

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

HEARD BEFORE THE INQUIRY PANEL  
ON WEDNESDAY, 19TH OCTOBER 2022 - DAY 23

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I N D E X

WITNESS	PAGE
<u>P50' S SISTER</u>	
EXAMINED BY MS. KILEY .....	5
QUESTIONED BY THE INQUIRY PANEL .....	27

1 THE INQUIRY RESUMED AS FOLLOWS ON WEDNESDAY, 19TH  
2 OCTOBER 2022 AT 10.00 A.M

3  
4 CHAIRPERSON: Good morning. Thank you.

5 MS. KILEY: Good morning, Chair, Panel. The witness 09:59  
6 this morning is the sister of former patient P50. I  
7 have spoken to the witness and she has confirmed that  
8 she would like her sister to be known as P50.

9 CHAIRPERSON: Right.

10 MS. KILEY: So we will try our best to refer to her as 09:59  
11 P50 and then refer to the witness then as P50's sister.

12 CHAIRPERSON: In relation to this evidence, there's no  
13 need for a more stringent restriction order?

14 MS. KILEY: No. Thank you, Chair.

15 CHAIRPERSON: I think the transcript starts by saying 09:59  
16 that there is one, but in fact this just comes under  
17 the general restriction orders.

18 MS. KILEY: The general restrictions are sufficient.

19 CHAIRPERSON: Or the next witness may fall into a  
20 different category? 09:59

21 MS. KILEY: That's right.

22 CHAIRPERSON: Okay, thank you.

23  
24 P50'S SISTER, HAVING AFFIRMED, WAS EXAMINED BY  
25 MS. KILEY AS FOLLOWS: 10:01

26  
27 CHAIRPERSON: Thank you very much. Welcome to the  
28 Inquiry. Thank you very much indeed for coming along  
29 to give your evidence. Now, I'm going to hand you over

1 to Ms. Kiley, who I think you've met.

2 MS. KILEY: Good morning.

3 A. Good morning.

4 1 Q. Yes, we met just briefly before you came in. As you  
5 know, my name is Denise Kiley, I am one of the counsel 10:01  
6 to the Inquiry and I'm going to be taking you through  
7 your evidence this morning. When we spoke this  
8 morning, you confirmed that you would like your sister  
9 to be known by the cipher which she has been allocated  
10 by the Inquiry, which is P50, isn't that right? 10:01

11 A. Yes.

12 2 Q. So I'm going to be referring to her as P50 and to you  
13 as P50's sister, okay?

14 A. Okay.

15 3 Q. So, whenever I read out your evidence, you will hear 10:02  
16 how that goes. I will ask you also, whenever you need  
17 to refer to your sister, to just refer to her as either  
18 P50 or "my sister".

19 A. Okay.

20 4 Q. Now, we know that that's not as easy as it sounds and 10:02  
21 that sometimes it doesn't work out, so if you do find  
22 yourself referring to your sister, we will pause the  
23 live feed to Hearing Room B and amend the transcript,  
24 okay? So don't worry about it if you do, but please try  
25 your best to just refer to her as P50, or "my sister". 10:02  
26 Okay?

27 A. Yeah.

28 5 Q. You have made a statement to the Inquiry and it's dated  
29 8th September 2022. The first thing that I'm going to

1 do is read that aloud.

2 A. Okay.

3 6 Q. And after I do that, I will have some questions for  
4 you, okay?

5 A. Yes.

10:03

6 7 Q. So are you ready for me to read that?

7 A. Yes.

8 8 Q. And I think you have a copy in front of you?

9 A. Yes.

10 9 Q. Okay.

10:03

11

12 "I, P50's sister, make the following statement for the  
13 purpose of the Muckamore Abbey Hospital (MAH) Inquiry.  
14 There are no documents produced with my statement.

15

10:03

16 My connection with MAH is that I am a relative of a  
17 patient who was at MAH. The relevant time period that  
18 I can speak about is between 2005 and 2006.

19

20 My sister, P50, was admitted to MAH in and around 2005.  
21 I cannot recall the date or the time of year. I  
22 remember that it was before December 2005, as I  
23 attended a Christmas party in MAH in December 2005.

10:03

24

25 P50 was born on 30th July 1981. When P50 was aged  
26 between 13 and 14 years old, she was severely bullied  
27 at school. The bullying was so bad that the school  
28 decided that it would be best for P50 to be  
29 home-schooled. This change and the bullying had a

10:03

1 detrimental effect on P50's mental health. As P50 got  
2 older, her behaviour became increasingly aggressive.  
3 She acted out by dying her hair different colours  
4 almost daily. She was physically abusive towards my  
5 parents and my brothers and I. She found it difficult 10:04  
6 to cope, and tried to commit suicide. It was an  
7 extremely difficult time for our family and very  
8 upsetting.

9  
10 I encouraged my parents to ask her doctor for help as 10:04  
11 the situation at home was very bad and was not  
12 sustainable. P50's general practitioner prescribed her  
13 Chlorpromazine that is used to treat mental disorders.  
14 This did little to help her.

15 10:04  
16 P50 was referred to The Young Peoples Centre in Belfast  
17 by her general practitioner. The Young Peoples Centre  
18 provides a regional adolescent psychiatric inpatient  
19 and outpatient service. They help support people  
20 suffering from mental health difficulties. She was 10:04  
21 admitted to the centre that was located on the Lisburn  
22 Road, Belfast, but she managed to escape from it. She  
23 also attacked a member of staff in The Young Peoples  
24 Centre. As a result, P50 was admitted as an inpatient  
25 to Ards Mental Health Hospital in Newtownards under the 10:05  
26 care of a consultant psychiatrist" - who you name.  
27 "She was diagnosed with psychosis and depression.

28  
29 As P50's condition was not improving, my parents met



1 with the consultant psychiatrist in Ards Community  
2 Hospital to discuss the treatment available to P50. I  
3 attended the meeting with my parents. The consultant  
4 psychiatrist recommended that P50 should be admitted to  
5 hospital so that she could be trialed on medication 10:05  
6 that would control the aggression. The consultant  
7 psychiatrist said that due to a lack of funding in  
8 mental health in Northern Ireland, P50 could only be  
9 placed in a hospital that treated patients with  
10 Learning difficulties. P50 does not have any Learning 10:05  
11 difficulties. The two options available were Downshire  
12 Hospital in Downpatrick or MAH. We were not keen for  
13 P50 to go to Downshire Hospital, as my parents and I  
14 were concerned that she may be there long-term and may  
15 not be able to leave it. My parents did not want P50 10:06  
16 to go to MAH, as we, as a family, did not feel it was  
17 the right place for her as she does not have Learning  
18 difficulties. I remember the consultant psychiatrist  
19 saying that if P50 were not admitted to either of these  
20 hospitals, she would have to go home. 10:06

21  
22 As P50's condition had not improved, it was not  
23 possible for her to come home at that time. My parents  
24 and I felt that we had no option but to agree for P50  
25 to be admitted as a patient to MAH, as this was the 10:06  
26 only option available.

27  
28 It was accepted that P50 would be admitted to MAH so  
29 that she could be assessed and prescribed medication

1 that would help her. She would be released when the  
2 correct treatment had been put in place. Although P50  
3 was admitted voluntarily to MAH, it did not feel like  
4 that. The only option available to my parents was MAH.  
5 It was take it or leave it.

10:07

6  
7 I think that P50 was admitted to MAH in and around  
8 2005. She was approximately 24 years old. I believe  
9 that P50 was taken to MAH by staff at Ards Community  
10 Hospital. I cannot remember the date or month, but I  
11 know she was admitted prior to December 2005 as I  
12 attended a Christmas party at MAH that year. I do not  
13 remember the name of the ward that P50 was admitted to,  
14 but I recall that it was a secure unit off from the  
15 main building.

10:07

10:07

16  
17 I visited P50 with my parents each week as I had a car.  
18 I had just started working full-time with the Belfast  
19 Health and Social Care Trust, so I was only able to  
20 bring my parents to see P50 on the weekends.

10:07

21  
22 On each visit, I remember thinking that MAH was not the  
23 right place for her. The patients at MAH were severely  
24 disabled. The most prominent memories that I have of  
25 my visits to MAH are the noises made by the patients.  
26 They sounded like howls. I was concerned that this  
27 environment may unsettle P50 and set her back in her  
28 recovery.

10:08

1 When we visited P50, we met with a member of staff in a  
2 room outside the ward to discuss P50's progress. We  
3 did not meet with the same member of staff each time.  
4 I cannot recall their names or what they looked like  
5 with the passage of time. After talking with the staff 10:08  
6 member, P50 was brought into the room to see us. P50  
7 was prescribed Clozapine in MAH, and it seemed to help  
8 her. She remains on this medication.

9  
10 In late 2005 or early 2006, P50 was diagnosed with a 10:08  
11 chest infection. My mother told me that she visited  
12 P50 on the Thursday before she became very unwell. My  
13 mother noticed that P50 was unwell and asked a staff  
14 member if she would be seen by a doctor, as she was  
15 concerned. She was told that she would and that it was 10:09  
16 just a chest infection and there was nothing to worry  
17 about. My sister had wet herself and my mother had  
18 asked could she take her to her room to change her.  
19 She was told no and that a staff member would do it.  
20 My mother did not tell me the name of the staff member. 10:09

21  
22 The next day, my father received a call from MAH  
23 stating that P50 had been transferred to Antrim Area  
24 Hospital. I believe she was admitted to the Intensive  
25 Care Unit. I do not know who told my father, and he 10:09  
26 has since passed away. We were informed P50 had  
27 progressed to a critical condition on the second date  
28 of admission and was admitted to the Intensive Care  
29 Unit and was critical. I was very concerned that P50

1 got to the point where she developed a critical  
2 condition from a chest infection. I believed that this  
3 was a result of lack of care. My parents were very  
4 upset.

5  
6 I sent a letter to the clinical psychiatrist when P50  
7 was in hospital, saying that my parents and I did not  
8 feel that MAH was the right place for P50 in the first  
9 instance and certainly not now, after this incident.

10 The letter said that when P50 had recovered in  
11 hospital, that we did not want her to go back to MAH  
12 and that we would take her home. I do not have a copy  
13 of this letter. I believe that the clinical  
14 psychiatrist contacted my parents after receiving the  
15 letter and agreed that P50 could go home when she was  
16 released from Antrim Area Hospital.

17  
18 My parents did not file a complaint about the incident  
19 with MAH. I remember my father saying that he was  
20 afraid that if he made a complaint, MAH may not allow  
21 her to come home. As I had recently started working  
22 for the Belfast Health and Social Care Trust, I did not  
23 want to cause any issues by raising a formal complaint.

24  
25 When P50 was discharged from Antrim Area Hospital,  
26 there was no support package in place. My parents  
27 looked after her. My mum, who is now in her 60s,  
28 continues to look after P50 with no care support. She  
29 bathes P50, cooks her meals, and brings her to places.

1 P50 is under the care of South Eastern Health and  
2 Social Care Trust and has been allocated a mental  
3 health nurse" - who you name. "The mental health nurse  
4 calls to see P50 at her home. Her role is to offer  
5 support to P50 and my mother by taking her out and 10:11  
6 helping her. P50 spends a lot of her time lying in  
7 bed. There have been times when the nurse asks P50 if  
8 she wants to go outside and, when P50 says no, she  
9 accepts her answer and leaves the house. She does not  
10 offer my mother any support. My mother has asked for a 10:11  
11 social worker to be allocated to P50 and has been told  
12 by the nurse that she does not need one as P50 is  
13 deemed mentally competent.

14  
15 As P50 has been diagnosed with psychosis and remains on 10:12  
16 medication, I do not believe that she can make  
17 decisions in her own best interest and could not live  
18 by herself. My mother suffers from severe arthritis  
19 and bronchitis, and has expressed concerns to the nurse  
20 that she may not be able to look after P50 in the near 10:12  
21 future, to which she is not getting any support on what  
22 would happen.

23  
24 P50 is on a high dose of anti-psychotic medication that  
25 is regulated by Ards Community Hospital. Her bloods 10:12  
26 have to be assessed on a regular basis. My mum makes a  
27 lot of P50's choices and is involved highly in her  
28 personal care. I feel a care package should be in  
29 place if something were to happen. I do not feel P50

1 can make choices and could not cope by herself. So  
2 again, I feel this is a lack of care from the medical  
3 team.

4  
5 My mum was admitted with infections recently, and the 10:12  
6 Ards Community Hospital rang me to ensure P50 was still  
7 taking her medication as consequences could be bad if  
8 she did not, yet the nurse deems her competent.

9  
10 My mother believes that P50 was admitted for a second 10:13  
11 time to MAH after 2006. I do not recall this and my  
12 mother has not provided me with any information.  
13 However, she believes that P50 may have contracted MRSA  
14 from her time in MAH.

15 10:13  
16 P50 remembers her time in MAH, particularly the noises  
17 that the patients made. She says that she would not  
18 want to go back to MAH. I feel responsible for P50  
19 being admitted to MAH as I pushed my parents to seek  
20 help. I did not think that MAH was the right place for 10:13  
21 P50 at that time, and I still think this, but it was  
22 the only viable option open to our family. The fact  
23 that only Learning disability support was available to  
24 P50 shows that the mental health service in Northern  
25 Ireland at the time was inadequate. I hope that the 10:14  
26 services have improved so that people receive the care  
27 that they need."

28  
29 Then across the page you give a declaration that the

1 content of the witness statements are true to the best  
2 of your knowledge and belief, and you sign and date the  
3 statement.

4 A. (Witness Nods).

5 10 Q. Now, P50's sister, having heard me read that aloud, are 10:14  
6 you content that the statement is accurate?

7 A. It's accurate as I can remember. It was over 15 years  
8 ago, so...

9 11 Q. Yes.

10 A. From memories. 10:14

11 12 Q. And would you like to adopt it as the basis of your  
12 evidence before the Inquiry?

13 A. Yes.

14 13 Q. I want to ask you, firstly, a little bit more about  
15 P50's admission to Muckamore. You've explained that in 10:14  
16 your statement, and you say that P50 was never  
17 diagnosed with a learning disability, is that right?

18 A. So, she'd a normal childhood, until she suffered severe  
19 bullying. So, her education would have been stopped  
20 because they took her out, I think, after first form of 10:15  
21 high school. So, she would have limited education, but  
22 no, I would not have thought she would have had  
23 learning difficulties.

24

25 I do strongly remember the meeting with the 10:15  
26 psychiatrist, who had stated she needed a secure unit -  
27 I think that was the issue, where Downshire wasn't a  
28 secure unit - to trial her on this medication,  
29 Clozapine. And if we didn't agree to it, then

1 Downshire was the only option, but she would not  
2 believe able to be trialed on this medication because  
3 it required a secure facility. The only money was in  
4 learning difficulties, so it would have to be Muckamore  
5 Abbey Hospital. That was the conclusion of the 10:15  
6 meeting.

7 14 Q. Did you understand then that the sole purpose of her  
8 admission to Muckamore was to try her on Clozapine?

9 A. On this medication, yeah.

10 15 Q. And you were told that that the only place that that 10:15  
11 could happen was Muckamore, is that right?

12 A. I think the indication was that was the only secure  
13 facility that they had to do that, yes.

14 16 Q. Can you tell the Panel a little more about the type of 10:16  
15 difficulties that your sister was having just in the  
16 lead-up to her admission to Muckamore?

17 A. So it was -- it had started with she was severely  
18 bullied. We did get letters from the school stating  
19 they were very, very sorry for the level of bullying  
20 that she had received. I think my mum has copies of 10:16  
21 that from the school itself.

22  
23 So, it started off like obsessive kind of behaviour and  
24 you could see a deterioration in the mental health,  
25 where she was constantly going on about stuff that 10:16  
26 maybe the bullies had started saying about her hair and  
27 stuff. She would go into a constant -- she was dying  
28 it nearly every day. Then, it became quite aggressive.  
29 And I just remember it was just -- it was a horrific



1 time where she actually would go for my mother and pull  
2 at her hair and stuff. It was quite violent in nature  
3 in the house. And then she'd tried to commit suicide.  
4

5 And it just -- it was a continuum. It couldn't have  
6 been kept, the house, with medication, you know. You  
7 couldn't have went on in a home environment with the  
8 amount of aggression that was going on.

10:17

9 17 Q. Yes.

10 A. So I had said, look, this is not foreseeable to my  
11 parents, you cannot -- you are going to have to get  
12 proper help for P50 to be able to -- for her to  
13 function.

10:17

14 18 Q. I'm just going to get you to pause there because you  
15 mentioned your sister's name.

10:17

16 A. Sorry.

17 19 Q. That's absolutely fine, it's easily done. If we could  
18 pause the feed, please.

19 A. Sorry.

20 20 Q. Okay. You were saying there that you felt that it  
21 wasn't feasible for your sister to remain at home, is  
22 that right?

10:17

23 A. No.

24 21 Q. And you had already explained to the Panel the purpose  
25 of the admission, as you understand it, the Clozapine  
26 trial. Were you given any indication of how long the  
27 admission to Muckamore would last at that time?

10:18

28 A. No. No. Not that I remember, no.

29 22 Q. Was it ever indicated that she would receive any other

1 types of treatments in Muckamore aside from the  
2 medication?

3 A. I think she'd been on the Chlorpromazine but it had not  
4 controlled it. And then they'd tried her at The Young  
5 Peoples Centre, and she'd attacked a member of staff 10:18  
6 there, so I think they detained her under the Mental  
7 Health Act, I think, then. Then, Ards then inpatients,  
8 when it used to be open - I don't know whether Ards  
9 inpatients still exists - she was in there then, and  
10 that's when they had said she wasn't really getting any 10:18  
11 better with anything that they could do there, so there  
12 was this medication that they could trial her on, but  
13 it had to be a secure facility to do that. Otherwise,  
14 it would have to be, I think it was long-term Downshire  
15 she would be in -- 10:19

16 23 Q. Yeah.

17 A. -- because they couldn't trial her on this medication  
18 there. Or I think maybe just sent home then. Again,  
19 we couldn't have went back to the position we were in  
20 at home because it was getting too, too bad to be able 10:19  
21 to control in the house.

22 24 Q. Yes. You mentioned an earlier detention, but the time  
23 that she was sent to Muckamore, it was a voluntary  
24 admission, isn't that right?

25 A. I cannot remember. I think we were told -- I mean, she 10:19  
26 was detained under the Mental Health Act, so whether  
27 they said -- but I think it was put to her parents, my  
28 parents, that it was Downshire or Muckamore. I'm not  
29 sure if they had still her detained. You would have to

1 get her medical records to see then.

2 25 Q. Okay. And I think you said you can't recall the name  
3 of the ward that she was in in Muckamore, is that  
4 right?

5 A. I remember it was not the main building. Any time I 10:19  
6 drove down, it was the side building off the side.  
7 There was like a car park and stuff where you could  
8 park outside it.

9 26 Q. You mentioned earlier that you were told that she  
10 needed a secure ward? 10:20

11 A. Yeah.

12 27 Q. So the ward she was on was secure, is that right?

13 A. Secure, yeah.

14 28 Q. Did you ever visit inside the ward?

15 A. We would have been in to visit her, but they'd have 10:20  
16 brought her to a room each time that we came. We never  
17 actually seen her room or anywhere around where she  
18 actually stayed. So, it was just a room she was  
19 brought to for us.

20 29 Q. To a room that was separate to the ward, is that right? 10:20

21 A. (Witness Nods).

22 30 Q. I think did you say there you never saw her room?

23 A. No.

24 31 Q. You never saw her bedroom. Did you ever see inside the  
25 ward? 10:20

26 A. No.

27 32 Q. Were you ever given a reason for that?

28 A. No.

29 33 Q. Did you ever ask to go in and see where she slept?

1 A. My mother, the time she had taken the chest infection,  
2 my mother said that she coughed so violently that she  
3 obviously wet herself and she said could she take her  
4 to change. So, they'd told her no. They didn't  
5 question that, so they didn't. 10:21

6 34 Q. When you say "they", do you mean your parents didn't  
7 question it?

8 A. Yeah.

9 35 Q. Okay. I think you said in your statement you visited  
10 your sister weekly, isn't that right? 10:21

11 A. Yes.

12 36 Q. What was your impression of Muckamore Abbey Hospital on  
13 those visits?

14 A. I didn't -- I felt she was quite unsettled, but then  
15 her mental state obviously when she'd seen us. She 10:21  
16 didn't want to be in any of those facilities, which was  
17 understandable. And again, as I say, there was noises  
18 that were made, people you felt were in distress. So I  
19 don't know was that part of their condition, or...

20 37 Q. Did your sister ever tell you what she thought of 10:21  
21 Muckamore Abbey Hospital?

22 A. She feared going, you know, back. As my mum says,  
23 there was another incident where she was - I cannot  
24 remember that - where again it was due to the  
25 medication, they had to reassess the medication at one 10:21  
26 stage. I don't remember that time, so I don't.

27 38 Q. You're referring to that second admission --

28 A. Yes.

29 39 Q. -- that your mother referred to?

1 A. Yes.

2 40 Q. which she thought, I think, was around 2006?

3 A. I can't remember.

4 41 Q. Okay. But thinking back to those initial visits that  
5 you attended weekly with your parents, I'm wondering 10:22  
6 whether your sister ever spoke to you about what she  
7 thought of Muckamore at that time?

8 A. She was quite distressed. So, it wasn't until the  
9 medication -- there was a bit of control then; the  
10 medication did start to control her sort of symptoms. 10:22  
11 But any time you were down, she was quite distressed,  
12 wanted home obviously. That's all you got from her,  
13 you know, she wanted home each time.

14 42 Q. And you described meeting with a member of staff  
15 outside the ward to discuss your sister's progress. 10:22  
16 Did that happen every time you visited?

17 A. I can't remember. My mum and dad would have went down  
18 throughout the week as well, so I don't know. They  
19 would need to -- again, it's very long ago.

20 43 Q. Okay. One of the particular incidents that you detail 10:23  
21 in your statement, and you mentioned whenever you were  
22 giving me an answer just now, was the time that your  
23 sister has a chest infection, so I want to ask you a  
24 little bit about that. That was, you say, in late  
25 2005/early 2006. You have described in your statement 10:23  
26 that she was in a critical condition and was admitted  
27 to Antrim Hospital. One of the things you say at  
28 paragraph 11 was that you believed that that was  
29 because of a lack of care. why do you think that?

1 A. Well, when my mum was down, she'd wet herself; again  
2 asked could she change her, "A member of staff will  
3 change her". My mum said "I'm very concerned" - she  
4 told me that, that she was concerned about her chest  
5 infection - and she was told that it was just a chest 10:23  
6 infection, the doctor would see her at some stage. And  
7 the next instance, it was a case of a phone call. That  
8 was the next day. So, they were down the Thursday when  
9 all that had happened. And the Friday then, she got a  
10 phone call to say she had been admitted to Antrim Area 10:24  
11 Hospital. Then, the Saturday -- I think she was in the  
12 Friday, and then the Saturday she was moved to the  
13 intensive care, because I got a phone call from my  
14 father saying look, we have got a phone call here  
15 saying that your sister is critical and we're going to 10:24  
16 have to go down.

17 44 Q. So it was the Thursday that your mother saw her and the  
18 Friday that she was admitted to the hospital, and then  
19 Saturday was intensive care?

20 A. Yeah. 10:24

21 45 Q. And on the Thursday then, you had mentioned in your  
22 statement that whenever your mother visited, she asked  
23 a staff member if your sister would be seen by a  
24 doctor?

25 A. Yes. 10:24

26 46 Q. Do you know if your sister was seen by a doctor in  
27 Muckamore on that Thursday?

28 A. No, because all the answer was was that she would be  
29 seeing a doctor. So, we don't know.

1 47 Q. Okay. Is there anything in particular that you felt  
2 that Muckamore staff should have been doing but were  
3 not doing at that time?  
4 A. I don't know.

5 48 Q. Okay. In terms of the condition that your sister was 10:25  
6 in, how long was she in the Intensive Care Unit?  
7 A. I can't remember exactly but she was, I think, quite a  
8 -- maybe a couple of weeks maybe; a week maybe in the  
9 intensive care and then moved into -- I don't know.  
10 You'd have to go back and look at notes, I would say. 10:25  
11 49 Q. But then she eventually came home then?  
12 A. We took her. We didn't let her return to Muckamore  
13 from that incident then. So she went from Antrim Area  
14 back to her family house.

15 50 Q. And you described, I think, you and your family not 10:25  
16 wanting to make a complaint at the time. Can you tell  
17 the Panel a bit more about your thinking at that time  
18 and why you didn't want to do that?  
19 A. I think it's my father more didn't want to make a  
20 complaint because he felt that if we said, look, we 10:25  
21 need to have her home, where they would not have let  
22 her come home if we'd have started a whole complaint  
23 process. So, he was just like we just need her home,  
24 we need her protected and home. And, luckily, the  
25 medication obviously had controlled stuff, so there was 10:26  
26 no more of the aggressive behaviour. There's still  
27 behaviours there that are quite hard to deal with, but  
28 the aggression had gone with the medication that she's  
29 on.

1 51 Q. Just still thinking about that move home, you had  
2 mentioned sending a letter to your sister's clinical  
3 psychiatrist, who was based in Ards. You say that he  
4 agreed that she could go home. Do you recall whether  
5 there was any communication between your family and 10:26  
6 Muckamore at that time about her ongoing care or  
7 transition home?  
8 A. I don't remember. My mother wouldn't remember. It's  
9 15 plus years, so hard to remember.

10 52 Q. Okay. You mentioned earlier that your mother thought 10:26  
11 that your sister was admitted to Muckamore for a second  
12 time?  
13 A. (Witness Nods).

14 53 Q. Now, I know you have said that you don't recall that.  
15 A. (Witness shakes head). 10:27

16 54 Q. But in your statement in relation to this, you say that  
17 your mother has told you that she believed that your  
18 sister might have contracted MRSA from her time --  
19 A. Yeah.

20 55 Q. -- at MAH? 10:27  
21 A. Yeah.

22 56 Q. I just wonder can you tell the Panel a bit more about  
23 that, what your mother has told you about that?  
24 A. Well, that's all that she said, that she believed that  
25 there was a period that P50 did have MRSA. 10:27

26 57 Q. I'm just going to pause you there, P50's sister.  
27 A. Sorry. Sorry.

28 58 Q. That's absolutely fine. I'll just ask -- I see the IT  
29 guys are pausing the transcript and I'll come back to



1           you. We're ready.

2

3           You mentioned there there was a time that your sister

4           did have MRSA?

5           A. I believe my sister possibly had MRSA twice. I think 10:27

6           she might have had it in Ards Hospital as well.

7   59   Q. Okay.

8           A. So that's -- my recollection is she had it in Ards, and

9           my mum remembers that she contracted it in Muckamore as

10          well. 10:28

11   60   Q. Okay. But you don't have any personal knowledge or any

12          further information about her contracting it at MAH?

13          A. (Witness Shakes Head).

14   61   Q. Okay. The final thing I wanted to ask you about was

15          something that you mentioned at paragraph 15 of your 10:28

16          statement, which is that you say that P50 remembers her

17          time at Muckamore.

18          A. (Witness Nods).

19   62   Q. And she says that she doesn't want to go back.

20          A. (Witness Nods). 10:28

21   63   Q. Can you tell the Panel a bit more about what your

22          sister has told you about her memories of Muckamore?

23          A. Just she's scared and wouldn't want to return to

24          Muckamore. And just the noises, and how she generally

25          felt. I mean, my sister still, to a certain extent, 10:28

26          she couldn't give evidence or anything, you know, so it

27          would be just that she doesn't want to go back. It

28          would be fearful of going back to Muckamore. It was a

29          secure style of unit, so I think that probably put the

1 fear too into her, you know, that she was put there  
2 secure, as a secure unit.

3 64 Q. And that fear is something that she has expressed  
4 directly to you, is that what you're saying?

5 A. Yeah.

10:29

6 MS. KILEY: well, P50's sister, those are all the  
7 particular questions that I have for you. I wanted to  
8 give you an opportunity, though, to tell the Panel  
9 anything else that you would like about your sister's  
10 stay at Muckamore or your family's experience with  
11 Muckamore.

10:29

12 A. Well, I just feel my sister didn't have learning  
13 difficulties. I didn't feel that it was the place to  
14 trial the medication. If it had to be a secure unit,  
15 can there not be other secure units in Northern Ireland  
16 that you can do that in, rather than putting her  
17 somewhere that really isn't for her?

10:29

18  
19 Yes, at the time we really did not want her to go to  
20 Muckamore Hospital, so we didn't. But we didn't want  
21 her long-term Downshire neither. We just wanted some  
22 sort of control with her behaviours that you could  
23 manage it at home. And it was a pretty horrific time  
24 for my family, so it was, back then.

10:29

25 MS. KILEY: well, thank you for coming along and  
26 telling your sister's story and your family's story to  
27 the Inquiry. The Panel may have some questions for  
28 you.

10:30

29

1 THE WITNESS WAS QUESTIONED BY THE INQUIRY PANEL  
2 AS FOLLOWS:

3  
4 CHAIRPERSON: Yes, Prof. Murphy.

5 PROF. MURPHY: You said that your sister fears going 10:30  
6 back to MAH?

7 A. (Witness Nods).

8 65 Q. Do you know whether she's -- and you describe her being  
9 made upset and anxious by the kind of noises some of  
10 the other patients were making. Did she make it clear 10:30  
11 to you whether she was scared of the other patients or  
12 scared of the staff, or both?

13 A. She didn't, no.

14 66 Q. No?

15 A. No. I mean, when I was present, I would have heard 10:30  
16 those noises too, but it could have been part of their  
17 condition that they had. It was a bit distressing, so  
18 it was. So, somebody with quite bad mental health,  
19 then to have to be on a regular basis of listening to  
20 those, you know, that wouldn't have helped her. 10:31

21 67 Q. Yes.

22 A. That was us feeling as a family leaving, you know.  
23 It's pretty distressing.

24 68 Q. Yes. I just had one other question. You say your  
25 mum's caring for her on her own now? 10:31

26 A. Yeah.

27 69 Q. Does she not get any kind of community support?

28 A. So, she has a mental health nurse that comes out, but  
29 the mental health nurse -- I have been on the phone to

1 recently because I don't feel that she's providing the  
2 support that my mum needs. My mum was admitted to  
3 hospital, she took quite a severe kidney infection  
4 there. So my brother was in the house then and he made  
5 sure she got her medication, because I don't live with 10:31  
6 them, so I don't. But her mental health nurse has said  
7 because she's on the medication, she deems my sister to  
8 be competent in her choices; she can make her own  
9 choices. And, therefore, she can't make her go to  
10 certain things and she can't make her. So, if P50 -- 10:32  
11 if my sister says she doesn't want to do certain things  
12 --

13 CHAIRPERSON: Just pause for a second, sorry.

14 THE WITNESS: It's very hard not to.

15 CHAIRPERSON: It's very hard. Yes, we're okay. 10:32

16 THE WITNESS: So, if my sister says she doesn't want to  
17 do certain things, then she's accepting that. I have  
18 said I don't feel that that is fair because she should  
19 be doing more. If she was out to day procedures and  
20 day units and stuff and doing stuff, that would help, I 10:32  
21 think, a lot; where she's in bed most of the week, and  
22 --

23 PROF. MURPHY: So from what I understand from what  
24 you're saying, she's being offered things like day care  
25 or day -- 10:32

26 A. No, she hasn't. Well, she is being offered and if she  
27 says no, then they're accepting that.

28 70 Q. She says no and they accept it?

29 A. Yeah.

1 71 Q. And the mental health nurse visits, what, once a week?  
2 A. I think it's once a week, yeah. I think it's once a  
3 week.  
4 PROF. MURPHY: Okay. Thank you.  
5 CHAIRPERSON: Could I just ask, and I'm a lay person in 10:33  
6 these terms, what I don't quite understand is the level  
7 of your sister's disability. I am using that  
8 expression in a wide way. Obviously she has no  
9 learning disability at all?  
10 A. (Witness Nods). 10:33  
11 72 Q. She can communicate with you fully?  
12 A. (Witness Nods).  
13 73 Q. So she can tell you what's going on and what has  
14 happened to her?  
15 A. (Witness Nods). 10:33  
16 74 Q. But is it that she suffers very severe depression at  
17 the moment?  
18 A. She's still on Clozapine, so they have said that is for  
19 psychosis. That does control. This is an awful way to  
20 describe it, but back when she was -- before she was on 10:33  
21 all this, I don't know if you've ever watched the film  
22 The Exorcist? That was like my sister. She was out of  
23 control. It was like crazy. It was like watching  
24 something... you know, she'd went from a lovely little  
25 girl into something that you would not recognise. 10:34  
26 75 Q. Right.  
27 A. And it was very distressing.  
28 76 Q. No, I'm sure. I'm sure it must be.  
29 A. Well, she's under a psychiatrist as well. I don't know

1           how often see sees her psychiatrist. But that  
2           Clozapine, she's been on that since she's, what age, in  
3           her early 20s. So, she maintains quite a level of  
4           that, and her bloods are monitored and so forth. But  
5           that has seemed to have controlled whatever that was. 10:34

6    77   Q.   And with that medication, to what extent can she  
7           function? You say in your statement things like "My  
8           mother would bathe her".

9           A.   I feel with her, she just will not do anything, you  
10          know. 10:34

11   78   Q.   Right.

12          A.   She lies under stuff. Now, you can get her to go out  
13          and stuff. You'd need to be in her company to sort of  
14          understand her difficulties, yeah.

15          CHAIRPERSON: All right. Thank you. I'm sorry to have 10:35  
16          gone into that but I just needed to understand. But  
17          can I just thank you very much indeed for coming to  
18          tell us about your sister. And it has been helpful  
19          because it's looking at the topic of admission to  
20          Muckamore, which is obviously an important topic for 10:35  
21          this Inquiry to consider. Thank you very much indeed  
22          for coming to help us.

23          THE WITNESS: Thank you.

24          CHAIRPERSON: Okay, if you'd like to go with Jaclyn.

25          THE WITNESS: okay. 10:35

26

27          THE WITNESS THEN WITHDREW

28

29

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

HEARD BEFORE THE INQUIRY PANEL  
ON WEDNESDAY, 19TH OCTOBER 2022 - DAY 23

TRANSCRIPT SUBJECT TO RESTRICTION ORDER NO. 12

Gwen Malone Stenography  
Services certify the  
following to be a  
verbatim transcript of  
their stenographic notes  
in the above-named  
action.

GWEN MALONE STENOGRAPHY  
SERVICES

23

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I N D E X

WITNESS	PAGE
APPLICATION FOR A RESTRICTION ORDER BY MS. KILEY.....	1
<u>P52' S MOTHER</u> EXAMINED BY MS. KILEY .....	9