

MUCKAMORE ABBEY HOSPITAL INQUIRY
SITTING AT CORN EXCHANGE, CATHEDRAL QUARTER, BELFAST

HEARD BEFORE THE INQUIRY PANEL
ON WEDNESDAY, 12TH OCTOBER 2022 - DAY 20

20

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APPEARANCES

CHAIRPERSON: MR. TOM KARK KC

INQUIRY PANEL: MR. TOM KARK KC - CHAIRPERSON
PROF. GLYNIS MURPHY
DR. ELAINE MAXWELL

COUNSEL TO THE INQUIRY: MR. SEAN DORAN KC
MS. DENISE KILEY BL
MR. MARK McEVOY BL
MS. SHIRLEY TANG BL
MS. SOPHIE BRIGGS BL
MR. JAMES TOAL BL

INSTRUCTED BY: MS. LORRAINE KEOWN
SOLICITOR TO THE INQUIRY

SECRETARY TO THE INQUIRY: MS. JACLYN RICHARDSON

ASSISTED BY: MR. STEVEN MONTGOMERY
MS. KAREN MCGUIGAN
MS. FINOLA FRIEL

FOR ACTION FOR MUCKAMORE &
SOCIETY OF PARENTS AND
FRIENDS OF MUCKAMORE: MS. MONYE ANYADIKE-DANES KC
MS. HELENA WILSON
MR. STEPHEN McQUITTY

INSTRUCTED BY: PHOENIX LAW SOLICITORS

FOR GROUP 3: MR. CONOR MAGUIRE KC
MS. VICTORIA ROSS

INSTRUCTED BY: O'REILLY STEWART SOLICITORS

FOR BELFAST HEALTH &
SOCIAL CARE TRUST:

MR. JOSEPH AIKEN KC
MS. ANNA McLARNON BL
MR. MATTHEW YARDLEY BL
MS. LAURA KING BL

INSTRUCTED BY:

DIRECTORATE OF LEGAL SERVICES

FOR DEPARTMENT OF HEALTH:

MR. ANDREW McGUINNESS BL
MS. EMMA TREMLETT BL
MRS. SARA ERWIN BL

INSTRUCTED BY:

DEPARTMENTAL SOLICITORS
OFFICE

FOR RQIA:

MR. MICHAEL NEESON BL
MR. DANIEL LYTTLE BL

INSTRUCTED BY:

DIRECTORATE OF LEGAL SERVICES

FOR PSNI :

MR. MARK ROBINSON KC
MS. EILIS LUNNY BL

INSTRUCTED BY:

MR. COLIN HANNA
DCI JILL DUFFIE

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1 THE INQUIRY RESUMED ON WEDNESDAY, 12TH DAY OF
2 OCTOBER, 2022 AS FOLLOWS:

3
4 CHAIRPERSON: Thank you very much.

5 MR. DORAN: Good morning, Chair, Panel. Thank you for 11:02
6 affording me some time to speak to the witness this
7 morning. The witness is P17's brother. P17 is a
8 former patient at the Hospital. P17's brother wishes
9 his brother's anonymity to be retained, so I will be
10 referring to the witness simply as P17's brother 11:02
11 throughout the evidence.

12 CHAIRPERSON: Right.

13 MR. DORAN: He, too, wants to be referred to in that
14 way, rather than by his first name, for example.

15 CHAIRPERSON: Right. 11:02

16 MR. DORAN: He is accompanied by Oliver Wilkinson,
17 Registered Intermediary, who the court will recall was
18 also in attendance yesterday.

19
20 If the witness, P17's brother, could be called, please. 11:03

21 CHAIRPERSON: okay.

22
23 P17'S BROTHER, HAVING BEEN SWORN, WAS EXAMINED BY MR.
24 DORAN AS FOLLOWS:

25
26 OLIVER WILKINSON, REGISTERED INTERMEDIARY, WAS AFFIRMED
27

28 CHAIRPERSON: Thank you very much. Good morning.

29 MR. DORAN: Good morning, P17's brother. I'm Seán

1 Doran, counsel to the Inquiry. We met briefly before
2 your evidence, isn't that right?

3 A. Yeah.

4 1 Q. And I explained how your evidence will be given. I'm
5 not going to call you by your name today. 11:04

6 A. Thank you.

7 2 Q. I know it's a bit strange but I will be referring to
8 you as P17's brother. Your older brother is a former
9 patient at Muckamore, isn't that right?

10 A. Yes. 11:05

11 3 Q. And he's known simply as P17?

12 A. Yes.

13 4 Q. So when you're answering any questions that I have,
14 maybe if you could just refer to him as "my brother"?

15 A. Not a problem. 11:05

16 5 Q. That's the easiest way. I'll talk about "your brother"
17 and you can talk about "my brother", if that makes
18 sense?

19 A. Yes.

20 6 Q. Now, as you know, we also have Mr. wilkinson with us 11:05
21 this morning, and he will be able to help us as we go
22 along, if need be.

23 A. Yeah.

24 7 Q. Just before we go on to look at your statement, I
25 wanted to mention something else. There are some staff 11:05
26 and others who are named in the statement, and I'm not
27 going to be referring to them by name and I'd ask you
28 to try to avoid using their names also.

29 A. I'll not be using any name.

1 8 Q. That's perfect.
2 CHAIRPERSON: Could I just mention that if anybody
3 makes a mistake, it doesn't matter, don't worry about
4 it, because --
5 A. There'll not be a mistake. 11:06
6 CHAIRPERSON: He might. Then we will stop the
7 transcript and we will get it sorted, so there might be
8 a tiny delay but otherwise we will just carry on.
9 MR. DORAN: Also I should say that some of the staff
10 are referred to by H numbers. So I think if you look 11:06
11 in your statement, you'll see there's H82 and H83.
12 A. Yeah.
13 9 Q. So if we are referring to them, obviously you'll have
14 the list in front of you, so you'll know what we are
15 talking about? 11:06
16 A. It's Oliver's place to keep me right.
17 10 Q. Absolutely. So, I am going to read your statement out.
18 You might not remember the exact date but you signed
19 your statement on the 28th July of this year, which is
20 a couple of months ago now. 11:07
21 A. Yes.
22 11 Q. So, I'll read that out. I am not going to read the
23 whole statement out, but I will explain as I go along
24 the parts that I'm not going to read in full. So, the
25 statement reads as follows: 11:07
26
27 "Statement of P17's brother, dated this 28th day of
28 July 2022.
29

1 I, P17's brother, make the following statement for the
2 purpose of the Muckamore Abbey Hospital Inquiry. There
3 are no documents produced with my statement, Oliver
4 Wilkinson, Registered Intermediary, was in attendance
5 with me when I was making my statement. 11:07

6
7 Section 1: Connection with MAH. My connection with
8 MAH is that I'm a relative of a patient who was at MAH.
9 My older brother, P17, was a patient there. He is
10 known to everyone as P17. 11:08

11
12 Section 2: Relevant time period. The relevant time
13 period that I can speak about is between 2009/10 and
14 2018. 11:08

15
16 Section 3: Information. 11:08

17
18 Paragraph 3 of the statement begins:

19
20 "There were four of us in our family." 11:08

21 A. Yes.

22 12 Q. The statement then goes on to provide details of your
23 upbringing on the family farm --

24 A. Yes.

25 13 Q. -- with your mother, your father and your brother? 11:08

26 A. Yes.

27 14 Q. You speak of your brother's personality as a child?

28 A. Yes.

29 15 Q. How he liked cooking, and how he looked after the

1 animals on the farm.

2 A. Yes.

3 16 Q. You also talk about your brother's time at school.

4 A. Yes.

5 17 Q. His kind-hearted nature. 11:09

6 A. Yeah.

7 18 Q. And his very good memory when he was growing up. I'm
8 not going to read all of those paragraphs out. You can
9 be assured that the Panel have read them and that all
10 the other participants in the Inquiry have read them. 11:09
11 Thank you for taking the time, P17's brother, to
12 include those details in your statement to the Inquiry.

13 A. Yes.

14 19 Q. I'm going to pick up the reading at paragraph 21, when
15 you say: 11:09

16

17 "For a while, P17 was in a care home" in a location
18 that you name in your statement.

19

20 "When P17 was at the care home, everything seemed to be 11:10
21 going well and he seemed happy. I recall P17 telling
22 me how good some of the nurses were. P17's social
23 worker arranged for P17 to come to spend Christmas with
24 me and my girlfriend at the time. I remember these
25 visits in 2002, 2003 and 2004. Around this time, 11:10
26 something had changed in P17's behaviour. P17
27 developed a really big appetite and was not satisfied
28 with the amount of food; he would just keep eating. I
29 remember one time, although I'm not sure which visit,

1 my girlfriend at the time said to P17 that he could
2 have one sweet from a box of Roses. When she returned
3 to the room a short time later, P17 had eaten the
4 entire box, leaving only the wrappers. I think around
5 2003, the staff at the care home told us not to bring 11:10
6 crisps and sweets to P17 because of this.

7
8 P17's memory seemed to change around this time. His
9 short-term memory seemed to not be as good. Sometimes
10 I would just have to agree with him. If he could not 11:11
11 recall something, he would become agitated and his
12 movements would become jerky. In 2003 to '04, I
13 remember P17 getting up and coming down to breakfast at
14 about 9:00 a.m. He seemed fairly happy and pleased to
15 be at our home. Out of nowhere and with no 11:11
16 provocation, P17 punched me hard in the face. I was
17 shocked. P17 went to the bathroom and stayed there for
18 a while. When he came out, he sat down and looked at
19 me and said "You out fighting last night? He had no
20 recollection of punching me. This was the last time 11:11
21 that I had him out at home, as I was worried about him,
22 what he would do and how safe I was."

23
24 In the next sentence you then name P17's social workers
25 at the relevant time. 11:12
26

27 "P17 was able to get out of the care home to go to our
28 father's funeral on the 13th July 2004. That was the
29 last time he was in our home. I recall in around

1 2009/10, when P17 was still at the care home, I was
2 called into a meeting at the hospital with the home
3 manager, psychiatrists, mental health nurses and
4 others. I was told that the staff at the care home
5 could not control P17's behaviour. I was told that P17 11:12
6 would be moved the following day to the hospital. I
7 was told that this was to get P17, his medication and
8 behaviours settled and that it was a short term thing.
9 P17 was moved to Muckamore the following day.

10
11 I regularly visited P17 in Muckamore. I thought that
12 the environment was very unsafe. It was very noisy
13 with staff shouting and patients crying. I could not
14 have worked or lived in those conditions. I remember
15 visiting P17 in the Hospital, and although the visits 11:12
16 were in the afternoon and as late as 6:00 p.m., he
17 seemed like he had been doped. He would have had a
18 slight pause before answering or speaking and there was
19 a slur to his speech. I think that when the staff
20 could not be bothered with P17, they would give him 11:13
21 another tablet. I am not sure whether this was because
22 they were under-staffed or because they did not care.
23 After a while, I think the staff seemed to lose
24 interest in P17. I think that the social worker lost
25 interest in him as well. 11:13
26

27 When I went to visit 17, sometimes the visits were in
28 the dayroom, sometimes in a corridor, sometimes in the
29 canteen, and sometimes in P17's bedroom. I recall that

1 Muckamore was spotlessly clean. I remember on a number
2 of occasions, although I do not recall the date, going
3 to P17's room and finding that the door was locked. He
4 had locked it himself from the inside. I complained to
5 the staff, although I do not recall who, as I thought 11:14
6 that this wasn't right and it wasn't safe for P17.

7
8 I raised my concerns about P17's safety with the nurse
9 on duty, particularly in relation to P17's room being
10 locked, and of his and my safety. She unlocked the 11:14
11 door to P17's bedroom. During visits, we were
12 sometimes locked by staff in a room away from the ward,
13 and this concerned me. I asked about having another
14 person with us for our support and safety. I recall on
15 one visit, although I am not sure of the date, that we 11:14
16 were locked in a room and I was ready to leave but
17 there was nobody to let me out. I remember having to
18 wait until a cleaner passed, and knocked the door and
19 asked them to let me out. I recall telephoning the
20 social worker and asking him to be present during the 11:14
21 visit. He went to my next visit to P17.

22
23 At the end of each visit, each time I left, I did so
24 with a lump in my throat and a tear in my eye; I was so
25 upset at seeing P17 being held and treated in these 11:15
26 conditions. Sometimes I did not go to visit P17 as I
27 was quite agitated by the situation and I knew that he
28 would pick up on it.

1 P17 was a patient on the Cranfield Ward. I felt that
2 the place was unsafe, badly organised and backward. I
3 remember one nurse that P17 liked. She was from" -- a
4 location that you name in the statement -- "and our
5 mother was from a location nearby. P17 always treated 11:15
6 her with great respect and liked to call her over to
7 talk when I was there, as she reminded him of where our
8 mother grew up.

9
10 There was some good staff there. There were also some 11:15
11 staff who did not do their job right or you could tell
12 had had a bad time the night before. I recall one
13 incident when I was visiting P17 and we were in the
14 canteen area. I'm not sure when this was. I remember
15 one small female member of staff dealing with a very 11:16
16 agitated patient on her own. There was a male nurse"
17 -- whose appearance is described in your statement --
18 "at the other side of the room. He had really defined
19 traps and looked like a steroid head. I know this from
20 my days of training, although I never used steroids 11:16
21 myself. I thought that he should have gone to help her
22 and I am not sure why he did. I wanted to abide by the
23 rules of the ward so I did not go over to help her.
24 P17 became very agitated and so did I. In the end, a
25 member of staff, I do not recall their name, came over 11:16
26 to me and told me that I had to leave as it wasn't
27 safe. I was taken out through an emergency exit.

28
29 A couple of visits after the incident in the canteen, I

1 went to P17's room and, as usual, said to him to come
2 outside so that I could have a smoke. This would get
3 him out of his room and also get us to somewhere
4 quieter. P17 said that he did not want to. When I
5 asked why, he said that his legs were sore. I looked 11:17
6 at them and found them really swollen. I went to get a
7 nurse; I do not remember her name."

8
9 In the next sentence you describe her appearance and
10 say where she may be from. That identifying 11:17
11 information has been redacted in accordance with the
12 Inquiry's Restriction Order.

13
14 "The nurse came to see P17 and I got him to show the
15 nurse his legs. She examined them. P17's feet were 11:17
16 hugely swollen, with three-quarters of his toes
17 disappeared and black marks going up his legs. I think
18 these black marks were from the swelling and not
19 bruises. The nurse said that she would deal with it
20 and get P17 treatment, and I took her at her word. I 11:17
21 was very worried about these symptoms because our
22 mother and our uncle, P17's uncle, had both had swollen
23 ankles and the same symptoms just before they died. I
24 told the staff about this family history.

25 11:18
26 Two weeks later when I was visiting, I asked P17 how
27 his legs were. He said they were still sore but that
28 the staff were putting cream on them. I was really
29 worried and I complained to the nurse that P17's legs

1 were getting worse. She was very sharp with me,
2 speaking only in short sentences to say that he was
3 getting treatment. She had a very bad attitude.
4

5 P17 has always been a bigger man. When he was in the
6 care home, he would have been around 19 stone. When
7 P17 had been in Muckamore for a while, his weight
8 increased to 23 or 24 stone. I think that a lot of
9 this was fluid.

11:18

10
11 I'm not sure what date it was, I recall P17 sitting on
12 the side of the bed in his bedroom and crying. When I
13 tried to console him and asked him what was wrong, he
14 told me that he had wet his bed. P17 has had this
15 problem for a long time. P17 said that he was supposed
16 to have a nappy on to sleep but that the staff hadn't
17 put one on him that night. He woke in the middle of
18 the night and found that he had wet the bed. He had
19 used his buzzer and a member of staff had come to him.
20 P17 said "They were very cheeky to me". P17 was very
21 upset by this and I had to sit with him for a long time
22 until he was able to calm down.

11:18

11:19

11:19

23
24 P17 always showed me to the door and at this visit he
25 wasn't able to because of his legs. I was upset and I
26 did not know what to do.

11:19

27
28 The next week, I went to visit P17 and brought one of
29 our friends", whom you name. "P17 knew this person

1 well. Our friend asked P17 what was wrong, and he
2 became very upset. He complained that the staff were
3 being cheeky to him. P17 became so upset that his
4 friend had to put his arm around him. I knew that
5 things weren't okay for P17. I knew that he could 11:20
6 sometimes misread people, but now I am thinking back to
7 what he told me and how I may have misinterpreted what
8 he was telling me. P17 often complained about the
9 staff being cheeky.

10
11 I started to notice other things at the Hospital. I
12 recall one time, although I am not sure of the date,
13 that I telephoned the Hospital to see if it was okay
14 for me to visit. I wanted to follow the rules. The
15 member of staff on the telephone said that it was fine 11:20
16 for me to visit. I went up and we had a visit in the
17 dayroom. There were only four people in the dayroom:
18 Me, P17, a female nurse, and an older patient. I
19 watched as the older patient kept sliding down his
20 chair. He could not pull himself up. I worried about 11:20
21 what to do but I saw that the nurse was sitting on her
22 laptop with her head down. I ended up going over and
23 putting my arms under his armpits and pulling him up so
24 he was safe and comfortable. I was worried about
25 causing trouble but then if I had hurt this patient by 11:20
26 accident or myself, it could have been difficult. The
27 nurse did not look up from her laptop the whole time of
28 this incident. She wasn't interested in this patient.
29

1 I recall one further incident. I am not sure of the
2 date or who was involved, but I received a telephone
3 call from a person who called themselves the
4 coordinator on the ward. I do not recall her name or
5 the date that this happened. The woman explained that 11:21
6 she had been clearing out P17's wardrobe and that a lot
7 of his clothes were done. I asked what I could do to
8 help. She said that she needed to buy new clothes for
9 P17, and asked that I bring up £300 and put it in an
10 envelope and leave it on the ward. She said that she 11:21
11 would go to town and she would buy P17 new clothes. I
12 recall that this was shortly before P17's birthday,
13 which is the 21st April, so I went out and bought four
14 new shirts. When I brought these up to the hospital, I
15 opened P17's wardrobe to put them in. I found that he 11:21
16 had lots of good clothes.

17
18 I wasn't sure what was going on, so I telephoned the
19 social worker and asked if this was a new thing. I
20 asked for a call back and for an explanation. I said 11:22
21 that I have never been asked for this before. The
22 social worker said that I should not have been asked
23 for money and he said that he would deal with it. I
24 also raised this with a nurse on the ward who I think
25 was the charge nurse that day, and I also gave her my 11:22
26 new telephone number.

27
28 P17's clothes were normally clean enough. He was a
29 messy eater so sometimes his clothes might have been a

1 bit dirty because of this. P17 was always dressed
2 properly when I was visiting. He might have been lying
3 on his bed but he was always dressed. P17 always wore
4 short-sleeved tops, and I do not recall seeing any
5 marks or bruises on his arms or body. 11:22

6
7 I recall one occasion, although I am not sure when this
8 was, that I received a letter from the Hospital asking
9 me to collect a document. I was informed that the
10 Belfast Trust Health and Social Care Trust had done its 11:22
11 own report. I recall collecting it from a woman whose
12 second name was H82. I cannot recall her first name.
13 I remember that I had to go to Holywell to sign for it
14 and speak with the Well-Being Team. I was concerned
15 about P17's safety and I explained this to the Safety 11:23
16 and Well-Being Officer. He reassured me that my
17 brother was safe.

18
19 I recall a further meeting ten days later, which was
20 attended by H83. I received a further assurance that 11:23
21 my brother was safe. I recall receiving a telephone
22 call from the social worker about P17. I explained
23 that I wasn't going to be visiting P17 for a while as I
24 wasn't well, and I did not want P17 to pick up on this
25 and become concerned. The social worker raised the 11:23
26 possibility of P17 being moved to a place in Coleraine
27 which had a room for P17. I visited there with our
28 minister who I work with as a charity shop volunteer.
29 It was a row of houses with each house shared by two

1 people. There were only two members of staff at the
2 entrance. I wasn't happy with this at all but I wanted
3 P17 to help make that decision. It turned out that
4 this home in Coleraine had the same owner and the same
5 manager" -- who is named -- "who had said they were not 11:24
6 able to cope with P17 before. I wasn't sure what had
7 changed. P17 needed more care. I asked P17 if he
8 wanted to go there and he said "I won't be going near
9 the manager", who is named.

10
11 "I telephoned the social worker and explained that I
12 and P17 did not think the move to Coleraine would work,
13 but I asked about other places. The social worker
14 suggested Bangor to me. This would have been very
15 difficult to get to. I was also offered a place for 11:24
16 P17 in Portrush, but it wasn't suitable. I found out
17 afterwards that there was a place for P17 at
18 Randalstown. This would have been ideal. It was
19 linked to Muckamore. I don't know why this wasn't
20 offered to P17. 11:25

21
22 It was very difficult for me juggling caring for my
23 father when he became ill and also caring for P17. I
24 got the sense that the social worker and some of the
25 other staff did not like me being in Muckamore so much 11:25
26 and that they wanted to keep me away as much as
27 possible.

28
29 P17 had a collection of model tractor toys. He really

1 I loved them and took pride in them. I recall one
2 occasion, although I am not sure when this was, that
3 P17 told me his toy tractors had all been smashed. He
4 had kept them in his room and, when he returned, he
5 found that they had all been smashed. P17 was very
6 upset by this, and I did not get any answers about what
7 had happened to them.

11:25

8
9 I recall one occasion when P17 told me that he had been
10 upset by members of staff. He explained to me that he
11 had been taking some of his food, a carrot, and feeding
12 a hare in the gardens. P17 told me that the staff had
13 been angry with him and told him off. This upset him a
14 lot.

11:25

15
16 I recall an incident where I saw a nurse with a
17 patient. I am not sure when this was. The patient was
18 wearing a housecoat and the belt of it seemed to fly
19 up, not on purpose, and the female nurse put the
20 patient's arm up his back. I thought that this could
21 have been handled better. Maybe she needed to treat
22 the patient like this but I don't think so.

11:26

23
24 I remember one occasion when P17 was very upset. I am
25 not sure when this was. I asked P17 what was wrong.
26 He told me that he had been wetting the bed and that
27 the staff weren't putting on a nappy on him because
28 they could not be bothered. P17 told me that members
29 of staff had threatened him and told him that unless he

11:26

11:26

1 stopped, they would get the police for him and that
2 they would not let me in to see him. P17 was very
3 upset by this.

4
5 I recall on occasions visiting P17. These visits would 11:26
6 be in the afternoon and as late as 6:00 p.m. - I recall
7 this as we liked to watch the news at 6:00 p.m. - and
8 going into P17's bathroom, and there would be clothes
9 or bedclothes soaked in urine lying on the floor from
10 the night before. There seemed to be a problem with 11:27
11 the night staff. I never heard P17 complain about the
12 day staff.

13
14 I think that some of the staff shouldn't be allowed
15 near dogs, never mind people. 11:27

16
17 I recall one Saturday, although I am not sure of the
18 date, when the postman arrived with a letter from the
19 Hospital. The letter said that P17 had had a small
20 accident and asked me to contact the ward. I was 11:27
21 annoyed at this as I had given the staff on at least
22 two occasions my new telephone number, so I was not
23 sure why they were writing to me. I telephoned
24 Muckamore and spoke to a nurse. I cannot recall her
25 name but she told me that P17 had had a fall the 11:27
26 previous Saturday. I complained to her that someone
27 should have contacted me before now. She said that
28 they had tried to ring me but could not get me. I was
29 angry at this.

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29

I immediately went to the Royal Victoria Hospital to see P17. Our friend went with us. There, I learned that he had fallen the previous Saturday in MAH in his bedroom. He required two sets of operations as he had broken multiple bones in both sets of knees, legs and ankles. I learned that the doctors had hoped to do all the surgery at once, but that they had taken him in and tried but had done one leg and had to postpone the further surgery. I am upset that P17 went through all of this on his own without familiar faces around him to comfort him.

When P17 was in hospital, I asked him how this had happened. P17 told me that a nurse had pushed him. I asked him several times to see if he was sure. He said that he was sure. I was so angry about how P17 had been treated and I did not know what to do. I spoke to one of our local politicians, Ken Wilkinson of the Progressive Unionist Party. He referred me to the PSNI and advised that I should contact the MAH Inquiry Team. I did this, and recall speaking to a PSNI officer" -- who you name -- "and I explained what had happened. She said that she would review the CCTV footage. Sometime later, the officer contacted me to say that she had reviewed the CCTV footage and told me that she could not find anything wrong. I'm suspicious about this as the injury happened in P17's room where there are no cameras. I asked to see the CCTV. I was

1 originally told that I could watch the footage; then I
2 was told part of it would have to be blurred due to
3 staff faces; then I was told I could not watch the
4 footage. I initially accepted what the officer told
5 me.

11:29

6
7 I still feel that there was something very wrong that
8 happened to P17 here. I think that P17's bones were
9 broken, either deliberately by staff, or they were
10 broken because the staff did not uphold their duty of
11 care. I was so angry about all this, I told the nurse
12 that she would be hearing from my solicitor, they had
13 crossed a line this time.

11:30

14
15 When P17 was in hospital, staff from Muckamore visited
16 him. I think that this was wrong and inappropriate. I
17 have no way of knowing who was involved in the
18 incidents.

11:30

19
20 Thinking about this in hindsight, I am still annoyed by
21 a number of things. I looked again at the letter
22 Muckamore sent me asking me to contact them. It is
23 from the Wednesday or Thursday of that week. If they
24 had sent it to me earlier, I would have been able to be
25 with my brother at this difficult time. He would have
26 had the reassurance of having someone familiar and
27 comforting. I am also annoyed at the injuries. I
28 could deal with one broken bone but these were multiple
29 broken bones. I and my family even looked into whether

11:30

1 P17 had some kind of brittle bone disease, but he does
2 not. I think that the staff were very well aware and
3 well warned in relation to P17 and they failed in their
4 duty of care.

5
6 I went to a meeting at Antrim Area Hospital about P17
7 and his care. There were a number of people at the
8 meeting, but I remember that a woman, H82, called me
9 over to speak to her, or I called over to speak to her.
10 I asked about what was happening to long-term Muckamore 11:31
11 patients. I had thought that they were staying there
12 or that options were limited. She told me that there
13 were ways and means of getting them out. This
14 conversation put a lot of doubt in my mind. Here was a
15 professional person running Muckamore and representing 11:31
16 the Belfast Trust, and she was talking like that. I
17 don't think that this was the right statement to be
18 making to me. I found it really unsettling.

19
20 I have spoken to a solicitor about bringing a case 11:31
21 against the Hospital over P17's injuries. It has been
22 very difficult for me, and the Hospital and the Belfast
23 Trust have put as many obstacles as they can in the way
24 of us getting justice for P17.

25
26 I now think, looking back, that a lot of the staff did 11:31
27 not care at all for the patients or their families.
28 The staff only cared for themselves. No prisoner in
29 Maghaberry, Crumlin Road Gaol or The Maze would have

1 had the treatment that P17 received at Muckamore Abbey
2 Hospital . "

3
4 Then you refer to your own personal circumstances in
5 the next sentence, and you say:

11:32

6
7 "P17 has been institutionalised at the hands of both
8 Muckamore and the Belfast Health and Social Care Trust.
9 Where P17 lives now, a nursing home, I am never upset
10 at the end of a visit when I leave, even if P17 is
11 being more difficult . "

11:32

12
13 I'm not going to read in paragraph 75. In that
14 paragraph, you recount the impact that your brother's
15 experiences have had on you. You also refer in the
16 statement to personal matters --

11:33

17 A. Yeah.

18 20 Q. -- that I won't be reading in. I can say that everyone
19 has had the opportunity of reading that paragraph.

11:33

20
21 "I keep asking myself why did I let this happen to my
22 brother. I blame myself. I should have spoken to a
23 solicitor or went to my minister. The serious injuries
24 to P17's legs should never have happened. All of the
25 other incidents are links. All these links have come
26 to form a heavy chain, and it is very difficult for me
27 to carry with me every day. It hurts me to think about
28 P17 feeling the same as I do. There has been an impact
29 on P17 as well. I found out from the nurses in his new

11:33

1 home that he sometimes pleads with them, "Please don't
2 take me back to MAH", and that he wants to know that
3 they have locked the doors. He is scared that the
4 staff from MAH will come and take him.

11:34

5
6 P17 is now very scared of going to medical
7 appointments. I think that when he sees or hears the
8 word "hospital", he is worried that he is being put
9 back into Muckamore. Now, if P17 needs an X-ray at
10 Antrim Area Hospital, for example, I have to meet him
11 and go with him. He needs a lot of reassurance now. I
12 think of my mother and father and how they would have
13 handled this whole thing. My mother, if she was here,
14 would have went in and given them a slap. She was a
15 strong woman. I think of our father. On his death
16 bed, he asked me to look after P17. I made that
17 promise to him.

11:34

11:34

18
19 P17 is now in the nursing home. My cousin" -- who is
20 also of course P17's cousin -- "and I visit P17 often,
21 and he seems to have settled there and is much
22 happier."

11:34

23
24 Now, in subsequent paragraphs you refer to the current
25 visiting arrangements at P17's nursing home. I don't
26 need to read those in for the purposes of the Inquiry
27 but I'm going to move on to what you say at paragraph
28 87. You say:

11:35

1 "I think that the Belfast Trust really needs to take a
2 look at itself and see how it is treating vulnerable
3 people. I hope that the nurses who are working with
4 vulnerable adults will be vetted more, especially
5 younger nurses who are out at the weekend and coming in 11:35
6 on Monday with swelled heads and then not dealing with
7 vulnerable patients properly. I am worried about this
8 happening in private homes as well".

9
10 Just in the final paragraph, I'm going to read the 11:35
11 final two sentences in which you say:

12
13 "These patients are born the way they are, and everyone
14 dealing with them has a duty of care to them.
15 Vulnerable people deserve good care and to feel safe". 11:36

16
17 Chair, I should say that some of the later paragraphs
18 that I have not read in touch upon the current
19 investigation. In addition to that, I don't think it's
20 necessary for me to broach some of the issues raised 11:36
21 therein for Inquiry purposes

22 CHAIRPERSON: I understand that. In relation to the
23 passages that you haven't read, from paragraphs 82 to
24 86, there's plainly material that the Panel can take
25 into account and it may be important that we do. 11:36

26 MR. DORAN: Yes, indeed.

27 CHAIRPERSON: But I understand --

28 MR. DORAN: Indeed. And there may be issues therein
29 that ought properly to be raised with other

1 authorities --

2 CHAIRPERSON: Yes.

3 MR. DORAN: -- but that we don't need to explore in
4 evidence with this witness for the purpose of the Terms
5 of Reference. 11:37

6 CHAIRPERSON: Yes, very well. Thank you.

7 MR. DORAN: Now, that was a very long statement and I'm
8 sure you are glad that my reading of it has come to an
9 end. Can I just ask, are you happy with your
10 statement, P17's brother? 11:37

11 A. Yes.

12 21 Q. And are you happy to adopt that statement for the
13 purpose of your evidence to the Inquiry?

14 REGISTERED INTERMEDIARY: Could you just clarify what
15 "adopt" means? 11:37

16 MR. DORAN: That means that you are really putting the
17 statement forward as your story about your brother's
18 experiences.

19 A. Yes.

20 22 Q. And you are happy that it tells his story and your
21 story? 11:37

22 A. Yes.

23 23 Q. Sometimes people forget to mention things when they
24 make a statement. Is there anything now that you think
25 you might have left out or you would like to bring to
26 the Panel's attention? 11:38

27 A. Not at the moment.

28 24 Q. That's grand. I know, by the way, that you like to
29 think about things carefully before you give your

1 answer. That's something that struck me when we spoke
2 in the room. So, you can relax about that and take all
3 the time you need to answer my questions.

4 A. The nurses more vetted.

5 25 Q. Just say that again, please. 11:38

6 A. I would like nurses to be more vetted.

7 26 Q. Yes?

8 A. Carers, nurses that work in places like this, private
9 homes, I believe they are not vetted well enough.

10 27 Q. And that's something you are saying presumably for the 11:39
11 sake of other people in the future?

12 A. Yes, yes, yes. 100 percent.

13 28 Q. I believe your brother is seven years older than you,
14 is that right?

15 A. Yes. 11:39

16 29 Q. And what age is he now?

17 A. 57, I think.

18 30 Q. 57. And I think you say he went into Muckamore around
19 2010?

20 A. Yeah. 11:39

21 31 Q. So he would have been about 45 then; is that right?

22 A. Yeah.

23 32 Q. And you say that he was in the Cranfield ward?

24 A. He was in two different wards.

25 33 Q. Can you tell us about that? 11:39

26 A. He was -- is it Moyola.

27 34 Q. Moyola.

28 A. At one stage, and then they moved him over to
29 Cranfield.

1 35 Q. Do you remember how long he was in Moyola for?
2 A. I am going to say a year plus.
3 36 Q. So, is it fair to say then that he was in Cranfield for
4 most of the time --
5 A. Yes. 11:40
6 37 Q. -- he stayed in Muckamore?
7 A. Yes.
8 38 Q. You set out many memories of your brother when you were
9 growing up.
10 A. Yes. 11:40
11 39 Q. You say that you were the live wire and he was calmer?
12 A. Yeah.
13 40 Q. Then, as you were growing up, you learned that your
14 brother had a disability, isn't that right?
15 A. He was different. 11:40
16 41 Q. Yes. Do you remember how it affected your brother?
17 How did the disability affect him when the two of you
18 were growing up?
19 A. I really hadn't a brother at all to play with because I
20 had to be careful. My parents covered him in cotton 11:41
21 wool, for, as I say, I am a live wire.
22 42 Q. So, they had to look after him and protect him?
23 A. Yes. From me, sometimes.
24 43 Q. Yes. well, you were very young at the time.
25 A. Yes. 11:41
26 44 Q. One thing that you mention is that he had a great
27 memory when you were growing up.
28 A. Yes, yes.
29 45 Q. I think you used --

1 A. And still has today.

2 46 Q. And still has today. And you say he has a good
3 long-term memory?

4 A. Yes.

5 47 Q. I think you said that at one stage his short-term 11:41
6 memory might have been affected.

7 A. Yes.

8 48 Q. But long-term memory, very good?

9 A. Brilliant.

10 49 Q. You use the phrase "my brother was my father's memory". 11:41
11 A. Yes, so he was.

12 50 Q. So, he was able to remember details that others might
13 have forgotten?

14 A. My father had a memory problem and he would ask P17
15 questions. Sorry. 11:42

16 51 Q. Don't worry at all. Take your time, and if ever you
17 need a break, just let us know.

18 A. He would ask my brother what that person said, and he
19 could have said word by word what that person said.

20 52 Q. Did you just name your brother there? I think we will 11:42
21 just pause the feed for a moment.

22 CHAIRPERSON: I have given the signal for that to be
23 taken out.

24 MR. DORAN: Don't worry about that at all because every
25 single witness does it, so it's absolutely nothing to 11:43
26 worry about. You were saying that he was able to
27 remember things that others had forgotten. What about
28 his communication, could you have good conversations
29 with him?

1 A. Some people were able to have conversations, do you
2 know what I mean?

3 53 Q. And would you have been able to have good conversations
4 with him?

5 A. Yeah. 11:43

6 54 Q. would he have been able to tell you about what he was
7 feeling?

8 A. He showed it rather than told you.

9 55 Q. But could he tell you?

10 A. Yeah. 11:43

11 56 Q. So if he wasn't happy about something, was he able to
12 talk to you about it or is he able to talk to you about
13 it now?

14 A. Yes.

15 57 Q. Now, in your statement you talk about your brother 11:44
16 being in a care home before he went into Muckamore.

17 A. Yes.

18 58 Q. And you say that sometime around -- this was -- he
19 would have been able to come and stay with you, isn't
20 that right, and your girlfriend at the time? 11:44

21 A. Yeah, he stayed at Christmas, in the run-up to
22 Christmas, Christmas Day. He was taken back -- he was
23 taken back in a taxi, me present, back to the home,
24 say, it was usually the day after Boxing Day.

25 59 Q. Yes. You said that sometime around 2002/2003, his 11:44
26 personality changed?

27 A. Yes.

28 60 Q. Could you just describe in your own words how he
29 changed around that time?

1 A. He was different, even towards me.

2 61 Q. Just give us an example. In what way was he different?

3 A. Well, he hit me one morning. He thought I was out

4 fighting the night before.

5 62 Q. You described -- 11:45

6 A. You know what I mean, within ten minutes he didn't

7 remember hitting me.

8 63 Q. Yes.

9 A. And I put that to the social worker "I think there's

10 something gone wrong here". It fell on deaf ears. The 11:45

11 same thing as Muckamore; fell on deaf ears.

12 64 Q. Was that a change in his personality?

13 A. Yes.

14 65 Q. He hadn't behaved like that before?

15 A. No. 11:46

16 66 Q. And you say that actually you were called to a meeting

17 at Muckamore and there was a manager, psychiatrists,

18 the nurse and others?

19 A. Yes. And I had to sit and listen to them, the manager,

20 degrading my brother. 11:46

21 67 Q. What do you mean by "degrading your brother"?

22 A. Because of his outbursts, violence, his verbal abuse.

23 I felt like a piece of meat on the sole of his shoe,

24 because I was the only one there as a family member.

25 68 Q. So you were there to represent his interests? 11:46

26 A. Yes.

27 69 Q. And you say in your statement that you were told that

28 your brother would be moving to Muckamore the following

29 day?

1 A. Yes.

2 70 Q. Had there been any discussion of him moving to
3 Muckamore before that day?

4 A. No. I got the phone call, I think it was maybe two
5 days before that, to say to make my way to Muckamore to 11:47
6 have the meeting.

7 71 Q. So, it came --

8 A. Quite sudden.

9 72 Q. Out of the blue?

10 A. Yes. 11:47

11 73 Q. At the time, you were told that it was a short-term
12 thing, is that right, or was it your understanding that
13 it was short-term?

14 A. I was led to believe it was for meds.

15 74 Q. To get his medication settled? 11:47

16 A. Yeah, and get him settled.

17 75 Q. And his behaviour settled?

18 A. Yes.

19 76 Q. And did you go with him when he moved?

20 A. No, but I met him the next day. I was advised to give 11:48
21 him a period of time for him to be settled. I was
22 taking advice from medical staff at Muckamore.

23 77 Q. Yes. So, you would have maintained contact with them?

24 A. Well, I was told that day at the meeting to give it 24
25 hours, or whatever period of time, for him to be 11:48
26 settled.

27 78 Q. Yes.

28 A. I carried out the instructions that I was told to do
29 so.

1 79 Q. And did you go and see him the next day then?
2 A. Yeah.

3 80 Q. Do you remember speaking to him about the move to
4 Muckamore?
5 A. Yeah, and he wasn't happy. 11:48

6 81 Q. What did he say about it?
7 A. He missed his friends in the home.

8 82 Q. So he had enjoyed the company in the home?
9 A. Yes. That's why I'm saying nurses and carers in these
10 private homes would need to be more vetted, because I 11:49
11 believe they could have done more -- they could have
12 done more in the home to help him a lot sooner. I mean
13 that across the board with every medical staff. Even
14 working with the elderly, they need to be more vetted.

15 83 Q. And do you mean maybe if that had happened, he wouldn't 11:49
16 have had to go to Muckamore?
17 A. No, I'm not ruling that out.

18 84 Q. Do you think he may have had to go to Muckamore because
19 of his particular needs?
20 A. Yes, only in a shorter term. I was led to believe it 11:49
21 was just for meds but it turned out that the home
22 didn't want him back.

23 85 Q. Yes.
24 A. Because they couldn't work with the situation.

25 86 Q. And did you speak to the home about that? 11:50
26 A. I left the manager that day, I wasn't very happy with
27 her because I thought she was Judas to my brother.

28 87 Q. And what do you mean by that?
29 A. Well, in the run-up to it, they told me in the home

1 name? Was it a nurse or a doctor or --

2 A. A nurse, or a carer.

3 96 Q. A nurse or a carer. And how did they respond to your
4 questions or queries?

5 A. I -- I stood a long time at the nurses' station in 11:52
6 Cranfield ward waiting on answers and didn't get
7 answers, so I walked off.

8 97 Q. So, you say you raised the issue about him being doped?

9 A. Yes, and the lady went into the back office but never
10 appeared back out again. 11:52

11 98 Q. You also refer in the statement to a couple of
12 occasions on which your brother's door was locked from
13 the inside. Can you explain why you say that wasn't
14 safe for your brother?

15 A. What happens if a fire broke out? 11:53

16 99 Q. So, you are saying that he wouldn't have been able to
17 get himself out?

18 A. No.

19 100 Q. But was he able to lock the door from the inside?

20 A. I think so. But for me to get in, I couldn't get in. 11:53

21 101 Q. Yes. And you also mention a visit, I think, where you
22 and your brother were locked inside another room?

23 A. Yes, what was allegedly to be the visiting area, which
24 was off the ward, on a corridor in the run-up to the
25 ward on the right-hand side. This was where I attended 11:54
26 a visit along with me in the same room.

27 102 Q. Was that a later visit?

28 A. Yes. This was where I attended the next visit, because
29 I felt agitated myself being locked and no members of

1 staff about to release the door.

2 103 Q. And again, what were your specific concerns about being
3 locked in the room with your brother?

4 A. Well, I had already got hit in my own house by him. I
5 didn't know -- I didn't know what was going through his 11:54
6 head.

7 104 Q. Yes. Now, you praise some of the staff in your
8 statement, but you also say that you think that some of
9 them didn't do the job properly or you could tell
10 they'd had a bad time the night before. What do you 11:55
11 mean by that?

12 A. Well, from the experiences, I just -- I read a person.
13 It was just the attitude of them. They weren't a
14 caring attitude, they were there for their job, and
15 that's what they come across as. 11:55

16 105 Q. I think you refer to a couple of specific incidents;
17 one where there was a small female nurse dealing with a
18 very agitated patient.

19 A. Yes.

20 106 Q. And there was another nurse, and you described this 11:56
21 nurse as having really defined traps and looked like a
22 steroid head?

23 A. 100 percent.

24 107 Q. I take it you mean he was a big, well-built fellow; is
25 that a fair description? 11:56

26 A. He was like a Pit bull; he didn't grow.

27 108 Q. Right. But the point you make in your statement is
28 that he didn't help?

29 A. He didn't help at all. He wasn't interested.

1 109 Q. Do you recall if there were other staff around at that
2 time?
3 A. There could have been another member of staff moved
4 forward.
5 110 Q. You were eventually told you had to leave, is that 11:56
6 right?
7 A. Yeah, by an escape door.
8 111 Q. Why were you told you had to leave?
9 A. Because it was unsafe.
10 112 Q. And I think you mention another occasion on which you 11:56
11 watched an older patient sliding down on his chair?
12 A. Yes.
13 113 Q. And there was a nurse present who didn't help him?
14 A. Yes.
15 114 Q. And you say that you yourself helped the patient? 11:57
16 A. Yes.
17 115 Q. And you helped him to get into a comfortable position?
18 A. Yes. He was sliding off the chair like that.
19 116 Q. Yes. Can I just ask you this: were those isolated 11:57
20 occasions or were there other occasions on which you
21 felt more could have been done by staff to assist the
22 patients?
23 A. The staff could have done more. And I don't really
24 blame the staff, I blame management of the ward.
25 117 Q. And why do you say that? 11:57
26 A. Well, if the staff had have been right trained to deal
27 with that situation. It was quite clear that they
28 weren't trained. They might have been some of them
29 were, but a hell of a lot of them weren't trained to be

1 in that situation. I don't blame the staff; I blame
2 management. The head of the Belfast Trust, Mr. Dillon,
3 for example. He has a lot to answer for.

4 118 Q. Well, obviously the Inquiry is looking into all of
5 those issues, and you will have a full opportunity to 11:58
6 make those points as we go through your evidence. I'm
7 just going to stick to the statement for now.

8 A. Yes.

9 119 Q. A couple of visits after the incident involving the
10 patient who was very agitated, you talk about your 11:58
11 brother's legs being very swollen?

12 A. Yes.

13 120 Q. And I think you say you brought that to the attention
14 of one of the nurses?

15 A. Yes. I went to the nurses' station to get her to come 11:59
16 up and take a look at his legs along with me.

17 121 Q. Yes.

18 A. In his room.

19 122 Q. And did she?

20 A. Yes. 11:59

21 123 Q. And I think you say that she was a bit sharp with you,
22 is that right?

23 A. Maybe "sharp" wouldn't maybe be the right word. It was
24 sharp; short. Short and sweet, we'll put it like that.

25 124 Q. Yes. 11:59

26 A. But it wasn't the right attitude.

27 125 Q. Now, do you know if your brother was seen by a doctor
28 about this condition?

29 A. I requested it. Whether he was or not, I don't know.

1 I wasn't told.

2 126 Q. Was there ever any improvement in that condition?

3 A. No. It deteriorated. It deteriorated to a point where

4 there was nothing but his toenails showing of his toes.

5 That's how swollen it was. 12:00

6 127 Q. And you also talk then about an increase in weight?

7 A. Yes.

8 128 Q. You are quite specific about the numbers. You say that

9 your brother was about 19 stone, and he put on weight

10 to the extent that he was 23 or 24 stone? 12:00

11 A. Yes.

12 129 Q. Do you recall was that something that happened in

13 Muckamore or had he been putting on weight before he

14 arrived at Muckamore?

15 A. He had put on weight after he moved into Muckamore. 12:00

16 130 Q. I know that you tell the story about when your brother

17 was visiting you and he was left alone in the room with

18 a box of chocolates, and he ate them all.

19 A. Yes, yes.

20 131 Q. That presumably was before his time at Muckamore? 12:01

21 A. Yes.

22 132 Q. I mean, did he have a problem with putting on weight

23 prior to arriving at Muckamore?

24 A. I'm not going to say weight, I am going to say fluid,

25 because it runs in the family. 12:01

26 133 Q. Right. That was an issue that he had even --

27 A. Yes. And I brought it to the nurses' attention a

28 couple of times. I told the family history. It just

29 fell on deaf ears again.

1 134 Q. Did you bring to their attention the fact that he was
2 putting on weight, as far as you could tell?
3 A. I am not going to say weight. I will say fluid.
4 135 Q. But you raised that with the staff?
5 A. Yes. 12:02
6 136 Q. You say that on a number of occasions, staff had been
7 -- or your brother said that on a number of occasions,
8 staff had been cheeky to him. Did he ever go into more
9 detail about what he meant by that?
10 A. He told me on one occasion that they threatened that I 12:02
11 wouldn't be allowed in to see him again. And he sat
12 that day and cried at the side of his bed.
13 137 Q. He cried?
14 A. Yes, and he begged me to come back. He showed as if he
15 was being intimidated. He came across that way, that 12:02
16 he was intimidated by members of staff.
17 138 Q. well, you also mention another occasion in your
18 statement where your brother had been wetting the bed.
19 A. Yes.
20 139 Q. You say the staff hadn't been putting a nappy on him 12:03
21 because they couldn't be bothered. Now, you refer very
22 specifically there to something that your brother told
23 you. It's at paragraph 58. You say:
24
25 "He told me that members of staff had threatened him 12:03
26 and told him that unless he stopped, they would get the
27 police for him" --
28 A. Yes.
29 140 Q. -- "and that they would not let me in to see him".

1 A. Yes.

2 141 Q. Is that the occasion that you are talking about?

3 A. Yes. I had to spend at least an hour with him to get
4 him settled that day, and even at that, he wasn't
5 settled. 12:03

6 142 Q. And did he tell you who had said that to him?

7 A. He said night staff.

8 143 Q. I think you say in your statement actually that the
9 complaints that he had seemed to be more about the
10 night staff than the day staff, is that right? 12:04

11 A. Yes.

12 144 Q. Were there ever specific staff that he brought to your
13 attention?

14 A. He didn't bring -- he didn't identify anyone.

15 145 Q. Now, you also remember times when your brother's 12:04
16 clothes or bedclothes were soaked in urine, would be
17 lying on the bathroom floor from the night before.

18 A. There's one occasion stands out very openly where I
19 went to use his toilet that's attached to his room, and
20 it was stinking with urine, and the clothes were lying 12:04
21 in the corner.

22 146 Q. Was that a one-off or was it something that happened on
23 more than one occasion?

24 A. It happened at least more than once.

25 147 Q. And did you ever raise that matter with the staff? 12:05

26 A. No, I didn't. It's where I failed. I failed
27 personally myself, that's how I feel.

28 148 Q. Well, I think I'm just going to ask you about what
29 happened and whether you raised things or whether you

1 didn't. Certainly, one sees from your statement that
2 you cared very deeply for your brother and you did act
3 as an advocate for him on a number of occasions, so I
4 don't want you to worry about that for now.

12:05

5
6 But was it ever satisfactorily resolved? Did you have
7 to take the clothes away, or how was that worked out?

8 A. I don't know what Muckamore done with the clothes. I
9 didn't take any clothes away from Muckamore. If
10 there's anything, I take clothes up.

12:06

11 149 Q. Well, there was another thing you mention about the
12 clothes. You say that you were asked to bring cash up
13 to the Hospital for new clothes?

14 A. Yes.

15 150 Q. Did you actually bring the money up?

12:06

16 A. No, because later on that day, I made a phone call to
17 the social worker department in Muckamore.

18 151 Q. You mentioned the social worker by name in your
19 statement and I didn't read the name out, so don't
20 worry about that.

12:06

21 A. Yeah.

22 152 Q. That's the person you spoke to?

23 A. I didn't speak to him but I spoke to his colleague and
24 I explained my situation, why I was ringing on that
25 morning.

12:06

26 153 Q. Yes.

27 A. He come back to me later on that day to tell me that
28 that shouldn't have happened.

29 154 Q. Yes. Were you ever asked for money again after that?

1 A. No. That was the first time and that's why I made the
2 contact with the social worker department, because it
3 never happened before and I found it unusual. I
4 thought maybe rules had changed; something had changed
5 within the Hospital that I didn't know about. But it 12:07
6 turns out that I wasn't to get that phone call at all.
7 I don't know why they were looking money; cash on to
8 the ward in an envelope.

9 155 Q. But were you ever asked for money again after that?

10 A. No. 12:07

11 156 Q. Just as a matter of interest and I'm not asking you to
12 name a name, but was there a particular member of staff
13 that you recall being responsible for your brother's
14 care in Muckamore?

15 A. There was a lady that sat on one of the visits. She 12:08
16 had a red coat. She made it quite clear she was
17 responsible for the ward, she was the team leader. I
18 was -- I was happy enough, sort of thing, do you know
19 what I mean? That day he didn't seem agitated. He
20 felt -- he seemed to come across very comfortable with 12:08
21 her sitting.

22 157 Q. On that particular day?

23 A. Yes.

24 158 Q. But I am just thinking more generally. If you had an
25 issue to raise about your brother's care, was there any 12:09
26 one individual person who you felt you should contact?

27 A. The social worker department.

28 159 Q. So that's where you would have raised issues, if issues
29 were --

1 A. I already had raised, you know, my own personal issues
2 with the social worker, because there was a short
3 period of time that I couldn't visit due to my own
4 health.

5 160 Q. Yes. 12:09

6 A. I raised it with him and told him and explained my
7 situation.

8 161 Q. Yes.

9 A. That's the only person. As far as I am concerned, the
10 nurses on the ward didn't need to know my personal 12:09
11 situation.

12 162 Q. Yes.

13 A. It was none of their business.

14 163 Q. But I was just thinking if, let's say, you wanted to
15 raise some matter of concern about your brother, was 12:09
16 there someone who would immediately come to your mind
17 as the right person to speak to?

18 A. The social worker.

19 164 Q. The social worker. I just wanted to ask you briefly
20 about an incident that occurred in which your brother's 12:10
21 tractors were smashed.

22 A. Yes.

23 165 Q. Did you ever get to find out any further information
24 about how that happened?

25 A. No. He'll not talk about it and I will not be 12:10
26 approaching him about it.

27 166 Q. Yes. But did he tell you about it in the first
28 instance?

29 A. Yes, he told me on the visit. I had seen the tractors

1 missing.

2 167 Q. And what was he able to tell you?

3 A. He told me that when he came back to his room after his
4 dinner, they were all smashed.

5 168 Q. But you never got to the bottom of how that happened? 12:10

6 A. I didn't. No, I didn't. I just -- I know I failed by
7 not asking the questions.

8 169 Q. Well, can I just say now, P17's brother, we have been
9 going for quite a while between your statement and my
10 questions. Do you want to take a wee break or do you 12:11
11 want me just to follow right through?

12 A. No. Keep her lit.

13 170 Q. I will indeed. I'll keep her lit in accordance with
14 your wishes.
15 12:11

16 Now, later on in your statement, you talk about the
17 serious injury that your brother sustained at the
18 hospital.

19 A. Yes.

20 171 Q. And you say that he had broken multiple bones in his 12:11
21 legs, his knees and his ankles?

22 A. Knees and ankles.

23 172 Q. Knees and ankles. Do you remember when that incident
24 occurred?

25 A. I can't give you names. I can't give you dates. 12:12

26 173 Q. Approximately?

27 A. I know it was a Saturday.

28 174 Q. You know it was a Saturday. I am just thinking your
29 brother left Muckamore in 2018. Was it shortly before

1 he left Muckamore or was it sometime in the middle of
2 his stay there?

3 A. He left -- when do you say?

4 175 Q. 2018 I think you say in your statement.

5 A. It would have been a fortnight or three weeks before he 12:12
6 left Muckamore.

7 176 Q. So, it was fairly close to the time when he left?

8 A. Because he went -- he left Muckamore and he went into
9 the Royal Victoria Hospital, and he left the Royal
10 Victoria Hospital and he moved to [location]. 12:12

11 177 Q. Yes. I think we will just pause the feed. There was a
12 reference to location of current nursing home, and I
13 know that the witness has made it very clear that he
14 wishes to ...

15 CHAIRPERSON: Probably right with the Royal Victoria 12:13
16 Hospital.

17 MR. DORAN: Yes, indeed. It's the latter reference.

18 178 Q. You are absolutely fine, P17's brother, it happens very
19 regularly. Basically, the injuries occurred shortly
20 before he left Muckamore? 12:13

21 A. About a fortnight.

22 179 Q. I think you were very annoyed about how you found out
23 about this, isn't that right?

24 A. Yes.

25 180 Q. You say you had given your new phone number to the 12:13
26 Hospital?

27 A. On two/three occasions to two or three different staff
28 members. One of them was a red coat, what I class as a
29 red coat.

1 181 Q. Yes. But you weren't contacted on that number?
2 A. No. And when I did look at my old number, which the
3 phone was switched off, there was no numbers came up on
4 it.
5 182 Q. So, you received a letter? 12:14
6 A. I received a letter on the Saturday morning.
7 183 Q. And it said that he'd sustained --
8 A. Had an accident.
9 184 Q. An accident?
10 A. Had an accident just, and please contact the ward, 12:14
11 which I did do.
12 185 Q. And was that the ward at the Royal Victoria Hospital?
13 A. Cranfield.
14 186 Q. And when you contacted them, what did they tell you?
15 A. The nurse came on the phone and told me that he had had 12:14
16 a bit of an accident. I asked her when, and she told
17 me the Saturday before.
18 187 Q. So, basically, a week past between the accident and you
19 seeing your brother?
20 A. Yes. 12:15
21 188 Q. And you went to see him then at the Royal Victoria
22 Hospital?
23 A. Straightaway. Straightaway.
24 189 Q. Yes. I think you say that this upset you particularly
25 because you would have wanted to be with him at his 12:15
26 time of injury.
27 A. Well, they couldn't -- they didn't even tell me what
28 hospital to go to, because I had to make a second phone
29 call back to the ward to find out what hospital he was

1 in. So, they didn't tell me the first time. My
2 attitude that day to the nurse was, "You'll hear from
3 my solicitor". That was my ending story to her.

4 190 Q. Yes. You say that when you went to the Hospital, you
5 asked your brother how it had happened? 12:15

6 A. Yes, because I had to wait -- I had to wait to see the
7 consultant because I wanted more information. And it
8 was only when I got talking to the consultant, they
9 told me that they had to give him a respite between the
10 two ops because there were certain medication doesn't 12:16
11 agree with his heart.

12 191 Q. Yes. Can you tell the Inquiry exactly what your
13 brother said when you asked him about his injuries?

14 A. He told me he was pushed at the side of his bed in the
15 room. 12:16

16 192 Q. Did he tell you who he was pushed by?

17 A. A member of staff.

18 193 Q. I think you say in your statement he said that a nurse
19 had pushed him?

20 A. Yeah. A member of staff. 12:16

21 194 Q. But did he use the words "member of staff"?

22 A. Yes. It could have been a nurse, it could have been a
23 carer, it could have been a cleaner.

24 195 Q. And did he say where this had happened exactly?

25 A. He said it happened in his room. 12:16

26 196 Q. And did he identify the person who was responsible?

27 A. No. And I didn't push the matter because I thought
28 he'd went through enough.

29 197 Q. Did he say whether they were male or female?

1 A. No, he didn't.

2 198 Q. Did he say anything else about the circumstances of
3 what happened?

4 A. He just told me "I was pushed". And he kept that up.
5 A family friend that was there with me, took me up that 12:17
6 day, heard him saying it, and he put him over it a few
7 times to make sure that we were getting the right
8 information, because I thought maybe it was the drugs
9 that he was on of the operation or whatever that was
10 making him disillusioned. But the family friend put 12:18
11 him over it in a different way; went about it in a joke
12 type thing that was...

13 199 Q. Take your time.

14 A. That he would understand. But he didn't change from
15 the words. 12:18

16 200 Q. Did he say whether there were any others present at the
17 time?

18 A. He never said.

19 201 Q. Now, you went to police about this, isn't that right?

20 A. I contacted the late Ken wilkinson because I didn't 12:18
21 know what -- and he lived in that area.

22 202 Q. Yes.

23 A. And I knew him. I didn't know the situation, what the
24 craic was. And he advised me to contact Antrim Police
25 Barracks and ask for the inquiry time that was running. 12:19
26 The PSNI inquiry team.

27 203 Q. Yes.

28 A. I done that. I think it was maybe 10 o'clock at night
29 it was done at. I made a request, and the next day

1 they come back to me.

2 204 Q. And what did they say?

3 A. They said they would look at the CCTV.

4 205 Q. And I think you say that the police told you that the
5 CCTV had been checked? 12:19

6 A. Yes.

7 206 Q. And they could find nothing wrong?

8 A. Yes.

9 207 Q. Did they say anything about what was on the CCTV?

10 A. The only thing I was told, I was allowed to see it. A 12:20
11 few days later I was told I wasn't allowed to see it by
12 another party.

13 208 Q. When you say another party, you mean another police
14 officer?

15 A. No, somebody from the Trust. 12:20

16 209 Q. So, is it the case that the police said that you could
17 see the CCTV?

18 A. No. It was two different people out of the Trust.

19 210 Q. So, at first someone from the Trust said you could see
20 the CCTV? 12:20

21 A. Yes, but they would have to blank the nurses' faces
22 out.

23 211 Q. Yes.

24 A. I was happy enough. I didn't want to see the nurses,
25 to be honest with you. 12:21

26 212 Q. Yes.

27 A. I just wanted to see what happened, how did it happen,
28 could it have been avoided. But then a number of days
29 passed and I got another call from another person to

1 say it that would be impossible for me to watch it.

2 213 Q. Was it a person from the Trust?

3 A. Yes.

4 214 Q. Did they give their name? I don't want you to give it
5 to me now but you can give it to the Inquiry after. 12:21

6 A. They did give me a name but I forgot -- I forget. I
7 was a --

8 215 Q. That's okay. What the person who you first spoke to,
9 did they give you their name?

10 A. I wouldn't remember it, it's that long ago. 12:21

11 216 Q. Okay. Presumably if the injury was sustained inside
12 your brother's room, there wouldn't be CCTV footage of
13 that?

14 A. No.

15 217 Q. Is that correct? 12:22

16 A. Yeah.

17 218 Q. Was there any discussion about that with the person
18 from the Trust?

19 A. I lost interest in the Trust at that point. I lost
20 interest in Muckamore, full stop. I didn't want to 12:22
21 talk to them. The only way I wanted to talk to them is
22 through my solicitor.

23 219 Q. But I just wonder were you given any detail of what, in
24 fact, was shown on the CCTV?

25 A. I wasn't given any detail. 12:22

26 220 Q. So, for example, no one talked about CCTV footage of
27 your brother being brought from his room after the
28 incident?

29 A. No.

1 221 Q. Now, you obviously have concerns about the incident,
2 and you set those concerns out in your statement, isn't
3 that right?

4 A. Yes.

5 222 Q. You say that your concern is that the injury may have 12:23
6 been deliberately caused or may have been as a result
7 of a failure to care for your brother?

8 A. I would look more at the duty of care. Honestly,
9 that's the way I'm thinking. I am hoping that; of the
10 two evils. 12:23

11 223 Q. So you are thinking and hoping that it was a failure of
12 care rather than anything deliberate?

13 A. Yes.

14 224 Q. Yes. Did you receive any explanation from the Hospital
15 as to what had occurred? 12:23

16 A. All I was told that day, that Saturday by the
17 consultant, multiple fractures, breaks, and that they
18 had to bring him out of the theatre, rest him for a
19 couple of days before they took him back in again.

20 225 Q. But was there anything said to you about the 12:24
21 circumstances in which the injuries had been sustained?

22 A. No. No.

23 226 Q. Now, you say that you have spoken to your solicitor
24 about bringing a case against Muckamore in relation to
25 your brother's injuries? 12:24

26 A. Yes.

27 227 Q. I am not going to ask you further about that, but I did
28 want to ask you what you mean when you say "The Trust
29 have put as many obstacles as they can in the way of us

1 getting justice for my brother".

2 A. Yes.

3 228 Q. What do you mean by that?

4 A. They just are making it awkward, the legal team that
5 stands for the Trust. 12:24

6 229 Q. And that's a matter that's going on at the moment?

7 A. Yes.

8 230 Q. So you're taking a case, and --

9 A. Yes.

10 231 Q. -- your view is that they are being awkward? 12:24

11 A. Yes, they are putting obstacles. They don't want to
12 hand over information; they don't want to answer to
13 letters.

14 232 Q. Yes.

15 A. Do you know what I mean? It's like as if they are 12:25
16 hiding something.

17 233 Q. Well, I'm not going to get into the details of your
18 current legal case.

19 A. Yes.

20 234 Q. But I just want to ask you about something else. When 12:25
21 your brother was in the Royal Victoria Hospital, you
22 say that Muckamore staff visited him?

23 A. Yes.

24 235 Q. Without naming them, do you know which staff?

25 A. I don't -- I don't know any names. 12:25

26 236 Q. Yes. And you say --

27 A. All I know it was a nurse; two nurses from the ward.

28 237 Q. Yes. And you say that was wrong and inappropriate?

29 A. Yes. In any legal terms, no matter sort of case,

1 criminal, whatever, you are not allowed to approach a
2 witness. And he was classed as a witness.

3 238 Q. But I am just wondering, in fairness to them, would you
4 accept that maybe the staff who visited your brother
5 genuinely cared for him and wanted to see him? Is that 12:25
6 a possibility?

7 A. Why did they not notify me?

8 239 Q. So you feel that --

9 A. You know, it was hidden from me.

10 240 Q. Yes. 12:26

11 A. It was only a nurse on the ward told me; do you know
12 what I mean? Why was it hid?

13 241 Q. You feel as your brother's closest relative, you should
14 have been asked or at least informed that they were --

15 A. Yes, yes. The family should have been notified. 12:26

16 242 Q. Yes.

17 A. And they should have been identifying themselves.

18 243 Q. Yes. Can I ask you this: Has your brother recovered
19 from these injuries?

20 A. No. 12:26

21 244 Q. In what way do they continue to affect him?

22 A. He is on a Zimmer frame. And if he goes any distance
23 at all, he needs a wheelchair. And he is very, very,
24 very scared. He thinks sometimes that he is going back
25 to Muckamore. 12:27

26 245 Q. And I think you say that that causes him anxiety?

27 A. Yes. He has to be reassured by the staff at the home
28 that he's going nowhere.

29 246 Q. I think you say that at the home, he was considerably

1 or has been considerably happier than he had been
2 before, is that right?

3 A. What do you mean by that?

4 247 Q. Well, I think you say that he seemed to have settled at
5 the home, and he was much happier than he had been 12:27
6 before?

7 A. Yes. I know he has still got his bad days but when I
8 leave the home on a visit, I'm content. Even if he is
9 on a bad day, I'm still content because I know the
10 staff are caring, loving; everything we were expecting 12:28
11 Muckamore to be that wasn't.

12 248 Q. He is getting that at the home?

13 A. Yes.

14 249 Q. And without naming the home or where the home is, do
15 you remember how it came about that he was moved to the 12:28
16 home?

17 A. I got a phone call from the owner, the manager or
18 whatever you want to call it, to say that she was
19 taking him on. That was my first recollections of it.

20 250 Q. And what was your reaction? 12:28

21 A. I was sort of stunned because there was nothing
22 discussed with me.

23 251 Q. And how soon after that conversation was your brother
24 moved to the home?

25 A. I'm going to say two days. 12:29

26 252 Q. So just as when he was moved into Muckamore, his
27 departure from Muckamore came as a bit of a surprise?

28 A. Yeah.

29 253 Q. Have you been to see your brother regularly in the

1 home?

2 A. Yes. Only this past few weeks I haven't been because I
3 had an infection. I have to think of his care and his
4 safety.

5 254 Q. Can I just go back briefly to something that you said 12:29
6 in your statement. You said that you had received a
7 letter from Muckamore asking to you collect a document,
8 and you were told that the Trust had done a report of
9 some kind?

10 A. Yes. 12:30

11 255 Q. Was that a report on your brother? It's paragraph 50,
12 for the record, Chair. Was that a report on your
13 brother?

14 A. No, it was a report done by the Trust. It was 72 pages
15 long. 12:30

16 256 Q. You had to collect it from a woman, H82, and you had to
17 go to Holywell to sign for it?

18 A. I collected it at Muckamore, at the reception area.

19 257 Q. Yes. But you say it wasn't a report on your brother as
20 such? 12:30

21 A. No. It was a full, complete report. Something like
22 this, only done by the Trust.

23 258 Q. I see. Have you still got a copy of it?

24 A. Yeah.

25 259 Q. And could you provide a copy of it to the Inquiry, do 12:30
26 you think?

27 A. The Trust can provide that because they were the ones
28 who produced it.

29 260 Q. Yes. Well, perhaps even if you could provide the

1 Inquiry just with the name of the report, I am sure
2 that's something we could follow up. would that be
3 okay? So, you are indicating yes.

4 A. I think the Trust should know what they have done. It
5 was them that carried it out. I shouldn't have to 12:31
6 produce anything.

7 261 Q. Okay. Let me go back to your brother. How is he
8 keeping now?

9 A. Very nervous, agitated. Thinks that there are certain
10 people who are Muckamore staff. My cousin, she was put 12:31
11 out -- he put her out of the room two weeks ago because
12 he thought she was a member of staff of Muckamore.

13 262 Q. So is this someone in the home thought that she was a
14 member of staff in Muckamore?

15 A. No. He thought. 12:32

16 263 Q. Oh, I see. So he is --

17 A. That's part of his condition.

18 264 Q. Yes.

19 A. Only it's deteriorated. And it's only on one subject:
20 Muckamore. 12:32

21 265 Q. So, that's the subject that causes him particular
22 concern?

23 A. Yes. Yes.

24 266 Q. Now, I have read out your statement and I have asked
25 you quite a few questions. The Panel might have some 12:32
26 questions to ask you in a moment. I've asked all the
27 questions that I'm going to ask you, you will be very
28 glad to know. Just before I finish, is there anything
29 that you would like to add to your evidence to the

1 Inquiry?
2 A. I just -- well, the Belfast Trust would need to stand
3 up and be accounted for here. And their legal team as
4 well would need to stand up as well like men and women,
5 shoulder to shoulder, because they are treating the 12:33
6 families -- I know from my experience, they have
7 treated us like a piece of dirt on the sole of their
8 shoe. They are treating our family members -- these
9 people were born like this, they are not prisoners.
10 There's two Ps, prisoner and patient, and they have got 12:33
11 them mixed up.

12 267 Q. Well, P17's brother, you have given your evidence. You
13 have made the points that you want to make on behalf of
14 your brother, and indeed on behalf of others --

15 A. Also, I don't want it to repeat of any private home or 12:33
16 part of the Trust.

17 268 Q. Yes. Well, I'm going to hand over now to the Panel.
18 Those are my questions.
19

20 THE WITNESS WAS QUESTIONED BY THE INQUIRY PANEL 12:34
21 AS FOLLOWS:
22

23 CHAIRPERSON: I think Dr. Maxwell has something for
24 you.

25 DR. MAXWELL: 12:34

26 269 Q. I just wanted to ask one question. When your brother
27 was admitted to the Royal Victoria with the broken
28 knees and ankles, did he go back to Muckamore after
29 that?

1 A. No.

2 270 Q. So, he went straight from the Royal Victoria to the
3 care home he lives in now?

4 A. Yes.

5 271 Q. Okay. Thank you very much. 12:34

6 CHAIRPERSON: All right. Can I just come back to that
7 document that Mr. Doran was asking you about that the
8 Trust gave you, the report.

9 A. Yes.

10 272 Q. The only reason he wants you to identify it is because 12:34
11 it allows me to then go to the Trust to require them --

12 A. Well, ask the legal team that represents the Northern
13 Trust or the Belfast Trust.

14 273 Q. We will do, but what we might need from you is a bit of
15 assistance, either about when it was given to you or 12:34
16 what it might look like. So, could you just have a
17 think about that afterwards, and if you have it at
18 home, just either --

19 A. Well, I wasn't the only person that was given this
20 document. 12:35

21 274 Q. All right. And you can't remember at the moment what
22 it was called?

23 A. I know it was -- it was meant to be an independent
24 inquiry type thing.

25 275 Q. Okay. 12:35

26 A. It was 72 pages long.

27 276 Q. That helps us. That's fine. All right.

28 A. But you may ask the legal representatives --

29 277 Q. We can do that. It's just so we have in mind what sort

1 of thing it was.

2 A. No. It's been handed to every patient's family, which
3 I was led to believe.

4 278 Q. I think that probably helps us, actually.

5
6 I want to thank you very much for coming along because
7 I know that you were set up to come along a couple of
8 weeks ago and that didn't work, and you have made the
9 effort to come along today. You have spoken very
10 clearly and powerfully on behalf of your brother. So I 12:35
11 just want to thank you very much for coming to help the 12:36
12 Inquiry. All right? If you'd now like to go with
13 Jaclyn. Thank you.

14

15 THE WITNESS THEN WITHDREW 12:36

16

17 CHAIRPERSON: I think we have a witness for two
18 o'clock?

19 MR. DORAN: Yes, it's the mother of a former patient,
20 P51. Ms. Kiley will be dealing with the witness for 12:36
21 the Inquiry.

22 CHAIRPERSON: Fine. Could I just say something about
23 the future sittings for this year.

24

25 we had been expecting to but we will not be sitting in 12:36
26 the week of the 24th October. It is unlikely now that
27 he will have sufficient witness material to restart
28 hearings until about halfway through November, I'm
29 afraid. So, apologies for that.

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So, after we finish next week, we won't be sitting to hear further evidence until mid-November, but then we are hoping to hear from a dozen or so more witnesses before we close. It follows that we will not be finishing the patient experiences I'd hoped this year. We will publish a schedule, of course, about the Inquiry's future intentions for the rest of this year and, in due course, for next year.

12:37

All right. Thank you very much, two o'clock.

12:37

THE INQUIRY ADJOURNED FOR LUNCH

1 THE INQUIRY CONTINUED AFTER LUNCH AS FOLLOWS:

2
3 CHAIRPERSON: Thank you very much.

4 MS. KILEY: Good afternoon, Chair, Panel. This
5 afternoon's witness is the mother of a former patient 14:02
6 who is noted as P51 on the schedule, but the witness
7 has confirmed that she is content to be known by the
8 name Marian, her first name and her daughter is to be
9 known by her first name, Laura.

10 CHAIRPERSON: Great. Thank you very much indeed. 14:03
11

12 MARIAN, P51'S MOTHER, HAVING BEEN SWORN, WAS EXAMINED
13 BY MS. KILEY AS FOLLOWS:

14
15 279 Q. MS. KILEY: Afternoon, Marian. As you know, my name is 14:03
16 Denise Kiley. We met just briefly before you came and
17 I explained the process of your giving evidence today.
18 As you know, the first thing that I am going to do is
19 read aloud the statement that you have made to the
20 Inquiry and then I will ask you some questions about 14:04
21 it.

22
23 You have made a statement about your experience of
24 Muckamore which you have gained really through two
25 roles, firstly as a volunteer with Mencap and, 14:04
26 secondly, as the mother of a former patient, Laura.
27 Isn't that right?

28 A. That's correct.

29 280 Q. I know you made your statement on the 4th August this

1 year, and it's right that sadly since then, Laura has
2 passed away, isn't that right?

3 A. That's correct.

4 281 Q. Can I offer you, Marian, on behalf of the Inquiry, our
5 sincere condolences on that. 14:04

6 A. Thank you very much. I appreciate that.

7 282 Q. We appreciate that giving evidence can be a difficult
8 process, and perhaps more so for the circumstances that
9 you are in. So, please do feel free to tell me if you
10 need to take a break at any time, you can let us know 14:05
11 and we will accommodate that, okay?

12 A. Thank you.

13 283 Q. I am going to turn now to read your statement. You
14 will hear whenever I read it, instead of reading out
15 the names of certain staff members, I am going to read 14:05
16 out a cipher number. We have replaced the names of
17 staff members with a letter, the letter H, and a
18 number. You have a list of those in front of you
19 there?

20 A. I have, yes. 14:05

21 284 Q. So I will refer to them, to those staff members, by
22 their cipher number rather than their name. Whenever
23 you are giving your evidence, if you want to refer to
24 any staff members, I would ask you to refer to them
25 using their cipher number as well, or try your best to 14:05
26 do that, okay?

27 A. That's fine. I will.

28 285 Q. So your statement is dated the 4th August 2022. You
29 say:

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"I, Marian, make the following statement for the purpose of the Muckamore Abbey MAH Inquiry. In exhibiting any documents, I will use my initials M. So my first document will be M1.

14:06

My connection with MAH is that I am a relative of a patient who was admitted to MAH. My daughter Laura was a patient at MAH. Laura has a severe learning disability, autism, and is non-verbal. I enclose a photograph of Laura as a child at M1.

14:06

I have been a volunteer with Mencap for 35 years. My current role within Mencap is honorary president. As part of my role as volunteer, I am an ambassador for parents of disabled children and act as an advocate on their behalf. The relevant time period that I can speak about as a parent are between 1998 and 2005, when Laura was a patient at MAH. The relevant time periods that I can speak about as a volunteer with Mencap spans over 35 years, from in and around 1987.

14:06

14:06

Laura's admittance to MAH: Laura was born on the 27th August 1985 and is the second of four children. When Laura turned 13 years old, she began to experience puberty. As Laura is non-verbal, she cannot tell me when something is wrong so she can often hurt herself to express this. Laura did not cope well with puberty and lashed out. She began to hurt herself and others.

14:07

1 She banged her head off walls, wet the bed and hit her
2 siblings. At this time, Laura was beyond my help.

3
4 I remember speaking to H49, who was a consultant
5 psychiatrist in MAH, and told her that I tried 14:07
6 everything with Laura. She said that it would be a
7 good idea for Laura to attend MAH for respite. I took
8 Laura up to MAH. I was distraught as I did not want
9 Laura to go to MAH but it was the only option available
10 to her at that time. Laura was admitted to MAH on 12th 14:07
11 October 1998.

12
13 Through my role with Mencap I knew some members of
14 staff and remember meeting with H122, who was a nurse
15 at MAH. 14:08

16
17 When I left MAH, I cried the whole way home. When I
18 got home, I called MAH and spoke to H122 and told him I
19 was coming to collect Laura. He said that she should
20 stay, and asked me if I considered that I may not be 14:08
21 helping her at that time. He said that her medication
22 needed to be reassessed. I agreed that he was probably
23 right and it was best for me not to see Laura to allow
24 her to settle into MAH.

25 14:08
26 Laura was admitted to the Conicar Ward. I think she
27 stayed there until 2003. I cannot recall exactly how
28 long she was there. I was not allowed to see Laura
29 when she was first admitted to MAH, so I rang every day

1 to see how she was. I usually spoke to whoever
2 answered the phone.
3
4 When I spoke to H122, he would give me a good rundown.
5 I made it clear that Laura would not be a full-time 14:08
6 patient. I also made it clear that following my week
7 in MAH as part of my role with Mencap, details of which
8 are set out in the latter part of this statement, that
9 I did not want Laura to stay in MAH full-time. I let
10 the staff know that I would be keeping a watch over how 14:09
11 they treated Laura.
12
13 After around six weeks, Laura was able to come home at
14 weekends. I usually collected her around 10:30/11:00
15 a.m. from MAH and brought her back to MAH on the Sunday 14:09
16 evening. When Laura was settled in MAH, she attended
17 Glenevagh School on a Monday and Tuesday. Laura would
18 stay in Conicar until a Friday evening and then come
19 home for the weekend.
20 14:09
21 Regular reviews were carried out by MAH. A
22 multidisciplinary review was carried out on 1st March
23 2000, a copy of which is attached at M2.
24
25 It was suggested that Laura could attend school for an 14:09
26 extra day. A lady called H123 supported Laura, but
27 unfortunately it did not work out. When Laura was
28 around 19 or 20 years old, she was transferred to the
29 Ardmore Ward. I believe this was the female assessment

1 unit. When we asked why she had been moved, we were
2 told that she was too old to remain on the Conicar
3 Ward. Laura was the youngest person on the Ardmore
4 Ward. The nearest age to her was 64. I cannot
5 remember the name of the sister in charge of Ardmore,
6 but I remember she was older. She seemed burnt out.

14:10

7
8 When Laura was in the Conicar Ward, I had very little
9 concerns as I trusted H122. When I spoke to H122, he
10 helped reduce my worry about Laura staying in MAH. My
11 concerns came when she was moved to Ardmore. I
12 remember the patients were locked in rooms on Ardmore.
13 There was a television high on the wall that was
14 surrounded by what I can only describe as a cage. This
15 was in contrast to how Laura lived at home, where she
16 had her own bedroom painted in primary colours. She
17 also had her own bathroom. There were no home comforts
18 in MAH and I really felt that it was devoid of love.

14:10

14:10

19
20 When Laura was in Conicar, the staff carried out review
21 meetings with my husband and I where one topic
22 discussed was Laura's diet. The review notes at M2
23 record that Laura tends to "overeate, and her food
24 consumption needs to be carefully monitored". A
25 photograph of Laura in and around this time is
26 exhibited at M3. I remember collecting Laura from MAH
27 a few weeks after she was settled into Ardmore and
28 noticed that she had lost a lot of weight. When I
29 asked the sister in charge why Laura had lost weight,

14:11

14:11

1 she told me that she "Took Laura's diet in hand". She
2 told me that Laura was given shepherd's pie for her
3 dinner. It was clear to me that she was not eating as
4 she had lost six or seven pounds. I said to the sister
5 that I had no difficulties with Laura's diet when she 14:12
6 was in Conicar and asked why she changed it. She did
7 not give me any more information.

8
9 Following this, I attended a meeting with the dietician
10 in MAH. I cannot recall her name but I remember she 14:12
11 looked extremely obese. She told me that Laura was
12 obese. I felt that given her physical appearance, she
13 could not give advice on healthy eating. I made it
14 very clear that Laura's diet was not an issue for me, I
15 did not want her to starve. I said that I would rather 14:12
16 Laura lived to 30 and be happy than live longer and be
17 unhappy.

18
19 After this meeting, Laura continued to lose wasn't and
20 was not happy. When Laura is unhappy, this affects the 14:12
21 whole family. It is as if we are living in a tomb.
22 There was no accountability in MAH.

23
24 I remember Laura had bruising and I think she may have
25 been restrained but, as Laura is non-verbal, she could 14:12
26 not tell me. I remember staying to staff generally
27 that I hoped Laura was not being restrained. When
28 Laura came home, she did not want to go back to MAH.
29 She would take her clothes off to prevent us from

1 taking her back to MAH but we were able to talk her
2 around to going back.

3
4 I knew something was wrong with Laura. She was very
5 unhappy in Ardmore. As a qualified nurse who worked in 14:13
6 surgical theatres, I had never seen a ward managed as
7 badly as Ardmore. The ward sister was vague with me,
8 and I had no confidence in her. When I asked her a
9 question, she suggested I speak to another nurse, or
10 change the subject. After I had raised questions and 14:13
11 left MAH, I always felt she did not answer my
12 questions. I always felt bad. I made it clear that I
13 wanted to protect my daughter. Staff would tell me
14 that Laura was improving but when she came home, we did
15 not notice any improvement. There was an occupational 14:13
16 therapist who was very good with Laura and she made
17 good progress under his care.

18
19 I recall attending a meeting in MAH in January 2004 to
20 discuss discharging Laura from MAH. Paul and Anne from 14:14
21 the Belfast Health and Social Care Trust were superb.
22 They wanted Laura to be discharged from MAH as soon as
23 possible. By December 2003, Laura was still in MAH. I
24 remember this as my mother passed away in December
25 2003. A multidisciplinary meeting was held in MAH in 14:14
26 January 2004. I remember Paul saying that we "have
27 nothing for Laura but will build something around her".
28 They found a house in Ashley Grove, Dunmurray, for
29 Laura. The house was adapted to suit her needs. The

1 garage was turned into a sensory playroom. Laura was
2 slowly introduced to what would be her new home. I
3 made her bedroom look the same as it is at home, and
4 she would stay one or two nights until she was
5 comfortable.

14:14

6
7 It was difficult for Laura to settle with her autism.
8 It took over a year for Laura to leave MAH. She moved
9 into her new home on the 12th September 2005. She
10 lived with her friend from MAH. I was relieved when
11 she moved into the house as she settled well. She was
12 resettled under the Autism Initiatives, and I really
13 feel like this saved my family life.

14:15

14
15 My role as an advocate with Mencap. I have been a
16 volunteer with Mencap for over 35 years. When I first
17 joined Mencap, as I am a qualified nurse I was tasked
18 by Mencap with inspecting MAH over the course of one
19 week as part of one of the teams. The two teams were
20 made up of doctors and nurses and other professionals,
21 who attended local care facilities to carry out
22 inspections and reviews. We attended MAH five days and
23 worked from 9:00 a.m. to around 3:30/4:00 p.m. By the
24 Friday of that week, I did not want to go back to MAH.
25 I remember saying that my daughter would be there over
26 my dead body.

14:15

14:15

14:16

27
28 The inspection included assessing the surroundings, and
29 speaking with patients and staff. I also inspected the

1 Oldstone houses where patients lived on the grounds of
2 MAH. The houses on Oldstone were a feeder into living
3 in the community. It prepared patients by securing
4 them a job and then moving them into a house. I
5 believe that the visits were very well staged as staff 14:16
6 at MAH knew we were coming. I remember walking through
7 the wards and it seemed to me like they were making do,
8 with nobody's feelings being taken into consideration.
9 I asked patients and staff questions. I asked patients
10 what they did that day. Some patients worked in the 14:16
11 gardens and some went to daycare. I would describe
12 them as looking like trauma victims. The patients
13 looked clean but they looked unkempt. Some had not
14 been shaved. Their clothes did not match. Some
15 patients wore pyjamas but the majority wore day 14:17
16 clothes.

17
18 When I was talking to patients, staff would hover
19 around. Staff would complain about things. For
20 example, there was a bathroom that was really cold in 14:17
21 the winter. When they complained to their superior,
22 they were told to use a different bathroom.

23
24 I remember attending the forensic unit in MAH. This
25 unit was for people who had committed incest and were 14:17
26 deemed high risk patients. Patients with ordinary Down
27 Syndrome were admitted to this unit, and no needs were
28 being met. All patients were locked in the unit so
29 they did not see many people. I remember meeting some

1 patients with Down Syndrome who were not allowed to hug
2 people. They are now taught to ask before hugging
3 someone but not in those days. One day I had a jacket
4 on and one patient said "That is a lovely jacket".
5 They were locked in the ward; they looked so pleased to 14:17
6 have someone to talk to rather than someone talking at
7 them.

8
9 Following each inspection, the two teams would meet and
10 talk about their day. The consensus was that the way 14:18
11 MAH was managed was a disgrace. I was mindful that as
12 Mencap had sent me, I was not allowed to complain. We
13 would debrief and prepare summaries of what was
14 assessed. As a parent and nurse, I said that things
15 were not good. I went back to Mencap and made 14:18
16 recommendations. I remember saying that MAH was not
17 fit for purpose as it did not meet patients' needs.

18
19 During this time, I complained regularly to my
20 colleagues in Mencap about the treatment of patients at 14:18
21 MAH. I remember Maureen, head of Mencap at that time,
22 and I discussed what we saw, and sometimes we would
23 find it difficult to sleep.

24
25 I spoke to some patients in MAH but they did not tell 14:18
26 me that anyone hurt them. I remember seeing them doing
27 manual work. Although I could not pinpoint the issues,
28 the ambiance and feel of MAH was not right. It did not
29 feel like a caring environment. I remember thinking

1 that the care given to patients depended on the sister
2 on the ward. There were some wards that were looked
3 after and there were wards that looked like no one
4 cared. I remember thinking that nobody cares about
5 these people. To me, it was clearly an institution. 14:19

6
7 I remember attending MAH as part of Mencap one winter
8 in the early 1990s. I recall that the Hospital was
9 freezing cold. Patients were lying on lumps of orange
10 sponges without duvets or covers to keep them warm. 14:19
11 The sponges were covered in urine. I remember asking a
12 member of staff why the room was cold and why there
13 were no blankets, and she told me that the blankets
14 have been sent to the laundry in April and had not been
15 returned. She was not concerned at all. 14:19

16
17 There was no accountability in MAH. I believe that MAH
18 was badly managed. MAH was often referred to locally
19 as a colony, as the board was made up of former
20 military staff who I believe had little care for the 14:20
21 patients.

22
23 I remember an advocate blew the whistle around 30 years
24 ago on how patients were being treated by staff at MAH.
25 I think she was a member of one of the teams who 14:20
26 carried out inspections of MAH with me and was
27 approaching retirement. She gave an interview to a
28 newspaper and went on TV to tell people what was going
29 on at MAH. I thought that this would change things but

1 it did not. Based on what she said and my own
2 experience of MAH, I remember thinking that Laura would
3 only go to MAH over my dead body.
4

5 When Laura was admitted to MAH, I was devastated. I 14:20
6 wished that I could speak out like the other
7 whistleblower did, but I was unable to as I was told I
8 could not complain because I was a representative for
9 Mencap. I thought as she had blown the whistle, things
10 would get better. Some change did happen; however, 14:20
11 funding was cut. In my experience, if funding is cut,
12 it is usually within Learning Disability.
13

14 Mencap, in conjunction with the North and West Belfast
15 Community Trust, launched a support scheme in north and 14:21
16 west Belfast called Face-to-Face in May 1995. I was
17 trained as a counsellor. My role was to offer advice
18 and support to people who were raising a child with a
19 mental disability. The role assisted me in meeting
20 with MAH to discuss the resettlement programme. A copy 14:21
21 of the press release is exhibited at M4.
22

23 The Trust introduced a resettlement programme that
24 aimed to move patients into the community with support.
25 There were approximately 400 patients in MAH that 14:21
26 needed to be resettled. As part of the resettlement
27 programme, I regularly met with Oscar Donnelly and a
28 lady called Miriam, both from the Trust. I found them
29 to be very nice and helpful. Mr. Donnelly was

1 pro-patient and was kind. I remember there were a lot
2 of patients in MAH, and some had been resettled in
3 houses in Belfast. I felt that staff at MAH only gave
4 the programme lip service by letting five or six people
5 out at any time. All of a sudden, Oscar and Miriam 14:22
6 seemed to disappear, and I stopped receiving invites to
7 meetings in MAH to discuss releasing patients. I do
8 not know why. I thought that MAH was progressing with
9 the resettlement programme but I remember someone
10 telling me that only half the patients had been 14:22
11 discharged. I do not remember who told me this or
12 when.

13
14 When I attended meetings with staff at MAH and the
15 Trust to discuss the resettlement programme, I raised 14:22
16 concerns on behalf of parents who were worried their
17 children's needs would not be met. I remember H124,
18 social worker at MAH, was there, but I cannot recall
19 any other names. I remember H124 as he was a social
20 worker at MAH when Laura was there. MAH said a care 14:22
21 plan would be in place that provided a two-week
22 training course to care providers where patients
23 required full-time care. If further support was
24 needed, professionals would be available to assist the
25 carers. When I asked where the funding will come from, 14:23
26 I was told the Trust would provide funds. It was also
27 suggested that the old Iveagh School on the Crumlin
28 Road, Belfast, would be converted into a centre of
29 excellence. I thought this could work but it was never

1 devel oped.

2
3 I voiced my concerns about MAH when I could. In my
4 mind, it was agreed by everyone at those meetings that
5 MAH was not a place for people to live as it is an 14:23
6 institution. I do not believe that the community
7 support was there. For example, it is different (sic)
8 to find a podiatrist to attend with diabetes outside of
9 a care setting.

10
11 When the allegations of abuse came out, I was asked by
12 Marie Heaney of the Trust to attend a parents' meeting
13 in MAH to discuss how Laura had been successfully
14 resettled into the community. I went to the meeting
15 but it was the wrong thing to do. The timing was not 14:24
16 right. Parents were aggressive and angry and wanted
17 something done right away. They wanted people to be
18 held responsible for how their families were treated.
19 They fuelled each other up. My approach was if Laura
20 can live in the community, anyone can. People were 14:24
21 angry and had every right to be. I understood them. I
22 found parents were afraid to question MAH in case their
23 child was taken from them. People were crying. They
24 were sad and frustrated. Many said that they felt
25 guilty and they cannot live with themselves because of 14:24
26 what happened. They were in torment. After that
27 meeting, Marie said that we would meet with individual
28 families.

1 Northern Ireland was so far behind the rest of the UK
2 because of the Troubles. We were playing catch-up to
3 England and Scotland. He had reservations about
4 resettlement and asked how they would be supported, as
5 it had to be very well structured. Some patients who 14:24
6 were resettled were so lonely that they wanted to go
7 back to MAH. I will always feel guilty about Laura
8 being in MAH to the day I die. I really feel for
9 people who do not have family or friends to advocate on
10 their behalf. It is too hard for me to think about 14:25
11 what might have happened to Laura during her time at
12 MAH. When she was released, I did not want to have
13 anything to do with MAH. I fought hard and continued
14 to fight for anything that Laura has.

15
16 I remember fighting to get Laura a dental appointment
17 when she needed five teeth taken out. Due to her
18 needs, she has to go to the School of Dentistry in the
19 Trust for an anaesthetic before receiving treatment.
20 She was told that an appointment was not available for 14:25
21 22 weeks. I went on TV to talk about this, and Laura
22 received an appointment shortly thereafter.

23
24 I remain a strong advocate for parents. As part of my
25 role with Mencap, I contributed to discussions in 14:25
26 Stormont to inform ministers about the needs of the
27 service users of Mencap. When Gráinne Close was
28 pointed director of Mencap, I told her that MAH needs
29 to be closed down. From my dealings with MAH, it

1 289 Q. And are you happy to adopt that as the basis of your
2 evidence before the Inquiry?

3 A. Yes.

4 290 Q. Okay. Well, you have helpfully in your statement
5 broken down your experience of Muckamore, between your 14:27
6 experience with Laura's admission to Muckamore and your
7 experience as a volunteer with Mencap. I want to do
8 the same and to firstly ask you about your earliest
9 experience of Muckamore, which I think was in your
10 capacity as a volunteer for Mencap, isn't that right? 14:27

11 A. That's correct, yeah.

12 291 Q. When did you first volunteer?

13 A. Well, I got involved when Laura was really first
14 diagnosed because, as many people with a learning
15 disability child will tell you, there's very little and 14:27
16 you are sort of out on your own here. So I had to look
17 around and find people to explain what I needed to do,
18 how I was going to meet her needs.

19

20 Now, I had a very good social worker and she was the 14:28
21 one that suggested to me to get involved in Segal
22 House, which was there in Annadale Avenue where Mencap
23 was based at the time. This was terrific for me
24 because I was able to meet other parents, and Laura got
25 into the nursery at two and a bit. So I was involved 14:28
26 from she was two-and-a-half, really.

27 292 Q. Yeah. It was Mencap that sent you out to Muckamore
28 first, then?

29 A. Yes, yes. Now, I was there a couple of years, you

1 know, before I went on that trip to Muckamore.

2 293 Q. You were with Mencap a couple of years?

3 A. Uh-huh.

4 294 Q. Can you remember roughly what year that would have been
5 then, that trip to Muckamore that you described in your 14:28
6 statement?

7 A. Well, it was in the 90s.

8 295 Q. In the 90s, okay. You are referring to that trip that
9 you have described --

10 A. It would be late 90s probably, you know. 14:28

11 296 Q. Late 90s. That's the trip you are referring to where
12 you carried out the inspection, is that right?

13 A. That's correct.

14 297 Q. Can you tell the Panel a bit more about the inspection.
15 who organised it? 14:29

16 A. Well, I'm not really sure. I think there was -- there
17 was two groups and there were various professionals
18 involved in that, doctors, social workers, et cetera.
19 And I don't know, obviously Mencap have been asked to
20 produce somebody to go along to sort of -- as part of 14:29
21 this inspection. We were two teams, and we did two
22 sections of -- we all had our own wards that we were
23 going to check. So I didn't see all of them, I only
24 just saw the section that I was asked to look at.

25 298 Q. Can you remember what section that was, Marian? Were 14:29
26 there particular wards?

27 A. No. They just sort of were random wards given out to
28 each of us so we didn't overlap, basically. But I did
29 -- I did get the forensic unit as one of my sections.

1 So the rest of them didn't all get that, you know. So
2 we met up. Then we had two different sorts of
3 information, if you like, that we could then discuss
4 with each other. So, I got filled in on the wards that
5 I didn't visit, and the same for them. So we sort of 14:30
6 had a wee post-mortem at the end of the day and sort of
7 deemed [sic] information from each other.

8 299 Q. Whenever you first went out, what did you understand
9 was the purpose of the inspection?

10 A. Well, I was very naive when I think back it now. I 14:30
11 just thought, you know, having a nursing background, I
12 just assumed all hospitals were more or less run the
13 same way. So, I didn't know really what to expect but
14 it certainly wasn't what I expected, if you know what I
15 mean, when I got there. It was just horrific. I just 14:30
16 thought this is unbelievable, this exists in this day
17 and age.

18 300 Q. And what was your role in the inspection on the day?

19 A. Well, my role was just to feed back information, which
20 I did gladly. I said the same thing every day, "This 14:30
21 place is dreadful, I don't know why people are here",
22 you know. Some of the doctors said, well, you can't
23 really say that. I said would you put any of your
24 family here? I certainly wouldn't. There's nobody's
25 -- I could not see with the people that I had been 14:31
26 around their needs really met. Halfway, a wee bit,
27 depending, but there was nobody, no structure. There
28 didn't seem to appear to be -- it's always willy-nilly;
29 you might go to daycare today or you mightn't. Or

1 sometimes they go to the garden, you know, to do some
2 gardening or something, but it wasn't every Monday,
3 Wednesday or Friday or every other day. There didn't
4 seem to be any organisation at all in the whole set-up.

5 301 Q. What impression did you form particularly about the 14:31
6 management of Muckamore at that time?

7 A. I thought it was appalling, absolutely appalling.
8 There was nobody seemed to be accountable for anything,
9 you know. The ward sister, on her ward she was in
10 charge and she was the one that decided everything. 14:31

11 The people that I dealt with higher up when I was
12 there, on the board, for example, like I don't know
13 what role they were supposed to be having, but
14 certainly there was nobody seemed to check anything

15 out. There was nobody doing -- like, I'm used to an 14:32
16 old matron who came around with the finger and checked
17 for dust and stuff, and there was nobody that seemed to
18 come around and ask, well, what's happening in your

19 ward, or report to anybody. You know, it seemed to be
20 all very up in the air. I couldn't really make head 14:32
21 nor tail out of what way they organised it. The only
22 way that seemed to be organised was the staff rotas,

23 who was on and off. Other than that, I don't know. A
24 lot of the time, the patients didn't seem to have
25 anything much to do. 14:32

26 302 Q. And what was your impression of the patients? You
27 described in your statement about some of them looking
28 unkempt. Can you give the Panel --

29 A. They were just -- yes. I wouldn't say they were --

1 like, some of them weren't shaved. Some of them, I
2 don't know if they were washed or not. You know, they
3 certainly didn't look pristine by any means. They
4 looked well enough nourished, I couldn't say they
5 looked starved or anything like that. They certainly 14:33
6 weren't happy people, you know. There was nobody there
7 -- there was no fun in the place; there was nobody
8 talking to them; there was no music on. There was --
9 you know, there was no chat. They were delighted to
10 have a wee conversation with anybody that took notice 14:33
11 of them, you know. And they were all over you when you
12 went into the wards. They wanted to talk to you and
13 touch you. You know, it was like they were devoid of
14 contact of people.

15 303 Q. And you were able to speak to some patients, is that 14:33
16 right?

17 A. Yes, uh-huh.

18 304 Q. Did you ask them about what they thought of Muckamore?
19 A. No. I didn't actually put it like that but I just
20 said, well, what do you do with your day? They say, 14:33
21 oh, on a Saturday night we sometimes get a film.
22 Sometimes. You know, nothing was structured. There
23 was no structure. They didn't know anything else.
24 These people just -- this was their day-to-day living
25 and they didn't know what they were missing out. They 14:34
26 certainly were -- the basic care was given, is how I
27 would put it. There was no frills, there was no
28 comfort, there was no nothing. It certainly was no
29 home from home, that's for sure.

1 305 Q. Did you speak to staff as part of the inspection?
2 A. Yes. Nurses are notorious for complaining because
3 there's always a lot to complain about. Certainly
4 their surroundings that they were working in, I would
5 have found that extremely difficult. 14:34

6 306 Q. And did they talk to you about that?
7 A. Yes, they did, yes.

8 307 Q. And can you tell the Panel the type of things that they
9 were saying to you?
10 A. Well, they were saying they just have to make do with 14:34
11 what they have. I mean, they don't seem to be able to
12 move on any further with things, you know. They just
13 -- everybody seemed to go -- to be quite honest, I
14 think they had got past even worrying at this stage of
15 how to make life better for these people. I mean, they 14:35
16 just did what had to be done and no more. So, that's
17 how their day was being put in. And the people at the
18 other end of it didn't know any different, you know.

19 308 Q. One of the things that you particularly said in your
20 statement was that you lost sleep over some of the 14:35
21 things that you saw.
22 A. I did, I did. I was very, very upset, and I have to
23 say --

24 309 Q. What particular things upset you?
25 A. Well, the bedding was one of the ones that really -- 14:35
26 these lump of sponges when there was no mattress.
27 Whenever they got wet, they threw them out and they got
28 another bit of sponge. You have to bear in mind this
29 is like 30 plus years ago now as well, which to me

1 still is no excuse for it. And I said to her "Where is
2 the duvet cover"? Like, some of the other wards would
3 have had, you know, the duvet covers on, and maybe if
4 it was a younger member -- a younger patient, they
5 might have had football emblems on the wall, or they 14:35
6 might have had a Manchester United cover on the bed or
7 something like that. But this group seemed to just --
8 I mean, they would have been slightly older but there
9 was no comfort there, like. I said "Would you not
10 think of asking the laundry where they are, like, this 14:36
11 is November and that was April". I couldn't understand
12 their thinking at all.

13 310 Q. You described those incidents in your statements and
14 you have said you felt you couldn't complain. Why did
15 you feel that? 14:36

16 A. I couldn't complain -- I could complain to Mencap but I
17 was told that I wasn't -- it wasn't my place, if you
18 like, to take this any further or to discuss it with
19 anybody higher up the ladder, that that would have been
20 left to the people who were going to -- all I had to do 14:36
21 was give my information and then they would be taking
22 it further. Or in my head I assumed that's how it was
23 going to work.

24 311 Q. Right. So was it Mencap told you then that it wasn't
25 for you to complain? 14:37

26 A. Yes, yes.

27 312 Q. But part of your role was to give recommendations to
28 Mencap?

29 A. Yes.

1 313 Q. Is that right?

2 A. Absolutely.

3 314 Q. So, how was that done? Was that verbally or in written
4 form?

5 A. I'll tell you how it was done. I went in and I went 14:37
6 absolutely loopy, and I shouted all over the place, and
7 I said "I don't know how any of you can sleep in your
8 bed at night if you are supposed to be responsible for
9 learning disability. This is a disgrace, this is
10 beyond belief in this day and age". 14:37

11 315 Q. So you had a meeting?

12 A. Oh, indeed I did, yes.

13 316 Q. Who with?

14 A. With everybody that would listen.

15 317 Q. So, with Mencap? 14:37

16 A. Mostly it was Mencap. All Mencap-related.

17 318 Q. And were there any Trust representatives there?

18 A. No, not at that time now.

19 319 Q. Okay. So your report goes back to Mencap?

20 A. It went back to Mencap but because I was involved with 14:37
21 the Trust as well, there were certain members of the
22 Trust that I did speak to but just on a personal level.

23 320 Q. What was your involvement with the Trust at that time?

24 A. Well, I have a care company so I was working for the
25 Trust, and still am. So, I was privy to some of the 14:37
26 people that would be on the list here that you have.

27 321 Q. Right. So, in your personal relationships with some
28 people --

29 A. In personal relationships I did. They did know how I

1 felt, and they all agreed. There was nobody
2 disagreeing about it at all, they all agreed, but they
3 did nothing about it.

4 322 Q. Going back to the report to Mencap, what
5 recommendations did you make, can you remember?

14:38

6 A. That they should get a large bulldozer and knock the
7 blooming place down, that's all it was fit for. It was
8 fit for nothing else. It was an absolute dungeon of a
9 place. Somebody told me many years ago that Muckamore
10 was built around the hospital, because it was out in
11 the wilds. It was basically put out in the middle of
12 nowhere. Then Muckamore Abbey was there. To get
13 people to work in it, they built houses and things like
14 that all around it so that they had workers for
15 Muckamore. Obviously, things were very different then.
16 I mean, you went to Muckamore if you had a baby out of
17 wedlock. You know, it was so archaic. It was
18 absolutely ... But it's a building that we have nothing
19 to be proud of.

14:38

14:38

20 323 Q. At that time, whenever you referred to the meeting with
21 Mencap and what you told them, what did you understand
22 -- what was Mencap's response to that as an
23 organisation?

14:39

24 A. Well, obviously, you know, this was going to be all put
25 down, this was all going to be brought forward, and
26 these recommendations were going to be given to the
27 ministers and, you know, to the Trusts, and everybody
28 was going to be involved in trying to rectify or
29 improve, or doing whatever they needed to do. But in

14:39

1 my head I knew there's nothing -- there was nothing
2 there for these people. This is a dumping ground.
3 When you had nowhere to put them, they went to
4 Muckamore, and that's the way it had been for years and
5 years.

14:39

6 324 Q. Were you aware of any action taken on the back of your
7 recommendations?

8 A. Well, I -- no, I can't say I was particularly. I know
9 it all went forward. I know there was lots of meetings
10 after it with various members of the Trusts. But, you
11 know, I didn't know any outcomes, you know. The
12 resettlement to me was what was brought from that.
13 Then that's whenever the resettlement then, they
14 decided to focus on that as a result of the bad press
15 it got after the -- after our visit, after we had
16 visited it. Our inspection, rather.

14:40

14:40

17 325 Q. Yes.

18 A. Then, this is whenever they decided they had to do
19 something, so they decided on this resettlement
20 programme.

14:40

21 326 Q. I want to come on and ask you about resettlement
22 because you have experience of that, again through your
23 capacity as a volunteer, and you have experience of
24 Laura being resettled. You mentioned about bad
25 publicity as a result of the inspection that you did.
26 Was the Mencap inspection something that was heavily
27 publicised?

14:40

28 A. No. The lady that blew the whistle, she was the
29 catalyst in all of it. She was the one that did the

1 most good because she didn't care, she was leaving
2 anyway, she was about to go. The idea was it was
3 nearly like you'd taken the Hippocratic Oath here. We
4 weren't allowed to discuss really what was outside of
5 the Hospital with anybody other than the group that we 14:41
6 were there with and who we were representing. So
7 that's what I was told.

8
9 I didn't want to do anything that could have been
10 harmful either. I didn't know what to do really. So, 14:41
11 I went back and did the best I could with Mencap, and
12 the next thing we knew would I come on to the board for
13 resettlement. But some of that might have been just to
14 shut us all up, I think, as well. Like, we were then
15 seen to be doing something. But it was a wee bit, you 14:41
16 know -- it didn't really come to much. It came -- it
17 helped a bit. Well, you can ask me about the
18 resettlement because obviously I don't want to jump the
19 gun either here.

20 327 Q. Yes. I want to ask you a little bit about Laura's 14:41
21 admission to Muckamore, first of all. You had
22 experience of her being admitted to Muckamore and then
23 having spent time there and then she was resettled, but
24 you also had experience of your role in the
25 resettlement board. 14:42

26 A. Laura's resettlement was really down to myself more so
27 than them. But anyway, that's neither here nor there,
28 I suppose, where that's concerned.

29 328 Q. I will come on to that, Marian.

1 A. That's okay.

2 329 Q. Can I ask you about her initial admission then. So
3 that was in October 1998, isn't that right?

4 A. Yes.

5 330 Q. You described in your statement about Laura's 14:42
6 disability. So, she had a severe learning disability
7 and also had autism and was non-verbal, isn't that
8 right?

9 A. That's correct.

10 331 Q. And she lived at home with you until she was 13? 14:42

11 A. She did, yes.

12 332 Q. But then you described how, whenever she hit puberty,
13 she had some difficulties. Can you describe for the
14 panel the type of difficulties she was having just
15 before she got admitted to Muckamore? 14:42

16 A. Well, she was always -- she was always -- she had very
17 challenging behaviours. She put her head through all
18 the windows and things. But generally speaking, I
19 could manage her because she wasn't big, you know, she
20 wasn't a great big girl. But as time went on, and I 14:43
21 had three other kids, and my youngest was only a baby
22 really and she really wasn't fond of him. She liked
23 his blanket. You couldn't leave her, you know, she
24 could have hurt him.

25 14:43

26 She would have destroyed the other children's
27 belongings. You know, she was just non-stop. Very
28 good at washing paintings. If you had a decent
29 painting, it went in the sink. So I had a lot of

1 paintings on the wall that looked like they had -- they
2 were abstract art, but they actually had been something
3 to look at at one stage, so I just put it back up. She
4 loved washing things, shoes and good things, you know,
5 anything at all went in. She would have poured out all 14:43
6 your wine. You know, she was just always up to no
7 good.

8
9 But as time went on, she was never a good sleeper, she
10 never slept. My children slept all night with the 14:43
11 radio on because she was up half the night, in and out
12 of everybody's room. The radio kept them asleep. I
13 used to worry for their sanity, as I was told in the
14 morning that there was rain coming in from the east,
15 and the M1 was blocked. I thought to myself my 14:44
16 children must listen to the news all night.

17
18 But she got to the stage where she wouldn't get up for
19 me in the morning. Well, she didn't go to bed and then
20 she'd lie in bed and she wouldn't get up for school. 14:44
21 She would have been very abusive. She really did
22 hurt -- like, she could hurt you. And she was banging
23 her head through walls. And then I got her to school
24 but she was only down the street, because I live in
25 [location] and she went to [name of school] just down 14:44
26 the street a wee bit. We used to have to get -- she
27 used to go down and just go to sleep.

28
29 Is that all right me saying that?

1 CHAIRPERSON: I was just thinking, I think we might
2 take that out of the transcript. It might identify --
3 A. Sorry.
4 CHAIRPERSON: It's not your fault at all but it's an
5 identifier. 14:44
6 A. It's her school.
7 MS. KILEY: It is just to protect you, Marian.
8 A. It's okay.
9 MS. KILEY: We can take it out.
10 A. That was all positive stuff anyway in the school, you 14:45
11 know. That wasn't anything negative.
12
13 But it just meant she was going down and she wasn't
14 getting any benefits out of it, you know.
15 333 Q. Then you had said in your statement, whenever you 14:45
16 described the admission, you said that you felt really
17 that Muckamore was the only option for Laura at that
18 time?
19 A. That was all they could give me. They couldn't help me
20 in any other way. 14:45
21 334 Q. Had you asked for any other support at the time?
22 A. Well, I had a very good social worker and she did
23 everything she could. And I got a wee bit of help from
24 various organisations to try and help me for a certain
25 amount of time during the day. But in the bigger 14:45
26 picture, I couldn't manage her. I had to admit to
27 myself, which was very hard to say as a medical person,
28 to say I couldn't look after her properly. I couldn't
29 look after all of them. We were very dysfunctional as

1 a family.

2 335 Q. When it came to her admission in the end, was it a
3 voluntary admission or was she detained?

4 A. No, no, it was voluntary.

5 336 Q. It was voluntary. And she went to Conicar Ward? 14:46

6 A. She did.

7 337 Q. At that time, was that a dedicated children's ward?

8 A. It was.

9 338 Q. So just children than?

10 A. It was the only one. Well, young adults. 14:46

11 339 Q. Can you remember how many other children were on the
12 ward at the time, roughly?

13 A. You never really knew because you didn't see them all
14 together, but there was certainly... They only allowed
15 so many in the dayroom at one time anyway, so I would 14:46
16 have maybe seen two or three. But I couldn't tell you
17 exactly how many were on the ward, now.

18 340 Q. You actually said that initially you weren't allowed to
19 see Laura, isn't that right?

20 A. That's right. 14:46

21 341 Q. So, what reason were you given for that?

22 A. Well, because whenever I was -- I was going to go and
23 bring her home again because I just felt so bad about
24 leaving her there because it was such an awful place,
25 but the charge nurse spoke to me - and I had known him 14:46
26 previously and he was absolutely excellent - and he
27 reassured me that I could at this stage be detrimental
28 to her, because she needed properly assessed and she
29 needed her meds looked at, and she needed to see if

1 they could improve her behaviour with behaviour nurse
2 therapy and stuff like that. That made perfect sense
3 to me because I couldn't offer her any of that.

4 342 Q. Just on that, what did you understand the purpose of
5 Laura's admission to Muckamore to be? 14:47

6 A. It was to be assessed and her meds looked at, and try
7 and contain some of her behaviours.

8 343 Q. Okay. And what type of treatment did she get there?
9 A. Well, she had what's called behaviour nurse therapy
10 which is she went to daycare. I don't know how many 14:47
11 days -- she wasn't in all the time, you know. Well, at
12 that stage she would have been but she wouldn't have
13 been attending behaviour nurse therapy; that came
14 further along. The six weeks was to get her into some
15 sort of routine. I would have been maybe detrimental 14:47
16 to that if I had come up to see her or if I'd have
17 taken her home. So that was their policy.

18 344 Q. So, that was her first six-week period?
19 A. That was their policy then that they stayed in for six
20 weeks. 14:48

21 345 Q. Okay. Was it the policy that you weren't allowed to
22 see the patient for that six weeks?
23 A. Yes, yes. They advised you didn't see them.

24 346 Q. Okay. So that was a six-week assessment period, is
25 that right? 14:48

26 A. Yes.

27 347 Q. Then, at that time, were you told initially that there
28 would be a period -- the admission period would be six
29 weeks? Or how long did you understand the admission

1 period to be?

2 A. No, they told me it would be six weeks, yes.

3 348 Q. Six weeks. In that six-week period, did she stay there
4 seven days a week?

5 A. She did. 14:48

6 349 Q. Okay. Because at a later point, I think you refer to
7 Laura staying at Muckamore Monday to Friday?

8 A. I made it clear she would never be there permanently,
9 because I couldn't keep a close enough eye on her if
10 she was there all the time. That's why the 14:48
11 understanding was once they got her assessed and got
12 her sorted, she would come home then at the weekends or
13 come home. It would be a joint care between us.

14 350 Q. So that happened then after the six-week period, did
15 it? 14:49

16 A. It did.

17 351 Q. Okay. So, I think you said she was in Muckamore Monday
18 to Friday?

19 A. Monday to Friday.

20 352 Q. And came home at the weekends? 14:49

21 A. She did.

22 353 Q. And she attended a school on a Monday and a Tuesday?

23 A. Yes. They thought then we would try and see if on the
24 Monday and Tuesday that she came home that she could go
25 to school, and then only have to go to Muckamore 14:49
26 between Wednesday and then she could come home on
27 Friday. But looking back on it now, it was far too
28 much for her to adjust to all those different changes.
29 But we gave it a go to see if there was any chance, but

1 it didn't work out. She just got more difficult and
2 more confused because her whole routines were all taken
3 out of... You know, she couldn't understand why she
4 was going here or there. With autism, it takes them a
5 long time to adjust to any changes, and she just 14:49
6 couldn't do it.

7 354 Q. In the time that she was in the Conicar ward, was she
8 receiving behavioural therapy then?

9 A. She was.

10 355 Q. Okay. Because I think one of the exhibits refers to 14:50
11 it. You have attached one of the multidisciplinary --

12 A. Meetings.

13 356 Q. -- reviews, yes.

14 A. Uh-huh.

15 357 Q. I will get you the reference. It's page 19. There are 14:50
16 numbers at the top of your pages, Marian. Actually,
17 the document starts at page 17.

18 A. Okay.

19 358 Q. This is a Review of Arrangements For Looked-After 14:50
20 Children. It's dated -- it's obviously an outcome of a
21 review meeting. Halfway down page 17, it says the date
22 is the 1st March 2000.

23 A. Oh, yes.

24 CHAIRPERSON: The multidisciplinary review is a couple
25 of pages earlier, is it? 14:50

26 MS. KILEY: Yes. I will come back to it, I am going to
27 refer to this one first. So, this one is dated 2000.

28 A. Yes.

29 359 Q. The entry I wanted to alert you to is on page 19. You

1 will see there are a number of references, particular
2 questions about how Laura's obviously doing. At point
3 G, there's a reference to behaviour therapy. It said:

4
5 "Laura's behaviour in MAH has improved somewhat because 14:51
6 of BNT. However, her behaviour at home and school has
7 deteriorated recently".

8
9 So is that in line with what your experience was of
10 behaviour therapy? 14:51

11 A. Yes. The BNT, the guy that looked after her behaviour
12 nurse therapy, she really liked him and she gelled with
13 him, and so she would do things for him that she
14 wouldn't do for anybody else. They put her on this
15 Teach Programme and things like that. The idea was she 14:51
16 took it home, and then we did -- we started off with
17 the blue card the first day we got it home. And I got
18 the blue card, and she just took it off me and threw it
19 in the fire.

20 360 Q. I wanted to ask you about that, the Teach Programme, 14:51
21 because that was referred to in the multidisciplinary
22 review --

23 A. That's right, sorry.

24 361 Q. -- which is at page 14. You don't necessarily need to
25 turn to it but that's why I wanted to alert you to 14:52
26 that. It says:

27
28 "The Teach Programme has been introduced to the ward
29 and this appears to work reasonably well as Laura

1 responds well to routine and structure".

2 A. Yes.

3 362 Q. Can you explain what the Teach Programme was?

4 A. Basically it was -- it's quite a simple thing. They
5 gave each of the patients a colour card. So, they had 14:52
6 their box and everything in the box would be blue and
7 the cards blue. So when they gave you, Laura, the
8 card, she knew to go to her box where all her bits and
9 pieces were, that was her starting point. And then
10 there was various things in the box she would do, like 14:52
11 puzzles. This was letting her know that this was her
12 teaching bit. This is the education bit, if you like.
13

14 And she did it, I mean she could do it. But when she
15 came home, she didn't want to know about it because 14:52
16 that was a totally different ball game. She only did
17 it to appease, but she wasn't certainly going to sit
18 down. I gave her the blue card and she got rid it.
19 She said no chance. Which is very often the case with
20 parents, they won't do much for you, you know. But she 14:53
21 did do it and she could do it, and I think she quite
22 liked it as well, but it wasn't any -- not at home, no.

23 363 Q. So, it was a treatment she received at Muckamore and
24 she used it at Muckamore?

25 A. Uh-huh, it worked there but it didn't work at home. 14:53

26 364 Q. What was your overall impression of the treatment and
27 the care she got at Conicar ward?

28 A. When she was in Conicar, I was quite happy because I
29 could liaise with the nurse in charge who I knew, and

1 he was very honest --

2 365 Q. H122?

3 A. Yes.

4 366 Q. Yes, okay.

5 A. And he would have given me a proper assessment. And he 14:53

6 was very good at keeping in touch. You know, if you

7 had any concerns about her, he would have phoned me or

8 he would have updated me, which was very unusual, you

9 know. You never -- they didn't ever ring you unless

10 she had had a fit or something. That would have been 14:54

11 about the only time you would have got any info.

12 367 Q. So you felt that he kept you well informed, is that

13 fair enough?

14 A. He did. He did. He did.

15 368 Q. I think in your statement you say whenever she was 14:54

16 about 19 or 20, Laura moved to Ardmore?

17 A. She did.

18 369 Q. So that was perhaps in and around 2004/2005, is that

19 right?

20 A. Yes. 14:54

21 370 Q. Yes.

22 A. Yes. 2004, I think.

23 371 Q. 2004, okay.

24 A. It might have been.

25 372 Q. You said in your statement that that's when your 14:54

26 concerns started.

27 A. Absolutely.

28 373 Q. What concerns did you have about Ardmore?

29 A. Well, first of all, she was 20, or 19 -- whatever age

1 she was, she was only young -- and the next age group
2 up to her was 64. So, they were all old women. There
3 was nobody there -- her needs were never met in the
4 place. It was an absolute terrible place.

14:54

5
6 The ward sister, I just couldn't make head nor tail out
7 of her at all. She just... At one stage I thought is
8 she a patient really or is she not, because she never
9 made any sense to me. When I asked her anything
10 medical, she didn't seem to be able to converse. I
11 would say to her you will be reading out, no doubt, the
12 diet. The woman, to me, should have been lying down in
13 a darkened room somewhere because she was not fit to
14 run that ward at all.

14:55

15 374 Q. I will ask you about the diet. So, it was the ward
16 sister that you spoke to?

14:55

17 A. Yes.

18 375 Q. In your statement you refer to concerns about Laura's
19 weight loss in Ardmore, isn't that right?

20 A. I did.

14:55

21 376 Q. Are you saying it was the ward sister you spoke to
22 about that?

23 A. Absolutely, yes.

24 377 Q. What was your impression of how she dealt with that?

25 A. My impression was that, well, first of all, she
26 couldn't look at me. She was wandering around the
27 office while I was trying to talk to her. I was saying
28 to her look, I don't care -- I want Laura's diet to be
29 whatever she had in Conicar because she was very happy

14:55

1 with it. She won't eat shepherd's pie, and she won't
2 eat fish, and she is not going -- that will all go in
3 the bin. Give her food she wants to eat. She said she
4 is very overweight. I said I don't care how overweight
5 she is, I want her to have -- her only comfort in life 14:56
6 is a bit of food and you have taken that off her.

7 378 Q. You mentioned what she had in Conicar, and she had been
8 on a weight-reducing diet in Conicar, isn't that right?

9 A. Yes, but it wasn't a very -- like, it was my idea of
10 her diet, which I decided for her, which was chicken 14:56
11 nuggets and chips, and real healthy food that she
12 loved, you know. I mean, for years Laura's taste buds
13 were very odd and there was a whole lot of stuff she
14 couldn't eat. She didn't know what the taste was. She
15 was on very bland food for a long time and then 14:56
16 suddenly she found McDonald's and her whole new world
17 opened up to her, you know, and I wasn't depriving her
18 of that.

19 379 Q. You referred to the report from the nutrition and
20 dietetics department. It's at page 16, if you want to 14:57
21 turn to it, of your documents. It should be at the
22 back of your folder, and the number at the top should
23 be 05116. It's entitled "Department of Nutrition and
24 Dietetics". Have you got it?

25 A. 16? 14:57

26 380 Q. 16, yes. Have you got that, the report?

27 A. 16, yes.

28 381 Q. The date on this is the 1st March 2000. That was still
29 when she was in Conicar, is that right?

1 A. Yes.

2 382 Q. You will see that the dietary prescription says "Weight
3 reducing diet approximately 1500 kilocalories".

4 A. 1500 calories.

5 383 Q. And there's reference there to a diet being followed. 14:57
6 Maybe about three-quarters of the way down. "diet
7 being followed now. Healthy eating. Low fat/low sugar
8 diet."
9

10 That's the type of diet she was on in Conicar, is that 14:57
11 right?

12 A. Well, we wrote all that down but I said to them I don't
13 want her to be deprived of anything she wants. You
14 know, I don't care how fat she gets. So, it was our
15 understanding. That was to keep the dietician happy, 14:58
16 if you know what I mean. And they did cut down on her
17 sugars and they did cut down on some of her sweets. I
18 mean, I sent her back with a lorry-load of everything.
19 The idea was ach, look, just let her have them. It
20 wasn't strictly kept, you know. But unfortunately 14:58
21 that...
22

23 I mean, the dietician couldn't write anything else.
24 She couldn't really say it's fine to have chicken
25 nuggets and chips, you know. So, at the end of the day 14:58
26 she just did what she had to do and she wrote it down.

27 384 Q. But then in Ardmore there wasn't kind of that tacit
28 acceptance then, is that right?

29 A. No. Even though I warned her and I said to her I want

1 Laura's diet to stay as it is because that gives her
2 comfort, you know, and she says to me she is far too
3 heavy, far too heavy. I said that's fine, I am her
4 mother and I am happy for her to be heavy.

5 385 Q. Were your concerns ultimately listened to? Did the 14:59
6 diet change in Ardmore?

7 A. I just went in and I said to her there's going to be a
8 formal complaint on your mat here if you don't get her
9 sorted out; I want her back on the food that she can
10 eat; did it not worry you when she was eating nothing? 14:59
11 Because, like, the weight had -- I nearly had a heart
12 attack when I seen her. Like, she had basically been
13 eating nothing because you couldn't lose that amount of
14 weight in such a short period of time if you were
15 eating anything, you know. 14:59

16
17 I said I don't want her having this, I want her having
18 -- I made it clear to her that I was going to go
19 further up the chain here if this wasn't adhered to.
20 It didn't take a fizz out of her at all, you know. It 14:59
21 didn't bother her one iota.

22 386 Q. But after you had the discussion, did Laura's diet
23 change? Did you notice a difference?

24 A. It changed, yes. It did change.

25 387 Q. And did they start putting weight back on then? 14:59

26 A. She stabilised on where she was. She certainly didn't
27 lose any more.

28 388 Q. You provided a photograph. It's at page 24, if you
29 turn that up. I just wanted to check with you. This

1 is a few pages along, Marian.

2 A. Right.

3 389 Q. The top number should be 24.

4 A. Oh, 051-24.

5 390 Q. That's it. I wanted to check when that was. Was that 15:00
6 Conicar or Ardmore, if you can remember? You have said
7 there photograph --

8 A. That would have been -- no, that would have been
9 Ardmore.

10 391 Q. Was that before or after the weight loss? 15:00

11 A. I would say that's probably -- she was heavier than
12 that. That's probably after.

13 392 Q. Okay.

14 A. Well, maybe not. Do you know, I am not just sure.

15 393 Q. That's okay. 15:00

16 A. I am trying to see the photograph behind there.

17 394 Q. It looks like she is perhaps out in a garden or some
18 sort of garden arbor. There's some trellising behind
19 her.

20 A. I am wondering if that is trellising or if that is... 15:01
21 No, they never would have really taken any pictures of
22 Laura at Muckamore.

23 395 Q. It says at the top there, "Photograph of Laura during
24 her time at Muckamore".

25 A. So it is. That looks like the grid behind the window. 15:01
26 There was a grid on the windows, so that looks to me
27 like it must have been taken in the ward. Because
28 that's the way the windows would have been, all
29 gridded.

1 396 Q. Okay.

2 A. Yeah.

3 397 Q. Well, you refer to your interaction with that ward
4 sister and you have also referred in contrast to the
5 interaction with H122 -- 15:01

6 A. Yes.

7 398 Q. -- in Conicar. Whenever Laura was in Ardmore, did you
8 have an allocated point of contact that you could
9 discuss any concerns with?

10 A. Well, it was the ward sister, you know. There was 15:01
11 another nurse who was quite nice but I wouldn't have
12 seen her often. The only other person I spoke to was
13 her BNT therapist.

14 399 Q. Okay.

15 A. He was very good, I thought. He and Laura got on 15:01
16 really well and he had good input with her.

17 400 Q. And did he keep you updated about the --

18 A. Well, only if I happened to see him when I was up
19 picking her up.

20 401 Q. Okay. So, there was no formal communication between 15:02
21 you and the BNT therapist.

22 A. No. It was through the multidisciplinary meetings
23 then. That information was passed on to them.

24 402 Q. Yes. One of the other things you refer to in the
25 Ardmore ward is that you remember Laura had bruising? 15:02

26 A. She did.

27 403 Q. I wanted to ask you about that. Can you recall when in
28 time that happened?

29 A. She was always -- you see, she was quite aggressive

1 with herself and she did bang her head and she had a
2 constant bump. She had her face stitched a couple of
3 times. Not there now but with us, even at home. And
4 she would have -- but she would have had a lot of
5 bruising on her arms and she would have had some on her 15:02
6 legs, but I couldn't tell you that was her or how that
7 happened. I don't know.

8 404 Q. Yes.
9 A. You know, because it wouldn't have been unusual for her
10 to hurt herself. 15:03

11 405 Q. In your statement you said that you remembered saying
12 to staff, you say "I think she may have been
13 restrained"?
14 A. I asked them. I said "I hope you don't do any
15 restraining in the ward", and they said oh no, no, no. 15:03
16 I said I will be watching because I was -- I just
17 didn't trust them with her really, at all.

18 406 Q. Did you ever have to restrain Laura at home?
19 A. No.

20 407 Q. No. 15:03
21 A. Well, no. You didn't -- you ran away from Laura at
22 home. You know, you took to your heels and then she
23 calmed down. No, the only time Laura would have been
24 restrained is if she was having a bad fit and you had
25 to try and protect her from hurting herself. Other 15:03
26 than that, no.

27 408 Q. When she was in Muckamore, did staff ever inform you of
28 specific incidents and tell you that they had to
29 restrain her?

1 A. No. No, there was no adverse incidents.

2 409 Q. Did they give you any explanation for the bruising?

3 A. It's very hard to explain. The air was all very laid
4 back. Nobody seemed to take note of anything in
5 particular. They might have written it down, I don't 15:04
6 know. I just said she had a bit of bruising. I mean,
7 they didn't take bruising 30 years ago all that
8 seriously with a learning disability, you know, because
9 they did fall and they did hurt themselves and they did
10 bang their heads and all this. So, it was a very grey 15:04
11 area, to be honest. It was very hard to know, you
12 know. I think a lot of the time I just -- I always
13 feared the worst so then I was always, you know, on the
14 go watching. All I did was watch her.

15 410 Q. Yes. 15:04

16 A. I would have examined her and looked at her back and
17 all the rest of it. Generally speaking, that would
18 have been okay. It would have been her arms or her
19 knees but then she could have done that herself, I
20 don't know. 15:04

21 411 Q. So you can't say?

22 A. I can't say, no.

23 412 Q. You did say in your statement, though, that you thought
24 Laura was very unhappy in Ardmore?

25 A. Oh, she hated it. She absolutely hated it. 15:04

26 413 Q. Why did you get that impression?

27 A. Well, because she didn't want to go back. It was awful
28 on a Sunday, you know, trying to get her into the car
29 to get her back. You know, we knew. She couldn't -- I

1 couldn't help her and yet at the same time, you know,
2 she would have sat on the ground, and she banged her on
3 head on the car the whole way up.

4 414 Q. was that something that just started whenever she moved
5 into Ardmore or she would have done that in Conicar? 15:05

6 A. No. She did it occasionally. She did it in Conicar
7 too, but not to the same degree as she did when she was
8 in Ardmore. I mean, she was absolutely -- when she got
9 up, when she was in Conicar when she got back, I would
10 have always phoned to see how she was and she generally 15:05
11 had settled back in again. In Ardmore, it was just --
12 like we dreaded it, you know, and she couldn't get out
13 of the place quick enough on a Friday when you went to
14 get her. The minute you said -- in comparison to
15 whenever she lived now in Ashley Grove, when I would 15:06
16 have said to her are you going up to see the girls, and
17 she was all biz and ready to go, getting in the car for
18 you, you know. It was quite obvious that her needs
19 weren't met. They were never met in Muckamore, not
20 from day one. 15:06

21 415 Q. what do you think they should have been doing to meet
22 her needs; what type of thing?

23 A. Well, the environment that she was in was totally not
24 -- you know, there was nothing -- it was an
25 institution. It was just like One Flew Over the 15:06
26 Cuckoo's Nest where you watched all these people
27 aimlessly going around, doing really nothing. Bare
28 walls in a lot of the wards. No softness, no
29 furnishings, no love, no nothing, no caring. Now, I

1 can't say that about all the wards because I obviously
2 wasn't in them all.

3 416 Q. Yes.

4 A. But the few that I did see, if the rest of them were
5 anything like that, then, you know, it was a very sorry 15:07
6 place.

7 417 Q. Yes. Did Laura get to go to daycare whenever she was
8 in Ardmore?

9 A. Well, daycare was the BNT therapy.

10 418 Q. Right. 15:07

11 A. It was in the daycare centre.

12 419 Q. Okay.

13 A. And that's where the Teach Programme was as well. So,
14 that would have been -- I assume that's what she did in
15 the mornings. I don't even know if she got every day. 15:07
16 I am not sure.

17 420 Q. Just before I move on from Ardmore, there is one final
18 thing I wanted to ask you about that you refer to in
19 your statement. At paragraph 12 you say that, in your
20 experience, you have never seen a ward as badly managed 15:07
21 as Ardmore.

22 A. Yes.

23 421 Q. I wanted to ask you to explain to the Panel why you
24 have said that.

25 A. Well, because it was the whole air in the place. The 15:07
26 ambiance of the place would not have been one where you
27 would have felt, if you came in, that there was care
28 there; that it was a haven or an environment for people
29 with very special -- very vulnerable people with very

1 specific and special needs. Those needs all need to be
2 tailored for them. I mean, you can't put them all in
3 one place and expect one system to work for each
4 individual because they were all totally different and
5 their needs were all different. It just seemed to be 15:08
6 that everybody was getting their day in, and it was a
7 job, and you went in the morning and then you clocked
8 out. The staff talked about their days off, which we
9 all did, you know.

10
11 But I don't know how anybody could have gone into that 15:08
12 environment and worked like that, because it was just a
13 scary place, to me. It was a big worry. You know, I
14 was worried constantly about Laura being there. The
15 only time I got any relief is when I took her home. 15:08
16 And her behaviour was awful then as well because she
17 didn't want to come back.

18 422 Q. Yes. But she was then ultimately resettled --

19 A. She was.

20 423 Q. -- in 2004. I think you first had a meeting to discuss 15:08
21 resettlement with Laura, isn't that right?

22 A. That's right. January '04.

23 424 Q. And, in fact, you refer to two people in the Trust,
24 Paul and Anne, who you said were particularly good?

25 A. Were absolutely amazing. But I worked with them 15:09
26 outside of Muckamore anyway because they were part of
27 the Trust that worked with me. We are domiciliary
28 providers to the Trust, so I overlapped with them with
29 different patients they had, or clients that were

1 coming in and out. So, Anne was -- they were both
2 Learning Disability.

3 425 Q. What did they do as part of the resettlement process
4 that you were so impressed with?

5 A. Well, they identified, first of all, that her needs 15:09
6 could not be met within the system that they had in
7 place, that it wasn't possible. So, what they decided
8 to do was, Autism Initiatives at that time, the man
9 that was running it was very good, and he was great at
10 taking severe learning disability. A lot of them 15:09
11 wouldn't touch severe learning disability because they
12 needed too much care and they needed too many staff
13 members to look after them. But he did, and he
14 eventually got funding from the Trusts. What he did
15 was he built, or he got, individual houses, so that we 15:10
16 were getting away from the institution, we were getting
17 to a family home situation, which was great, you know,
18 which was exactly what Laura was used to.

19
20 Now, it took her a while to settle down and settle in. 15:10
21 Eventually then, she moved in full-time. I mean, she
22 just flourished. I mean, we were amazed. Not only did
23 she flourish but, as a family, we did too because we
24 knew she was cared for and looked after. When Laura
25 was at her worst, it affected the whole family, 15:10
26 especially my other kids because they absolutely -- my
27 other children were frantic with worry. You know, it
28 was a very, very unhealthy way to bring them up. But
29 in fairness to Laura, I have three excellent adult

1 children now and I would say she's probably had a big
2 say in that.

3
4 But certainly once Autism -- I got her room done
5 exactly like her room at home. There was a proper 15:11
6 kitchen, there was a sitting room, they had a therapy
7 room. As time went on in the house, we got her --
8 because she didn't go on holidays and she didn't do
9 anything with her money, so we got and built a nice big
10 facility out in the garden. She had soft play and she 15:11
11 had her wee room for sensory needs and her radio and in
12 she went. Oh, aye, she had a really -- and she
13 progressed and she was so happy. Her behaviours
14 just... Now, they took a bit of time, they didn't go
15 away initially but, as time went on, she just loved it. 15:11

16 426 Q. Yeah.

17 A. We got her a car. They took her everywhere. She got
18 what we couldn't give her, and that was her freedom.
19 We couldn't give her that and they were able to give
20 her that on a one-to-one, you know. And she lived 15:11
21 there with [name of friend], her wee friend, and the
22 two of them just ...

23 427 Q. We will take that name out of the transcript but that's
24 okay.

25 A. Sorry. 15:12

26 428 Q. We will pause the feed.

27

28 You were saying she lived with her friend, and was
29 happy?

1 A. Yes. The two of them then, and they had known each
2 other from nursery in Segal House. They then just
3 lived as a wee family, if you like. The staff were
4 amazing. They were totally so geared into them and
5 they knew everything about them. They went and took 15:12
6 her shopping, took her -- she went out for tea and, you
7 know, they never apologised if she got out of hand.
8 She maybe went to McDonald's and decided to join in in
9 a party with other kids, and everybody just let her.
10 She used to bring her cup up to the lady behind the 15:12
11 desk to get extra.

12 429 Q. To get more?

13 A. And she always got it. You know, she was very accepted
14 and she had a lovely time.

15 430 Q. Well, can I ask you, Marian, what did Muckamore staff 15:13
16 do to help prepare Laura for that transition?

17 A. Well, it was all down to Autism Initiatives and the
18 Trust. The staff in Muckamore really had very little
19 to do with it. It was, you know, outside of them.
20 They just more or less got her ready to go out on the 15:13
21 days. I think maybe the Muckamore nurses, maybe one of
22 them maybe came with her on the days that she was being
23 brought up and down for the resettlement.

24 431 Q. For visits?

25 A. For visits. 15:13

26 432 Q. Okay.

27 A. Yes. And it was, it was difficult. It took a good
28 year or two to get her really well settled in, but then
29 once she did, she was great.

1 433 Q. Yes. I wanted then to come on and ask you about your
2 experience of resettlement through your role with
3 Mencap.
4 CHAIRPERSON: Can we just check the witness is okay.
5 You have been going about an hour and a quarter; do you 15:13
6 want to break or are you okay to crack on?
7 A. No. If you are all fine, I am fine.
8 CHAIRPERSON: We are fine. Thank you.
9 MS. KILEY: I don't have too much more for you, Marian.
10 A. That's okay. I am absolutely fine. 15:14
11 434 Q. But let me know if you do need a break at any time.
12 A. No, I don't need a break, no. Thank you.
13 435 Q. So, I wanted to ask you about your role in resettlement
14 from your volunteer as Mencap. You refer to going on
15 to the resettlement board? 15:14
16 A. Yes.
17 436 Q. When did you join that board?
18 A. Well, that was after -- I think it was about maybe a
19 year after the inspection in Muckamore. I think this
20 was their idea of making us imagine, okay, well, we are 15:14
21 going to go and do something about this; it's been
22 brought to our attention, we can't do nothing; right,
23 we are going to resettle these people out of Muckamore.
24 437 Q. Earlier in your evidence when you told the Panel about
25 the inspection, you had said that you thought the 15:14
26 resettlement was one of the things to come out of that?
27 A. Yes. It was, yeah.
28 438 Q. So about a year after your inspection, you think?
29 A. I can't be sure, absolutely sure, because it's a wee

1 while ago, but I would say definitely it would probably
2 be a year or so afterwards.

3 439 Q. what was your role on that board?
4 A. well, I was just going to sit and, you know, tell them
5 what it is that I felt they needed for people that are 15:15
6 going to be resettled; how we are going to do it. You
7 know, you just can't lift them out of an institution.

8 440 Q. when you say "tell them", do you mean the Trust?
9 A. You know, discuss. Discuss with the various people on
10 the Panel. 15:15

11 441 Q. Yes. And were there Trust people on the Panel?
12 A. There were Trust people on the Panel. The idea being
13 see how we can -- I was always very concerned about it,
14 because whenever I started to listen to what they were
15 saying, it didn't make a great deal of sense to me 15:15
16 because they were talking about taking people out of
17 Muckamore. I said, well, where are they going? where
18 are you going to put them? Because there's no funding
19 out in the -- you know, there's no funding in the
20 district for anything. You can't even get funding for 15:15
21 the elderly, so what are we going to do? How are we
22 going to house these people, how are we going to decide
23 how they are going to be taken out? I mean, bearing in
24 mind there were families who were very, very
25 anti-resettlement. I mean, not every family wanted it, 15:16
26 you know. So you had that as well to consider.

27 442 Q. when you were raising those questions, what was the
28 Trust's response?
29 A. well, you know, the idea was this is going to be better

1 for them. We have just made the complaint this is an
2 institution; this isn't viable in that day and age; we
3 have to move on here; we have to look at making these
4 people's lives better because this is no way for anyone
5 to live. At the same time, they were totally 15:16
6 institutionalised, a lot of these people. You know, it
7 was going to be a process. You had to have some sort
8 of idea or process in how this was going to be done.

9
10 At one stage they talked about they were going to get 15:16
11 them home, and that they were going to set up this
12 multi-centre where you have the doctor, psychiatrist,
13 nurses, CPN nurses, everybody in this one place. And
14 if they went into crisis, they were going to be brought
15 in and they thought in a matter of a couple of weeks, 15:17
16 they were going to get this intense therapy and they
17 were going to be then fit to go out back home. I
18 thought to myself, well, there might be several that
19 that could happen to. There might be, I don't know all
20 the patients in Muckamore. But, in my opinion, I 15:17
21 thought that's a bit of a long shot, and where are you
22 getting the money for this? And where are these people
23 going to go in the interim period? And how are you
24 going to prepare them for the not luxury of Muckamore -
25 like, there was no luxury in that place - and then 15:17
26 bring them out to live side by side in the community
27 when they hadn't done that for years, some of them?

28
29 Some of them were never going to be going out. Like,

1 some of them were never going to be out of Muckamore,
2 for example, the forensics, they were going to have to
3 stay. This was going to be made into a different type
4 of hospital; this was going to be only for the likes of
5 the forensic patients where there'd nowhere to put 15:18
6 them. If they had been in and out three times, the
7 third time, if they had offended, then they didn't get
8 back out again. This is the way it ran then. I don't
9 know what way it runs now.

10
11 But I had very mixed -- I did say -- a lot of us did,
12 it wasn't just me. A lot of people were saying where
13 is the money is coming from, and how are you going to
14 operate this, and what section are you going to take
15 first, and what do the parents say? As I say, some 15:18
16 parents said absolutely not, they are not moving, no, I
17 can't take them home. I think the big fear was that
18 they were going to have to take them home, and they
19 just couldn't do that. I think that was the big fear
20 because the way it was projected, it was still all very 15:18
21 vague.

22
23 Looking back on it now with hindsight, I think a lot of
24 this -- although they did resettle people, they did
25 resettle them, but I think a lot of it was lip service, 15:18
26 to be honest with you. Like, I didn't work for the --
27 looking at it logically, you didn't need to be a rocket
28 scientist to know that there was no way you could take
29 these people, the amount that were in Muckamore at that

1 time, and just get them into the community. You know,
2 I just didn't know how they were... I kept asking how
3 are you going to do this? Everybody asked how we are
4 going to do this? Then the powers-that-be, whoever
5 they were, they were saying, well, this is what we are 15:19
6 thinking so we want your input.

7 443 Q. Did you ever get feedback on how the process was going?
8 You have described a process of you suggesting, being
9 asked for input and you giving that. Did you ever get
10 feedback on how the resettlement process was going? 15:19

11 A. No, because what happened, halfway through the whole
12 procedure, it all just -- we weren't invited back. I
13 didn't get a letter saying come back to a meeting. It
14 just seemed to go nowhere and it all ended.

15 444 Q. So, how long in total were you on the resettlement 15:19
16 board?

17 A. Well, it seemed like probably -- to me, it seemed like
18 a good enough time because I was up and down and up and
19 down to meetings, and the meetings would have been,
20 like, every fortnight or maybe every month. Like, it 15:20
21 went on probably for a year or two maybe. I am so bad
22 at times now, I am not sure.

23 445 Q. But did you ever find out why then you stopped going to
24 those meetings?

25 A. No, no. My understanding was that the people who had I 15:20
26 had known who were on the -- you know, the hierarchy of
27 the Trust that were running Muckamore, a lot of them
28 had retired, and they were of retirement age. And a
29 lot of them had moved on. And they seemed to -- all

1 the people I knew seemed to have disappeared, they
2 weren't there any more. Just the odd one.

3 446 Q. You also referred to your role in face-to-face
4 counselling?

5 A. Yes. 15:20

6 447 Q. And that was supporting other parents. Did you have
7 any experience with the resettlement programme through
8 that role?

9 A. No.

10 448 Q. No, okay. 15:20

11 A. No. A lot of the face-to-face was to do with maybe new
12 parents at the time, you know, that had just got a new
13 baby and they were in the wilderness, and they were
14 overwhelmed with everything that they didn't know and
15 all that. So although we did -- it did go further on 15:21
16 up, but no. There was one other parent on the
17 resettlement programme with me but this lady was from,
18 like, County Meath.

19 449 Q. Okay.

20 A. It was a very strange set-up because we had people -- 15:21
21 there was a wee bit of politics or something. I don't
22 know what way it worked. The Trust had so many beds,
23 each Trust had so many beds was my understanding - I
24 don't know whether this is correct or not but this is
25 what I took from it - like, the Belfast Trust, and then 15:21
26 you had -- at that time it wasn't the Belfast Trust,
27 you had North and West Trust, and South and East Trust,
28 so everybody had an allocation of beds for emergencies,
29 maybe, I think, as an emergency admission. But they

1 had an emergency admission ward, as far as I knew.

2
3 However, like, there was a lot of it I wouldn't be
4 clear about because I didn't really know how it worked.
5 But with the resettlement, yes, they did resettle them. 15:22
6 The idea was they brought them out to these houses,
7 that's what they were meant to do, and they go from the
8 houses out. And I know some of them went to a house
9 down, I think it was maybe the Ormeau Road or
10 somewhere. Mencap were very keen that you didn't have 15:22
11 a whole lot of people together, and the problem was
12 with our patients out of Muckamore, because they hadn't
13 ever lived with one or two people, a lot of them
14 couldn't manage, they were very lonely and they didn't
15 -- they were aimlessly. They were trying to get them 15:22
16 jobs, trying to get them, you know... Now, it's better
17 now in that they have got, you know, sort of sheltered
18 accommodation. They didn't have that, they didn't have
19 that sort of housing available, you know, at that
20 stage. 15:22

21
22 Muckamore has probably had something to do with that as
23 well, in that they then started to, like Autism
24 Initiatives, got houses and specially trained staff or
25 house mothers and people like that. But that's what 15:23
26 the idea was but there was no money to do it.

27 450 Q. Yes.

28 A. You know, the funding was not there. Learning
29 disabilities is always the bottom rung of the ladder so

1 when funding starts to get cut, it's always us that
2 gets it.

3 451 Q. You are saying "us", you still have a role in Mencap,
4 isn't that right?

5 A. Oh yes, I am still very much involved. Yes. 15:23

6 452 Q. what's your role at the moment?

7 A. I am still their honorary president. It changes a lot
8 now because I seem to be the only one on the committee.
9 As I say, no, I am still there. what I do mainly is I
10 run a big race day in Down Royal every year for Mencap. 15:23
11 Then I would help if some of the families needed to
12 talk to me or set up their wee committees, and I would
13 attend anything they wanted me to go to. So,
14 basically, I am there if they need me.

15 453 Q. Yes. Do you ever encounter Muckamore in that role? 15:23

16 A. No.

17 454 Q. No?

18 A. No.

19 455 Q. Okay. Do you have any ongoing role with the
20 resettlement programmes? 15:24

21 A. No, I haven't, no. Not for some time.

22 456 Q. Okay. Marian, thank you for answering all my
23 questions.

24 A. Not at all. It was my pleasure.

25 457 Q. Those all the questions I wanted to ask you. I wanted 15:24
26 to give you an opportunity, before I hand over to the
27 Panel, to say anything else that you want to say to the
28 Panel. Have you anything else you want to raise about
29 Muckamore?

1 A. No. I am glad of the opportunity to be able to say a
2 few things, because over the years it's always bothered
3 me that I didn't pursue it any further. I didn't know
4 how to. I assumed - and you should never assume
5 anything - that things, you know, were going to get 15:24
6 better. And they have, up to a point. I mean, you
7 know, up until the point where I went up to Muckamore
8 with one of the Trust members for that discussion with
9 the parents - which was the totally wrong thing to do
10 because they were too hurt, too sore, too angry, too 15:24
11 everything - all I wanted to say to them was look, I
12 have a daughter who had the most awful learning
13 disability; she has [condition], a terrible condition.
14 If she can live in the community with all the things
15 that were wrong with her, so can your children, so can 15:25
16 your adults. They can, it's possible. I wanted to
17 give them a wee bit of hope that at the end of it, look
18 at me, all those years, and yet Laura ended up... If
19 somebody could have told me 25 years ago or 30 that
20 this would happen, and Laura would get into that house 15:25
21 and she would be happy and she would have as normal a
22 life, and the potential. This is the thing that
23 probably bothered me more, the potential in these
24 people was never brought out, you know. They never got
25 a chance to reach their potential, which she was able 15:25
26 to do in the situation that she was in. They worked
27 with her, they made her happy, they gave her things
28 that, you know, we take for granted but meant a lot to
29 her. They were able to progress her when people said

1 oh, it's not possible.

2

3 That was always the problem. They decided from the
4 word go these people have nothing to give, you know.
5 They never went in there to try and see what makes you 15:26
6 tick. They have so much to give. It's an amazing
7 amount that they can give. With the right treatment,
8 the right potential -- get the potential out of them.
9 When Laura was diagnosed, one of the doctors had a
10 sister with the same condition; she said to me what you 15:26
11 put in, you will get out, not maybe immediately but,
12 you know, eventually, so it's up to you to put the work
13 in to get it out. That, to me -- and I don't care what
14 sort of learning disability it is because if my
15 daughter can do it, to me anybody can do it, really, 15:26
16 with the right treatment, being looked after, given the
17 chances.

18

19 You know, I heard all through her life, all through
20 Laura's life, she has got the same rights as every 15:26
21 other children in Northern Ireland. Well, she never
22 had and she never did. That's what's wrong with our
23 learning disability. They are not given their place.
24 They are part of our society and they should be looked
25 after and cherished, because they are great people and 15:27
26 they are -- you know, they have a lot out there.
27 There's a lot that they can give back if they get a
28 chance to do it.

29

1 That's all I would really like to say on the matter. I
2 am very passionate about it, as you probably can tell.

3 458 Q. That's very clear, Marian?
4 A. Not at all. It was a pleasure.

5 459 Q. Thank you for coming and telling us all about Laura. I 15:27
6 will hand over to the Panel in case they have any
7 questions for you.
8

9 THE WITNESS WAS QUESTIONED BY THE INQUIRY PANEL
10 AS FOLLOWS: 15:27
11

12 CHAIRPERSON: I have just a few questions. It's just
13 really to follow up on some of what you said now just
14 for my clarification.

15 460 Q. When Laura was moved from Conicar to Ardmore ward, that 15:27
16 doesn't seem to have had anything to do with her
17 behaviour. Was that just because of an age?

18 A. Yes, it was just because -- she actually was there
19 longer than she should have been, and that was because
20 the charge nurse was very good about holding on to her. 15:28
21 From that age, there was nothing in between, so she had
22 to go to a female assessment unit, which was all they
23 had. At that age, it has to be all male or all female
24 so they are all segregated. That was the only ward
25 available for her. 15:28

26 461 Q. The conditions, it sounds, on Ardmore were much
27 bleaker, as it were?

28 A. It was. Conicar wasn't beautiful by any means, but
29 Ardmore was beyond belief. It was an awful place.

1 462 Q. This is just my ignorance and my colleagues probably
2 know much more about it. Behaviour nurse therapy, is
3 that a long-term therapy?
4 A. Yes. It's more or less, yes. It's sort of repetitive
5 therapy. So if you do it often enough, then eventually 15:28
6 it gels with them and they understand. You know, for
7 autism especially it's very good because it's
8 continual; the same thing over and over and over.
9 Continual behaviour nurse therapy means.
10
11 You also have to get them to gel with the person that
12 they are working with, which is the big important part
13 of behaviour therapy, that they can relate to whoever
14 is doing the therapy with them so that they can get the
15 best out of them. 15:29
16 463 Q. How long did that continue for Laura?
17 A. Well, she started it in Conicar and then she finished
18 -- or she was still doing it whenever she was in
19 Ardmore.
20 464 Q. Until she left? 15:29
21 A. Until she left, yes.
22 465 Q. That's really what I wanted to understand.
23
24 The Mencap inspection that you took part in, just
25 again, sorry if I have missed it, was that a one-off? 15:29
26 A. Yes. Well, for me it was, yes. I don't know if it was
27 done before. I wouldn't know.
28 466 Q. You don't know who organised it or whose under umbrella
29 it was, whether it was the Trust or RQIA or Mencap

1 absolute --

2 470 Q. That was afterwards, though, wasn't it?

3 A. No. That would be during our days there when we came
4 and met up for a cup of tea after and then there was a
5 wee synopsis. 15:31

6 471 Q. So you would be discussing your findings and that sort
7 of thing?

8 A. There was a wee synopsis taken of the day events, if
9 you like. They were then put together.

10 472 Q. You said, I think your words were, "It was just 15:31
11 horrific". You couldn't believe in this day and age.
12 What was it that made it so horrific?

13 A. It was bleak. It was just a bleak, sad place. There
14 was no comfort in it and no happiness, and nobody was
15 -- like, there was no joy in the place at all. The odd 15:32
16 ward where I seen where people had made a wee bit of an
17 effort, where there's maybe some family input. Some of
18 the ones who would have had family input who would have
19 been to visit them and all, they would obviously have,
20 you know, brought them things and gave them some of 15:32
21 their comforts. But for the people who hadn't anyone.
22

23 Now, there was a friend of mine had a daughter there.
24 She was a much older woman. She was involved in
25 Mencap. She would have been -- she organised a wee 15:32
26 group called The Friends of Mencap. That was for
27 people who would have gone up, who had nobody, and they
28 would have maybe brought them sweets or things like
29 that. Her daughter was impeccably looked after because

1 she was in it every day nearly. So if there was plenty
2 of input from people, it seemed to be different. But
3 for the people who hadn't that.

4
5 All the people weren't from Northern Ireland either. 15:33
6 Like, some people were southern. I don't understand
7 it. There seemed to be some sort of politics in it
8 all. The woman that was on the committee with me was
9 from County Meath and her son was there, so I don't
10 know what way that worked. But that's really not all 15:33
11 that relevant, I suppose, to the --

12 473 Q. No. There was a report produced at the end of this.

13 A. Yes.

14 474 Q. You saw the report?

15 A. I probably did. I just can't think. No, there was 15:33
16 definitely a report, without a doubt. There had to be
17 one.

18 475 Q. Okay. You can't remember if you saw it and agreed with
19 it?

20 A. Oh, I wouldn't have agreed with it, I'm sure. I 15:33
21 wouldn't agree with much.

22 476 Q. I thought that might be right.

23 A. I wouldn't have agreed with it. Absolutely not.

24 477 Q. You would have thought it was too --

25 A. I would have thought it's a pile of nonsense, just, 15:34
26 because at the end of the day they are only writing
27 down what people want to hear. They are really not...

28

29 I am not saying they covered anything up but they

1 certainly didn't -- if I had have been writing the
2 report, it would have been very different, I would
3 think.

4 478 Q. I imagine it would. Marian, that's all that I have.
5 Can I just thank you for giving your evidence, which 15:34
6 has been extremely forthright and clear, and I can't
7 imagine that Laura could have had a stronger or better
8 advocate than you as her mother.

9 A. Thank you.

10 479 Q. Thank you very much. 15:34

11 A. You are welcome.

12 CHAIRPERSON: If you'd like to go with Jaclyn. Thank
13 you.

14

15 THE WITNESS THEN WITHDREW 15:34

16

17 CHAIRPERSON: All right. 10 o'clock tomorrow.

18 MS. KILEY: we do have a statement that is ready to be
19 read. we are entirely in your hands as to whether the
20 statement -- 15:35

21 CHAIRPERSON: we just have to be sure that the witness
22 is -- do you know if the witness is --

23 MS. KILEY: we understand that the witness has been
24 informed and knows that their statement will be read
25 today. 15:35

26 CHAIRPERSON: Can we just make sure? Did you check
27 that with the Secretary to the Inquiry before she went
28 out?

29 MS. KILEY: Yes, this morning.

1 CHAIRPERSON: Let's just make sure that he is online
2 now. Yes.

3 MS. KILEY: I will hand over to Ms. Briggs. The
4 statement is P53's cousin.

5 CHAIRPERSON: Just give us a second. Sorry, we are 15:35
6 just going to take a five-minute break, if that's okay,
7 and then we will go straight into the statement. Just
8 five minutes. Thank you very much.

9

10 THE INQUIRY ADJOURNED BRIEFLY AND RESUMED AS FOLLOWS: 15:36

11

12 CHAIRPERSON: Thank you. Yes, Ms. Briggs.

13 MS. BRIGGS: Good afternoon, Chair and members of the
14 Panel. This afternoon I am going to be reading from
15 the statement of P53's cousin. The reference for that 15:44
16 is MAHI-STM-063-1.

17

18 The cipher P53's cousin has been given but P53, the
19 patient, can be known as John, and I will refer to him
20 as John. P53's cousin, who gave the statement, can be 15:44
21 known as Alfred and I will name him Alfred.

22

23 STATEMENT OF P53'S COUSIN (ALFRED) READ INTO THE RECORD
24 BY MS. BRIGGS AS FOLLOWS:

25

26 MS. BRIGGS: "I, Alfred, make the following statement
27 for the purpose of the Muckamore Abbey Hospital (MAH)
28 Inquiry.

29

1 My connection with MAH is that I am a relative of a
2 patient who was at MAH.

3
4 The relevant time periods that I can speak are about
5 between the late 1970s/early 1980s up until the middle 15:45
6 of 2014.

7
8 My cousin John was voluntarily admitted to MAH in the
9 late 1970s/early 1980s. I do not recall the exact
10 date. John was an only child. John was in his late 15:45
11 teens at that time. John was severely autistic and was
12 medically diagnosed as dumb. John received care for
13 the majority of his life. When he was small, he was
14 cared for by his aunt and his uncle on his mother's
15 side. I understand that it became apparent that his 15:45
16 disabilities were such that eventually he had to be
17 cared for full time and so he went to Glencraig
18 Curative School, Craigavad ("Glencraig"). His father
19 kept him at home at weekends where possible and took
20 him on camping holidays. John was born in 1960 and 15:46
21 passed away in 2018, age 57.

22
23 When John was admitted to MAH I was living in England.
24 His father, my uncle, Glen, cared for John. My uncle
25 Glen died in February 2016. John attended Glencraig 15:46
26 from an early age as his mother Jean passed away when
27 he was very young. I do not know what age John was
28 when he attended Glencraig but he was there until his
29 late teens. Although he was well cared for at home and

1 appeared to be content, as he entered his teens his
2 behaviour became more challenging. My uncle found it
3 increasingly difficult to look after him. John liked
4 to eat constantly and the only way my uncle could stop
5 him from eating was to lock the fridge. John was also 15:47
6 hitting out, which made it difficult for my uncle to
7 look after him as he lived with John alone. Based on
8 recommendations, John was admitted as a voluntary
9 patient to MAH. My uncle was a private person and did
10 not tell me details of why John was admitted to MAH so 15:47
11 I cannot provide further detailed information.

12
13 I remember my uncle telling me that John moved wards in
14 MAH regularly when he was first admitted to MAH. A
15 letter from MAH is attached at Exhibit 1." 15:47

16
17 Members of the Panel, that exhibit is at page 8. I
18 don't propose to read that, subject to yourself, Chair,
19 because it's summarised in what comes next in the
20 statement. 15:47

21 CHAIRPERSON: No. Fine, thank you.

22 MS. BRIGGS:

23
24 "The letter is addressed to Francis, who is John's
25 father; he went by his middle name Glen. The letter 15:47
26 records that John was admitted to Villa Movilla A from
27 Glencraig on 23 October 1984. This date does not
28 correlate with the timeframe in which I understand John
29 was admitted to MAH as I believe it was earlier. I

1 recently found a letter from the Eastern Health and
2 Social Services Board - South Belfast District to my
3 uncle stating that John was moved from Movilla A to
4 Movilla Monard in and around 1 August 1984. A copy of
5 the letter is attached at Exhibit 2." 15:48

6
7 Again, Chair, that's at page 9, but it doesn't add much
8 to what's already in the statement.

9 CHAIRPERSON: Yes.

10 MS. BRIGGS: 15:48

11
12 "This letter predates the letter from MAH advising that
13 John was admitted on 23 October 1984 so I am not sure
14 if the information provided is correct. I believe John
15 was in the Cushendall Ward in 1987. Towards the end of 15:48
16 his stay in the MAH he was in the Moylena Ward.

17
18 As stated earlier, my uncle was a private person and as
19 John's behaviour worsened he was increasingly unwilling
20 to bring him to visit the family or for us to visit. 15:49

21 However, as time went on, I managed to talk him into
22 letting me accompany or even drive him from his home in
23 Bangor to MAH. We visited John at least once a month
24 and on other occasions as appropriate. When I visited
25 John, I found it odd that we were not allowed to see 15:49
26 his bedroom in the Moylena Ward. When I asked why we
27 could not see John's room they said it was not possible
28 to see it. Most of the staff on the ward that I met
29 were male and seemed to lack empathy. When speaking

1 with them I found that they did not explain why we
2 could not see John's room and were not interested in
3 giving me a direct answer. I do not know if John had a
4 room by himself or if he slept in a communal area.
5 During our visits, we would wait in the reception of 15:49
6 the Moylena Ward where John was brought to us. If it
7 was wet outside, we would meet John in a room just off
8 the reception area. If it was a nice day, we would
9 take John for a walk and a picnic at a gazebo in the
10 garden area at MAH. 15:50

11
12 As my uncle aged, he was diagnosed with dementia. I
13 helped care for my uncle and held Power of Attorney
14 over his affairs to include taking care of John. This
15 was from the late 2000s. I remember receiving calls 15:50
16 occasionally from MAH saying that John sustained minor
17 injuries from another patient or sometimes from hitting
18 himself. I do not remember who told me this or the
19 nature of the injuries. I accepted what the staff at
20 MAH told me at face value and did not raise any queries 15:50
21 or concerns. I cannot recall seeing any obvious
22 injuries that particularly concerned me when I visited
23 John. I visited him once a month.

24
25 My uncle Glen did not tell me that he had any concerns 15:50
26 about John when he was a patient at MAH. When we
27 visited John on the Moylena Ward, we did not see any
28 other patients. I thought this was strange. The only
29 time I recall seeing other patients was when I attended

1 Carol Services at Christmas. These were held in the
2 main building at MAH. I did not see anything that
3 concerned me at these services.
4

5 John did not talk to us when he stayed at MAH. 15:51
6 Although John was dumb, he could say limited words and
7 often did when he attended Glencraig. During his time
8 at Glencraig his speech improved slowly over the years.
9 I noticed that when I asked John a question when
10 visiting him at MAH he normally responded with a grunt. 15:51
11 Other than this, nothing about John's behaviour stood
12 out as different to me when he was a patient at MAH.
13

14 John was discharged from MAH in and around 2014. He
15 moved to Seeconnell Private Village, which is a 15:51
16 residential community for people with learning
17 difficulties and associated mental health disorders.
18 John moved in with some former patients who were at MAH
19 with him. The staff at Seeconnell Private Village were
20 kind to John and seemed to care for him well. In 15:52
21 contrast to the staff at MAH, they were open and
22 welcoming to me as a carer any time I spoke to them.
23 As stated above, when John was in MAH he did not speak
24 but after he settled in Seeconnell Private Village, he
25 began to talk a little, again. When I asked him what 15:52
26 he would like to drink, he would say "tea"; when I
27 asked him my name and the names of my family, he would
28 say "Alf" or the correct name and he could say
29 "football" and "Man U" (Manchester United) as this was

1 his favourite team.

2
3 Just before John passed away in 2018, he was admitted
4 by ambulance to Daisy Hill Hospital, Newry. He was
5 diagnosed with intestinal ischemia that caused him to 15:52
6 vomit large quantities of blood. It was like a stroke
7 to the stomach and unfortunately, John was unable to
8 recover from it. The hospital told me that the
9 intestinal ischaemia may have been as a result of a
10 previous injury. I suspect John may have sustained 15:52
11 injuries during his time at MAH but I cannot be sure
12 whether John suffered any abuse at MAH. As he was under
13 the care of MAH for almost 40 years, I have a nagging
14 suspicion that there may have been damage caused to him
15 at some stage with the possibility that he may have 15:53
16 suffered injuries in MAH. Although I cannot offer any
17 concrete evidence for this assertion, I can state that
18 his general temperament improved after he moved to
19 Seeconnell that would suggest he was more content there
20 for whatever reason." 15:53

21
22 Chair, at the end of the statement then, there's a
23 declaration of truth by the witness to the effect that
24 the contents are true to the best of his knowledge and
25 belief. It's signed then by the witness and dated 23rd 15:53
26 September 2022.

27 CHAIRPERSON: Thank you very much. I know that the
28 witness is watching, I think, or listening at least
29 online, and I just want to pass my thanks, the Panel's

1 thanks, to Alfred for making that statement and for
2 seeking to assist the Inquiry by telling us about John.
3 So, thank you very much.

4 MS. BRIGGS: Thank you, Chair.

5 CHAIRPERSON: I think that concludes our business for 15:54
6 today and we will be sitting, we hope, at 10 o'clock
7 tomorrow.

8
9 Are there any restriction orders other than the general
10 restriction orders in relation to tomorrow, Mr. Doran? 15:54

11 MR. DORAN: Chair, Mr. McEvoy will be dealing with the
12 evidence tomorrow on behalf of the Inquiry. As I
13 understand it, there will be an application for a
14 restriction order. I will follow that up this
15 afternoon and obviously it will be raised first time in 15:54
16 the morning, if necessary.

17 CHAIRPERSON: Okay. Thank you very much. Can I thank
18 everybody for today's attendance and we will see you
19 tomorrow at 10 o'clock. Thank you.

20 15:55

21 THE INQUIRY WAS THEN ADJOURNED TO THURSDAY, 13TH
22 OCTOBER AT 10:00 A.M.

23
24
25
26
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28
29