting when restrictions were placed on Resident A and despite the knowledge that she had full capacity you allowed her to be coerced into signing a care plan approach. This constituted an abuse of a position of trust as you were the registered provider and nominated individual at the Home.*
- *The decision to take on residents whilst there were staff shortages at the Home increased the existing risks that were apparent.*

- *Limited insight into failures.*

The panel also took into account the following mitigating features:

- *Immediate steps were taken to rectify some issues identified by the CQC inspection.*
- *Some acceptance of your role in failures and some apologies.*
- *A number of admissions were made at the start of the proceedings.*
- *The events occurred during the COVID-19 pandemic when there was a lot of stress in the system.*
- *[PRIVATE]*
- *Training undertaken to strengthen your practice as a registered nurse.*

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 your 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 your 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 placing conditions of practice on your registration would be appropriate. The panel is mindful that any conditions imposed

must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel is of the view that there are no proportionate conditions that could be formulated, given the serious misconduct identified in this case.

The panel considered that you had oversight responsibilities at the Home and you should have identified and rectified the issues before the CQC inspection. You deferred your responsibilities to another member of staff and, as a result of this, there was a risk of serious harm to patients. The panel decided that the placing of conditions on your registration would not adequately address the seriousness of this case or the public protection or public interest concerns, due to the wide ranging and serious failures in this case, your attitudinal concerns that were exposed during the hearing and your limited insight and developing reflections.

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.'*

The panel was satisfied that in this case, the misconduct was not sufficiently serious to be fundamentally incompatible with you remaining on the register. It decided that a temporary removal from the register would give you time to reflect, feed back to a reviewing panel, protect the public and give you the opportunity to do some further training, reflections and improve your insight, prior to returning to unrestricted practice in the future, should you choose to do so.

The panel considered that you are a very experienced nurse with a long-standing unblemished career up until the CQC inspection. The panel accepted that a number of concerns have been rectified since the inspection and there is a realistic prospect that you can gain insight and strengthen your practice during a period of suspension.

The panel went on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

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 you. However, this is outweighed by the public interest in this case.

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

In making this decision, the panel carefully considered the submissions of Mr Kennedy in relation to the sanction that the NMC was seeking in this case. However, the panel considered that a striking off order is not proportionate in this case. Whilst there were failings over a period of time, once identified, systems were put in place to rectify some of these failings. The panel decided that the public would be protected, and public confidence would be maintained by a temporary removal from the register.

The panel determined that a suspension order for a period of 6 months was appropriate in this case to mark the seriousness of the misconduct. In making this decision the panel made reference to Kamberova v Nursing and Midwifery Council

[2016] EWHC 2955 (Admin) and considered that you have been subject to an interim suspension order since August 2022.

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 would be assisted by:

- *Evidence of insight into failings, particularly how you would do things differently in the future under any challenging circumstances;*
- *A personal development plan to evidence further strengthened practice in relation to:*
    - *Safeguarding,*
    - *Risk assessments, in relation to identifying the needs of patients/resident*
    - *The Mental Capacity Act including Deprivation of Liberty Safeguards*
    - *Understanding the need to involve a multi disciplinary team approach*
- *Evidence of leadership, management and governance training.'*

Submissions

Mr Earnshaw, on behalf of the Nursing and Midwifery Council (NMC), submitted that the NMC's position is neutral. He informed the panel that he is fully appraised of the papers today, including the proposed conditions and your registrant's bundle. He submitted that the persuasive burden, in relation to current impairment, falls on you.

Mr Earnshaw submitted that whether or not you are currently impaired, and the appropriate sanction, is a decision reserved for the panel's own judgement today.

Ms Hartley, on your behalf, conceded that the panel today was likely to find that you continued to be impaired on public protection grounds, but submitted that the public

interest had been sufficiently marked by the imposition of the substantive suspension order. In terms of sanction, she submitted that the six-month suspension period has almost passed, and in light of this, a conditions of practice order may now be more appropriate and proportionate. She submitted that, if the panel concludes that there is current impairment, that it should ensure that any conditions of practice imposed are proportionate and workable.

Ms Harley submitted that it has been difficult, on a practical level, for you to create and implement a personal development plan (PDP) due to financial constraints. You have been suspended from practising as a nurse for four years.

Ms Hartley referred the panel to following proposed conditions:

1. *'You must keep the NMC informed about anywhere you are working by:*

    a. *Telling your case officer within seven days of accepting or leaving any employment.*
    b. *Giving your case officer your employer's contact details.*

2. *You must immediately give a copy of these conditions to:*

    a. *Any organisation or person you work for.*
    b. *Any agency you apply to or are registered with for work.*
    c. *Any employers you apply to for work (at the time of application).*
    d. *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*
    e. *Any current or prospective patients or clients you intend to see or care for when you are working independently*

3. *You must tell your case officer, within seven days of your becoming aware of:*

    a. *Any clinical incident you are involved in.*
    b. *Any investigation started against you.*
    c. *Any disciplinary proceedings taken against you.*

4. *You must not be the registered manager or nominated individual of any nursing or care home.*

5. *You must ensure that you are supervised at any time you are working as a nurse. Your supervision must consist of working at all times on the same shift as, but not always directly observed by, a registered nurse.*

6. *You must work with an approved supervisor to create a personal development plan (PDP). Your PDP must address the concerns about safeguarding, risk assessments, multi-disciplinary team working, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. You must:*

    a. *Send your case officer a copy of your PDP within 2 months of securing a nursing position.*
    b. *Send your case officer a report from your approved supervisor every 3 months. This report must show your progress towards achieving the aims set out in your PDP.'*

Ms Hartley submitted that these proposed conditions achieve the balance of allowing you to prepare and work on a PDP, while keeping the public and patients in your care safe.

Ms Hartley submitted that you have been subject to a suspension order since 2022, and that you are very keen and highly motivated to successfully return to your vocation.

Ms Hartley submitted that the proposed conditions facilitate supervision and prevent you from working as a manager. This addresses any ongoing public protection concerns, and is both appropriate and proportionate.

Ms Hartley submitted that you have dedicated your life to nursing, having qualified in 1974. You spent 22 years working in hospitals and the community, and opened your own care home (which was the subject of the charges). Ms Hartley submitted that you have had a lengthy and previously unblemished nursing career. She submitted that, even while running your business, you continued working as a nurse and providing care. You have no

intention of undertaking a management or leadership role in the future, and you wish to return to a “frontline role” to provide care directly to patients.

Ms Hartley submitted that you have engaged with these proceedings since 2022 and made some early admissions. She submitted that the previous panel found that there was a realistic prospect that you would gain further insight and remediate the concerns. She submitted that you have focussed your reflections on the key areas of concern identified by the panel at the original hearing.

Ms Hartley submitted that you have thought holistically about what went wrong in your leadership. [PRIVATE], and consequently impacted on your role.

Ms Hartley submitted that your intention is to return to a hospital setting, and would therefore not have overall responsibility for the key areas of concern identified by the previous panel, namely safeguarding, risk assessments, Mental Capacity Act assessments/ Deprivation of Liberty Safeguards, and multidisciplinary team working. Ms Hartley referred the panel to your reflection which addresses each of the concerns.

Ms Hartley invited the panel to impose the proposed conditions of practice order.

The panel accepted the advice of the legal assessor.

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant’s suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, the panel exercised its own judgement as to whether there is current impairment.

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

The panel had regard to the documentation before it, including the NMC bundle, and your Registrant's Bundle which included a reflective statement dated 9 September 2026, and a number of training certificates from 2022 and 2026.

The panel took into account the submissions made by Mr Earnshaw, on the NMC's behalf, and Ms Hartley, on your behalf.

The panel considered whether you have developed insight and reflection since the last hearing. It took into account your updated reflection, dated 9 September 2026. The panel noted that your reflection demonstrates a good understanding of the seriousness of your misconduct and acknowledged, realistically, what you can do to remediate it. You have proposed a way ahead, which acknowledges your abilities and limitations. Your reflection states:

> *'My sole intention now is to return to nursing. I have no intention of ever re-opening a nursing home business…I wish to do so in a hospital setting, where there will be well-established governance and leadership procedures, of which I will follow. I do not anticipate (as it is not my intention) being in a position where I will be preparing policies and procedures or having leadership responsibilities/oversight. I would like to go back to purely undertaking a nursing role.'*

The panel was of the view that your reflection is comprehensive, and clearly details what you would do differently in the future. You have considered each area of the misconduct, and shown reflection and insight into the impact this has had. The panel noted that you also demonstrate some remorse.

In addition to your reflective piece, you provided evidence of further training, two of which were recent and dated 2026. The majority were completed in 2022. The panel acknowledged these training certificates, however, noted that it would have liked to see more recent, relevant, and comprehensive training. It acknowledged the limitations around your financial constraints, however, noted that there are free courses and training material (i.e. research articles, books, and online videos) that may be widely accessible. Such resources may enabled you to begin to show some evidence of strengthened practice, and enabled you to identify any future CPD that you wish to undertake when you resume

employment. The panel also noted that you have not provided any reflection on the training that you have undertaken, and noted some lack of detail around the content and length of these completed training courses.

The panel did not consider the absence of a PDP to be justified as a PDP can be developed without incurring any costs, and involves identifying and documenting objectives and actions in a structured format.

The panel was satisfied that, in your reflection, you have now demonstrated sufficient insight into what went wrong, and how you would act differently in the future. However, the panel was not satisfied that you have remediated the concerns to the extent that there is no risk of repetition and consequent risk to the public. This is because of your limited training, the lack of a PDP, and your lack of opportunity to put any learning into practice.

In light of this, this panel determined that you are liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection. The panel was satisfied that the public interest has been served by your substantive suspension order.

For these reasons, the panel determined that your fitness to practise remains impaired.

Decision and reasons on sanction

Having found that your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted its powers, as set out in Article 30 of the Order. The panel also took into account the NMC's Sanctions Guidance (SG) and bore in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in light of the public protection issues identified. The panel decided that it would be neither appropriate nor proportionate to take no further action.

The panel next considered the imposition of a caution order but again determined that, due to the public protection issues identified, an order that does not restrict your practice would not be appropriate nor proportionate in the circumstances. The SG SAN2(b) (updated 28 January 2026) on Caution Orders states that a caution order may be appropriate where '*the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the outstanding remediation issues identified.

The panel considered substituting the current suspension order with a conditions of practice order and had regard to SG SAN2(c) on Conditions of Practice Orders. Despite the seriousness of your misconduct, there is evidence before the panel to support that you have developed insight and reflection into your misconduct. In your reflection, you have comprehensively explored what you would do differently in the future, and you have addressed each of the concerns, identified by the initial panel, in this reflection. There is no evidence of attitudinal concerns, you have indicated that you wish to return to nursing, that you intend to return to a hospital setting and will not be running a care home or taking up a managerial position, and that you are willing to respond positively to any retraining, supervision, and conditions of practice.

In light of the above, the panel was satisfied that it is possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to practice and would serve to protect the public in the meantime.

The panel noted that you have not practised as a registered nurse since 2022, and may therefore be required to comply with the NMC's revalidation requirements and any applicable return to practice requirements, before returning to employment as a registered nurse. The panel took this into account when determining the length of any conditions of practice order imposed.

The panel went on to consider whether a suspension order would be appropriate and proportionate. However, in light of your strengthened insight, and that you have worked to reflect and remediate the concerns, the panel was satisfied that a suspension order would

be inappropriate and disproportionate. You have demonstrated a willingness to respond to training and conditions positively.

The panel largely accepted the conditions proposed by Ms Hartley, and imposed additional conditions of its own volition. It was of the view that any PDP implemented by you should include reflective logs around your training, noting that this was a feature absent from your reflection and evidence of training at today's hearing.

The panel therefore determined that the public would be suitably protected by the implementation of the following conditions of practice:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must not be the registered manager or nominated individual of any nursing or care home.

2. You must ensure that you are supervised at any time you are working as a registered nurse. Your supervision must consist of working at all times on the same shift as, but not always directly supervised by, a registered nurse.

3. You must work with a supervisor, who must be a registered nurse, to create a Personal Development Plan (PDP). Your PDP, as a minimum, must address the concerns about safeguarding, risk assessments, multi-disciplinary team working, Mental Capacity Act 2005, and Deprivation of Liberty Safeguards, and must include a reflective practice log linked to the training that you have completed. You must:

   a) Send your NMC Case Officer a copy of your PDP within 2 months of securing a nursing position

b) Send your NMC Case Officer a report from your nominated supervisor every 3 months. This report must show your progress towards achieving the aims set out in your PDP.

4. You must keep the NMC informed about anywhere you are working by:
   a) Telling your case officer within seven days of accepting or leaving any employment.
   b) Giving your case officer your employer's contact details.

5. You must keep the NMC informed about anywhere you are studying by:
   a) Telling your case officer within seven days of accepting any course of study.
   b) Giving your case officer the name and contact details of the organisation offering that course of study.

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

7. You must tell your case officer, within seven days of your becoming aware of:
   a) Any clinical incident you are involved in.
   b) Any investigation started against you.
   c) Any disciplinary proceedings taken against you.

8. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
    a) Any current or future employer.
    b) Any educational establishment.
    c) Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this conditions of practice order is 12 months. The panel anticipates that this should allow you the necessary time to undertake any return to practice or revalidation required of you, secure employment, settle into your new role, and demonstrate safe practice, prior to any review.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 23 October 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Evidence of compliance with your conditions.

This will be confirmed to you in writing.

That concludes this determination.