MUCKAMORE ABBEY HOSPITAL INQUIRY

SITTING AT CORN EXCHANGE, CATHEDRAL QUARTER, BELFAST

HEARD BEFORE THE INQUIRY PANEL

ON WEDNESDAY, 21ST SEPTEMBER 2022 - DAY 12

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

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THE INQUIRY RESUMED AS FOLLOWS ON WEDNESDAY, 21ST SEPTEMBER 2022

CHAIRPERSON: Good morning. Thank you.

MR. McEVOY: Good morning. 10:02

CHAIRPERSON: Good morning, Mr. McEvoy.

MR. McEVOY: Good morning, chair. Good morning, panel members. So the programme for today, panel members, is that the Inquiry will hear firstly from the mother of patient P18 in this morning's session, and I will deal 10:03 with that evidence. And then this afternoon Mr. Doran will deal with the evidence of patient P19, who is a former patient of Muckamore.

Before this witness is called, I should just indicate 10:03 that she will be accompanied by SW1, and there are no particular arrangements and no other restrictions that I am aware of, so ready to go.

CHAIRPERSON: Okay. Thank you very much indeed.

MS. ANYADIKE-DANES: May it please you, chair, 10:03 apologies for being late

CHAIRPERSON: I didn't notice, but thank you for the apology.

[Short pause in proceedings] 10:04

GERALDINE (P18'S MOTHER), HAVING BEEN SWORN, WAS EXAMINED BY MR. McEVOY

MR. McEVOY: Good morning.

A. Good morning.

1 Q. So I should indicate before we go any further, my name is Mark McEvoy and we've met and you know that I'm one of the junior counsel assisting the Inquiry. Everyone knows you as the mother of patient P18, but in fact you're quite happy for everybody to know you as Geraldine, isn't that right? 10:05

A. Yeah.

2 Q. And indeed P18 is your son, and you would like everybody to know him by his name, which is George, isn't that right? 10:06

A. Yes.

3 Q. So, Geraldine, I'm going to read out a statement which has on it a date of 27th July this year, okay? I'm going to read it out slowly and at the end of it I'm going to ask you whether or not you're content for that to be adopted as your evidence to the Inquiry. I'll pause at certain junctures, because I know there's something that you want to draw to the Inquiry's attention. All right? 10:06

A. (Witness Nods). 10:06

4 Q.

"I, Geraldine, make the following statement for the purpose of the Muckamore Abbey Hospital Inquiry. In exhibiting documents I will use my initials EGF, so my

first document will be EGF1.

My connection with Muckamore is that I am a relative of a patient who resides at Muckamore. My son, George, is currently a patient at Muckamore. I attach photographs of my son at EGF1." 10:06

And those are pages 10 to 13 of the statement for the benefit of those present. And, Geraldine, you would like the Inquiry and those present in the room to see those photographs of George, is that right? 10:07

A. Yeah.

Q. So:

"The relevant time period that I can speak about is from 2016 to the present day. 10:07

George was born on 11th July 1998. Growing up, George was hard work. He required 24-hour attention and it would take two of us at a time to look after him. George has five siblings, who are all very protective of him. They were particularly protective of him growing up as people were not always nice. George has three nieces and he is brilliant with them. He is a very loving and thoughtful person, but he can curse as good as the rest. 10:07 10:08

There was one time when George was at home and I was not well, so he put me to bed, closed the curtains and

looked after me. George also has a brilliant sense of humour.

George is verbal and communicates. However, he does not always understand what is going on. People think George has a better degree of understanding than what he actually does. He does not understand the concept of money, but loves spending it. He loves going shopping, but not for clothes. He also loves his computer games and enjoys watching TV. George loves the weather. George even has his own Facebook account, although he cannot fully work it. He loves looking at photos, especially of him and his nieces. 10:08

George always enjoyed school. He attended school from the ages of 7 to 18. School wanted George to stay there on a permanent basis. However, they did not have the facilities to accommodate him and George staying would have required another unit to be built. Regardless of the lack of facilities, I would not have allowed this, as I did not feel it was the right place for him to be, as the staff at the school could not cope with him. George needed 24-hour care and it was a two person job, sometimes more, depending on his mood. 10:08 10:09

George is currently a patient in Muckamore and has been since July 2016, when he turned 18. He will be 24 years old in July 2022. George has a diagnosis of autism, as well as ADHD. He has been out of the family 10:09

home since he was 14 years old. George is currently on the Six Mile Ward in Muckamore and he has previously stayed in the PICU, or sometimes known as the PICU Ward. As part of his treatment George takes medication and attends therapy at a day centre. 10:10

From April 2013 to September 2013 he attended Somerton Road Children's Home while also attending Willow Lodge for respite, before attending only Somerton Road, as they were able to offer him more days with them. After 10:10
that, he went through extended periods of inpatient stay at the Iveagh Centre from September 2011 until he was 18. After the Iveagh Centre, George was placed in Muckamore.

10:10

We are currently waiting for a resettlement for George from Muckamore. He was previously re-settled to Loughshore. That did not work out, as he had a crisis at home one day, where he became physically violent and so he was returned to Muckamore. 10:10

George would have a tendency to become violent and at times lash out at those around him, punching and kicking. George was the first patient through the door at Loughshore and the staff simply could not handle him 10:11
and would not take him out, even ordering in food instead of taking him out. This caused George to struggle mentally and was part of the reason he returned to Muckamore. In three years George's

progress at Muckamore will be reviewed by a tribunal, who will decide whether his needs are being met or if he will need to be re-settled to another facility.

We liked the Iveagh Centre as you were able to see more of the building than you do at Muckamore, and the staff at the Iveagh Centre were a lot more interactive with the families. On one occasion George was able to FaceTime me from Muckamore and I briefly saw his room, but that was the most I ever saw. 10:11

During George's time at the Iveagh Centre, there were a number of incidents that occurred which I was not comfortable with. On one occasion in 2015, around dinner time, my husband, Tony, had gone to pick up George from the Iveagh Centre to come home for an overnight. When Tony arrived a member of staff let him through the reception area without having to buzz for their attention. Tony went in to get George and found him in a visiting room with a female member of staff, who was pointing in his face and appeared to be giving off to him. The door to the room was closed, so Tony did not hear what was said and he did not question the staff member when George came out of the room. Once George was home, I contacted his social worker, who made some enquiries and had the staff member taken off the schedule of caring for George. 10:11 10:12 10:12

On another occasion Tony had gone to pick George up

from the Iveagh Centre for some time at home, but when he got there he noticed George wasn't himself and appeared to be drugged. Tony had never seen George in a state like this before and asked the staff if he was okay to be taken home, to which they replied "yes". 10:12
George did not realise what was going on at this time when his dad was there to collect him. He also had to be propped up in the car home to prevent him from falling over. Once he was home, it took George a while to realise where he was. I had also never seen him in 10:13
that state before. However, once he came round, he was fine.

I was very angry as I had not seen George in this state before and it frightened me. 10:13

He would sometimes be given certain medications, PRN - which stands for pro re nata - such as Haloperidol and Promethazine, which would have altered his moods, but not to the extent he was so out of it as he was on this 10:13
day.

Towards the end of George's time at the Iveagh Centre we did not like to talk about his onward move to Muckamore, as this made George upset, as he liked where 10:13
he was. George suffers from anxiety and this was another reason we did not bring up the move, as it would have made him extremely anxious. I made it clear to the staff that they should not mention Muckamore to

George or talk about his move there, as it would have knocked him sideways.

One day when George came home, he was very distressed, upset and crying, because someone had told him about Muckamore. This then made George angry. His moods can change quite quickly and sadness can become anger in a flash. He was very agitated and we had to calm him down before things escalated and he became violent. I did not want to tell George about Muckamore until he had to be made aware. So the fact that the staff ignored this and made him upset was quite distressing. 10:14 10:14

George comes home four times a week to visit and that includes an overnight stay. I try to bring George home as much as possible, as he loves being at home. I can tell that this is where he would prefer to stay. However, due to the care he requires, it is not possible on a long-term basis. 10:14

During the first lockdown, when the Covid pandemic began, George remained at home with me. George needs routine. While George was at home during the pandemic, I tried to maintain his routine as much as possible and would take him for walks. But this was difficult. 10:15 10:15

When George is at home, I take him to the cinema, because he really enjoys it. During the pandemic, I could not do this.

I did not have any initial concerns about George's safety and well-being while he was at Muckamore and I did not notice anything untoward or alarming when I went to visit him. When I go to collect George from Muckamore, you can only go so far. I have to wait in the reception area and hope someone walks past so that you can grab their attention. The staff always bring George to me when I am collecting him. There is only ever a part-time receptionist working on the Six Mile Ward and if they were not around I would have to knock at the staff window to get a member of staff's attention. 10:15 10:16

When George was in the PICU Ward there would have been someone there during the day. I have never seen any of the wards at Muckamore where George has stayed, as it would have been too dangerous, especially in PICU. I got as far as the inside reception area at Six Mile but this stopped at the beginning of the pandemic. I never questioned this or made any complaints. 10:16 10:16

You can tell when George comes home that he is relieved to be home. I never question him why. On four or more occasions George came home covered in bruises on the back of his arms and legs. However, we did not think this was a concern as he sometimes needed to be restrained due to his behaviour, and none of the staff in Muckamore raised the bruises with me. I know that 10:17

body checks are carried out on patients at Muckamore and records kept of bruising, etc. However, I never saw any body charts regarding checks being carried out on George. I do not recall the dates of seeing bruises on George. 10:17

On one particular occasion, the date of which I cannot remember, I went to collect George from Muckamore and he was with a staff member who had tattoos on his neck. As George did not appear upset or afraid around the 10:17 staff member, we did not suspect that he could have been the source of George's bruising. It appeared on this one occasion that George was about to tell us something about the bruises when this staff member stopped him by bantering with George. The staff would 10:18 always have bantered with George. I never asked George where he got the bruises from and I never raised any concerns or made a complaint around George's bruising, although I felt that if I sent George back to Muckamore after a home visit with bruising, I would have been 10:18 questioned. There were never any instances of such questioning as he was never returned with bruises.

I know that there is a special technique called MAPA, management of actual or potential aggression, which is 10:18 used in Muckamore to restrain patients at times. I heard about MAPA from a community nurse and asked on a few occasions whether I could be shown the technique too. However, I was told this was not possible, as

insurance would not cover it. When I saw bruising on George, I just thought that the MAPA restraint used was the source of his bruising. I was not allowed to learn the MAPA training, despite asking, as George could be difficult to manage at home. I never raised a complaint around this. 10:19

There was another incident in 2021 when George was in the Six Mile Ward. He had his feet and hands handcuffed by the PSNI. I am not sure why he was handcuffed and I do not recall the exact date this happened. A complaint was made by a member of Muckamore staff to their boss about the force that was used on George, who then reviewed the footage and made a complaint to the Police Ombudsman. I do not recall the outcome of this complaint and I am not aware of the names of any staff members being involved. 10:19 10:19

Another incident I recall, but not the precise date, was involving other patients. There was another patient, whose name I do not know, that would hit George and throw things at him. On this particular day the patient noticed George had not finished his breakfast, so he walked over and kicked him. Following this incident, the patient was taken to seclusion and George was taken to a treatment room. This patient would also get other patients to sometimes join in and throw things at George as well. 10:19 10:20

Due to his behaviour, George needs to be restrained at times, as he becomes physical and can be quite destructive, (i.e. breaking windows and doors, etc), and so I did not report any of the bruising or make a formal complaint as I thought it was MAPA. Anything can set off George's temper. Sometimes he is bored and wants entertainment and the staff usually try to calm him down verbally before restraining him. I never thought the staff at Muckamore would do anything like that to harm George. You have no choice but to send your loved ones to places like Muckamore to be looked after. I trusted the staff at Muckamore. 10:20 10:20

George is currently in a forensic unit at Muckamore and has been since 26th December 2018, following the closure of the PICU Ward, despite having no forensic history that would require him to be there. I am not sure why this is and Muckamore has never offered an explanation. 10:21 10:21

George wants what most other people his age have: a forever home and a girlfriend. He is currently awaiting resettlement into the community with a place of his own. However, this will not be available for two or three years and so George will have to remain at Muckamore for the time being. 10:21

I believe that George being at home for long periods of time is what has stopped him being hurt more. With

George spending time at home and him being verbal, he got out of being hurt more. I cannot be sure how long this has been going on."

So, Geraldine, that's the written statement. Are you content - are you happy for that statement to be taken as your evidence to the Inquiry? 10:22

A. Yes.

CHAIRPERSON: Before you go on, and I just think this should be noted, you, of course, did not read out paragraph 21. Can the panel assume that that is because of the agreement that we have with the MOU? 10:22

MR. McEVOY: Yes. Paragraph 21 and the concluding sentence, concluding two sentences of paragraph 23.

CHAIRPERSON: Nevertheless, presumably you want the panel to have read those and to take them into account? 10:22

MR. McEVOY: I do.

CHAIRPERSON: And those also form part of the witness's account that she wishes us to take into effect?

MR. McEVOY: They do. 10:22

CHAIRPERSON: Thank you very much indeed.

6 Q. MR. McEVOY: So, Geraldine, there are a couple of things I would like to ask you about just arising from your statement, if that's okay? The first of those relates to the bruising on George. And it might be helpful if you could explain a little bit more to the Inquiry, first of all. I know you said that it was in around his arms, upper arms, but where else, if anywhere, on his body you noticed bruising? 10:23

A. It was really on his arms and legs. There were handprints on his arms. It was mostly the arms and legs we would have seen them on.

CHAIRPERSON: You were just pointing to your shoulders?

THE WITNESS: Yes, it would be about here. 10:23

(INDICATING)

CHAIRPERSON: Upper arm.

THE WITNESS: Upper arm, yes.

CHAIRPERSON: Thank you.

7 Q. MR. McEVOY: And whereabouts on the legs? 10:23

A. It would be just below the knee.

8 Q. Now, you talked about this happening on four or more - or noticing this on four or more occasions.

A. Hmm.

9 Q. Can you be a little bit more specific? Was it only 10:24 four or was it more? And, if more, how many more, roughly? I'm not asking you to guess, but if you can give a bit of an estimate to the Inquiry just to help them?

A. I'm not too sure, but I think it was near enough the 10:24 four. I usually discovered them whenever he was maybe having to change his top, because he's a bit of a messy eater, so you always have to change his clothes. That's when you would notice them. Or sometimes they would be below the T-shirt sleeve, so you can see them. 10:24 (INDICATING).

10 Q. Now, in your statement you were clear in how you described that initially you thought that this was as a result of the use of the MAPA technique?

A. Yes. Yeah.

11 Q. When did you think that there might be another reason, outside of MAPA, for the bruises?

A. I actually didn't, not until all this information started coming out that we sort of pieced it together. Because I never knew any different. 10:25

12 Q. And did anyone ever suggest to you that the bruises might be as a result of the MAPA or the use of MAPA?

A. Nobody mentioned the bruising to me. The bruising was only ever found when we brought him home. Nobody ever said to us about the bruising or what was going on. 10:25

13 Q. And just following on then from the bruising. You mentioned in your statement that you were aware of body charts or body maps. Were you ever shown a body map or a chart or anything at any time? 10:26

A. No. No. They're supposed to do body charts when they come back, say, from home, but I mean I've never seen any body charts. I've never - I don't even know if they still do them or what. But I know that a fact is that if, if we sent George back to them with marks and bruises there would be an instant reaction to it. 10:26

14 Q. And how did you come to know or hear about the use of body charts? How did you know that they were being used? Who told you?

A. When he was in Iveagh it was explained about body charts. 10:26

15 Q. Okay.

CHAIRPERSON: Could I just ask - unless you're...

MR. McEVOY: Of course.

CHAIRPERSON: Just on that topic, just so that we understand. When George was at home, did he ever injure himself?

THE WITNESS: Ehm...

CHAIRPERSON: We have heard about some patients obviously who might hit themselves or knock themselves into walls; was the bruising that you saw, did you think at any stage, possible that George had done that to himself or not? 10:27

THE WITNESS: No. 10:27

CHAIRPERSON: No. Thank you very much.

16 Q. MR. McEVOY: Now, can I then ask about George having access to his own space, bedroom and that sort of thing, while at Muckamore. Do you know what sort of access he had to his own space, if any? 10:27

A. He can - he does have access to his bedroom if he wants to go. There's also wee small rooms where he can go in out of the way. But it depends how many people are on the ward, you know.

17 Q. And how do you know about that? 10:28

A. George tells me if he's having a bad day or something's happening, he would go his room. If one of the patients is not having a good day, he would go into a room and lock the door. Because he does, he does get afraid. He is afraid of a particular patient still up there. 10:28

18 Q. Just following up from that particular point. You've described very clearly that George is now on Six Mile Ward.

A. Mm-hmm.

19 Q. And it's a forensic ward, and the Inquiry already has heard that. And you've been quite clear that George has no forensic history?

A. No, he doesn't. 10:28

20 Q. Can you describe to the Inquiry just sort of what life is like for George in there and some of his experiences with other patients?

A. Well, he doesn't like being where he - he doesn't like Muckamore. He doesn't like being there. There was a 10:29 time where he was sitting having his breakfast and a patient came over and kicked him. He's had water threw over him, coffee threw over him, which is lucky enough they give it at a certain temperature. The time he was in his bedroom and he had to lock the door, and I was 10:29 FaceTiming him because he was - I think it was during the pandemic, and I was talking to him and I could - that's the only time I ever seen his bedroom. But the patient was kicking the door and threatening to kill him. And I waited for a couple of minutes to see if 10:29 any staff would come, but nobody came. So I had had him on my mobile, so I went on the landline and I phoned up the ward and I says "look, he's down there kicking that door, scaring him, threatening him to kill him", I says, "you need to send someone down to get him 10:29 away from that room", and they did like. But I mean he shouldn't have been allowed to be standing there kicking and threatening to kill him. It shouldn't have took me to have to phone them and tell them, you know,

get away from him. But it just goes to show what goes on if you're not watching, you know.

21 Q. So that the Inquiry understands what you've just said correctly, if you hadn't been on FaceTime, nobody would have been any the wiser? 10:30

A. No. No. Most of the time I rely on George telling me things, that I have to confirm it, do you know, just to make sure, if I'm not sure what the details are. Yeah.

22 Q. And on that incident that you've just described, the FaceTime incident, do you know was any action taken by 10:30 staff members? Was anything done in relation to your report?

A. Not that I know of. I don't know. I haven't heard - I never heard no more about it.

23 Q. Okay. Now, you mentioned - the next thing I wanted to 10:30 ask you about was medicines, PRN or pro re nata. And you mentioned two of the medicines in the course of your statement. Do you have any role in administering those medicines when George is at home at all?

A. The medication - the PRN is sent home with George. I 10:31 haven't had to use it. So that's the only -- I deal with all the rest of his medication that comes home with him, but I've never had to give him the PRN, because he's just, he's just, he's just a big ball of fluff, he really is, he's just gorgeous. 10:31

24 Q. Do you receive any information from anyone at Muckamore about his medicine or any changes in his medicine?

A. There has been a couple of occasions where medication, his medication has come home and I always have a system

of setting his medication out and I've noticed there would have been a new medication, but I wasn't told about it. And usually what happens is then I Google to find out what it is and what is it for. But it has happened on a couple occasions, that there. And I did bring it up to [a doctor] that I was concerned that I wasn't - I didn't know what the medication was for and I should have been told.

25 Q. Okay.

CHAIRPERSON: So you were never contacted by - I am sorry to interrupt. 10:32

MR. McEVOY: Yeah. No, no, please.

CHAIRPERSON: So you were never contacted?

THE WITNESS: On about two occasions I wasn't told. The medication - sometimes I get it home in bulk to save having to get medications every week, and I wasn't - on about two occasions I wasn't told what the medication was. And because I kind of know them by heart, and I was sitting down and I was looking at one. So I would usually Google it to find out what it's for. But I did bring it up. I was concerned that I wasn't being told about new medication for him 10:32 10:32 10:32

CHAIRPERSON: And when you say you'd bring it up, who - I don't want any names, all right, but what level of staff would you bring it up with? Who do you speak to at Muckamore? 10:33

THE WITNESS: If I was to bring it up, yeah, it would be someone in the - a top person in the ward or, as I say, when I was at that place I was able to speak to

the doctor about it.

CHAIRPERSON: And did you get an explanation then about why the medication had changed?

THE WITNESS: He just said that he was going to maybe invite me to the medical meetings or whatever to find out about the medicines and stuff. But I haven't heard no more about that.

CHAIRPERSON: Thank you.

26 Q. MR. McEVOY: So as you're sitting here today with the Inquiry, you still haven't received any explanation for that? 10:33

A. No.

27 Q. And you described having to go to Google to find out about the medicine.

A. Hmm. 10:33

28 Q. Have you administered it? Have you had to administer it? I know you've described not having to use some of the PRNs, but...

A. Well if they have prescribed it I have to give it to him, you know, if it's prescribed. 10:34

29 Q. And what is it you're having to Google or what do find yourself - what information is it in particular that you're looking for?

A. Just to find out what it's for and why is it -- you know what I mean? 10:34

30 Q. Yeah.

A. It's just I have to give it, because there's no other -- I'm in charge of his medication.

31 Q. Yeah. Now, Geraldine, you talked about having George

at home and how he is when he's at home, like with you and with his family. Can you tell the Inquiry a wee bit more about how you find him when you have him at home?

A. He's mischievous. He pulls jokes. He puts on certain - Elvis and stuff, knowing I don't like Elvis. He plays things sometimes for the joke of it. He hangs about mostly. He comes into the kitchen all the time I'm making dinner, because he loves his food. He's very interactive, especially with his brothers, they are into their games and stuff too, so he loves all that. He likes his movies, his music. Yeah, he's just a typical big fella like for that. He just wants the same thing as other people take for granted at that age, you know. I've never had to deal with him in any way like that. He's really good at home, you know what I mean? And he's so co-operative and helpful, which is a complete change from when he was younger, when he wouldn't pay no heed to me. But, yeah, he's completely turned himself around and he's more than ready for resettlement. More than ready. 10:34 10:35 10:35 10:35

32 Q. Geraldine, we'll move on. I'm going to ask you about resettlement in a few minutes. But just on that point, you know, you're describing how he is at home and how he behaves. When the time comes for him to have to go back to Muckamore, can you tell the Inquiry a wee bit in your own words about how George behaves then? 10:35

A. I know when we bring him back he always let's out a big sigh, because he just doesn't want to, doesn't want to

go in. And we sit outside for a couple of minutes, because we can see the reception from out where the car, so we'd sit and watch him and, you know, he just, he just walked in and the medication is handed to him and he takes his medication and he goes down to his room or whatever. But you know he doesn't want to be there, you know. Which is difficult for us, because we feel guilty about it. But we have no choice, you know. We know if we had him home the help just wouldn't be there for him, to help us. 10:36

33 Q. Can you just, and the Inquiry probably want to hear just what actually happens when you bring him up, you know, back to the hospital.

A. Well, all the incidents that happen or happens at the hospital. 10:36

34 Q. So when you bring him back from a stay at home.

A. Yeah.

35 Q. Yeah. And you bring him into Muckamore, and so that we're clear, do you bring him, do you physically bring him into the ward or where do you leave him? 10:37

A. Oh, sometimes they meet me in sort of the hallway. Sometimes you kind of have to wait, because there's two doors between the front hall and where George goes, and it's hard to get someone to hear you. So usually we wait for a staff member, or you sort of like wave, it's like waving an aeroplane down, you're standing waving, hoping somebody will see you. But because I had mentioned about it - well, complained about the fact that we were standing there, most of the time now the 10:37

staff comes out for George to bring him in.

36 Q. Are you given an opportunity alone with him before you leave him?

A. No, it's just a handover.

37 Q. There was one incident that I just wanted to ask you for a wee bit of information, if you can think back to it about, which was the staff member, you described him as a staff member with tattoos. 10:37

A. Yeah.

38 Q. In your evidence, in your statement, you did think that this man could have been the source of the bruising. 10:38

A. He could have been, yeah.

39 Q. And what you say, and I'll just read it back, just because it might be helpful for the Inquiry to know if you've anything to add to this bit: 10:38

"It appeared on this occasion that George was about to tell us something about the bruises when a staff member stopped him by bantering with George."

10:38

A. Hmm.

40 Q. Can you just maybe in your own words, if there's anything you want to add to that, just to explain how that conversation went?

A. Yeah. I was waiting at the reception for him to be brought down because you weren't allowed any further on, and George went - was pointing at his leg, and the staff member just started bantering with him and all and then George didn't tell me any more about it. And 10:38

see when I get George home, I don't like talking about Muckamore with George, I like him to come home and enjoy his visit, so I never brought it up again with him.

41 Q. Just then in terms of -- there's two -- in relation to the transition from childhood to adult services? 10:39

CHAIRPERSON: Sorry, could you keep your voice up, Mr. McEvoy?

MR. McEVOY: Sorry. I beg your pardon. Just in terms of the transition from child to adult services, he was in the Iveagh Centre, and you've described that in some detail in your statement. Can you tell the Inquiry about any handover or what the arrangements were and what role you had in the handover from - if any - from Iveagh to Muckamore? 10:39 10:40

A. You just - it's just more or less the same; you buzz to get in, the receptionist let's you in and then they phone up to the ward, or whatever it is, to get someone to come down and bring him up.

42 Q. It was just sort of more, you know, more generally when the decision was taken to move George from the Iveagh up to Muckamore and what discussions were had with you about that decision when it was taken? 10:40

A. Well, obviously, because he had turned 18, so he had to move on, and they decided just to make a big wee flat for him up there first, but that didn't work. Then he was put in PICU, so he was. 10:40

43 Q. And were you given any reassurance by anybody at Muckamore or within the Trust about arrangements?

A. I know we went up to see it, we had a look around - obviously not in PICU Ward like, but we did look around the place. We were took up. But it seemed okay. I mean, otherwise I would never have left him there.

44 Q. Then looking forward, you were talking about hopes for resettlement. 10:41

A. Mm-hmm.

45 Q. Can you give the Inquiry sort of an idea of where things are now? I know you mentioned it in your statement, but where are we now today in terms of the plan for George? 10:41

A. It could be 2025 before he moves on, because the building has to be put together. Because there's him and there's other patients going into it. So it's kind of they have to -- it's got past the plan, the thing stage, now it's into the next phase, and then there'll probably be another phase after that. But, yeah, we're talking 2025 before it's ready. And I mean that's just an estimate. 10:41

46 Q. And has there been any discussion about what's going to happen between now and 2025 in terms of whether he's going to remain in Six Mile or go somewhere else? 10:42

A. I think he's going to remain where he is because there's nowhere for him. He was -- I mean, they did try a resettlement with him before, and it was in Loughshore, and it was a new build, and he was the first patient there with the staff, and they didn't really have much confidence with him and they wouldn't take him out. They ordered food in. And the only time 10:42

he left the building was when he went to school or came home. When they did manage to take him out on one occasion there was two members of staff with him and two hiding around the corner to see, just to make sure everything was all right. But after that there, no, he never, he never left only for them other reasons.

MR. McEVOY: Geraldine, those are my questions, but I would like you to have the opportunity to say anything that you would like in terms of, you know, how you feel about your personal experience of Muckamore as George's mother and to say anything on George's behalf at this stage. The floor's open to you. 10:43

A. Well, I mean, when you leave him there you're left with a lot of guilt. That is definitely there. And all I want for George is to come away from there and have his own wee place. Any kind of confidence I did have in them isn't there. I mean, the trust isn't there, because you just don't know now what's going on. I mean I am still concerned about him because the fact is - with the bullying of the other patient. I mean I've said to them before, you know, one day he's going to get really, George is going to get really hurt, you know, they have to really do something to stop it. Because it could happen as quick as that before the staff can react, you know. And I'm just worried about his safety. 10:43 10:44 10:44

MR. McEVOY: Thank you. It may be that Mr. Kark, the chair, or Dr. Maxwell or Dr. Murphy have questions for you.

END OF DIRECT QUESTIONING

CHAIRPERSON: I'm going to ask my panel members. I think Prof. Murphy does. Do you want to go first?

10:44

GERALDINE WAS THEN QUESTIONED BY THE INQUIRY PANEL AS FOLLOWS

PROF. MURPHY: Yes. You said that your son can communicate. 10:44

A. Mm-hmm.

47 Q. Did he ever talk to you at home spontaneously about Muckamore? I know you didn't raise it with him, but did he ever say that he was in seclusion or that he'd been restrained? 10:44

A. No. The only way I would find out is if they told me.

PROF. MURPHY: Okay. Thank you.

CHAIRPERSON: I've just got two short things. Obviously there are times when George is difficult to handle. 10:45

A. Hmm.

48 Q. Are there obvious triggers as to what's going to make him lose his...

A. Boredom.

49 Q. Boredom? 10:45

A. Boredom. If he gets bored you know you're in trouble because he kind of -- that's why there's such a tight routine around George to keep - to stop that. Yeah, it is boredom is his main thing. But sometimes there

isn't a trigger, sometimes it's just whatever's going through -- he used to say to me it's his head - "my head tells me". You know? But most of the time it's boredom.

50 Q. And you've mentioned that at Iveagh you could go in and see where he -- you know, what his accomodation was like? 10:46

A. Yeah, I did see it. Yes.

51 Q. But that didn't really happen when he was at Muckamore?

A. No. 10:46

52 Q. Did you - I mean he's been there for some time now. Have you ever seen the room that he's in?

A. That he's sleeping in in Six Mile? No, only through then when I was FaceTiming him. That's as much as I've seen. Because I was getting him to walk around so I could see the room. But, no. 10:46

53 Q. Would it have - how would it have helped you to see that, if it would have done?

A. Everybody likes to know that they're getting, that it's clean, that it's a happy wee room for him, that all his stuff is there for him that he needs. Just normal things. 10:46

54 Q. And what's the reason that you haven't been able to see it?

A. I only ever got as far as reception. But that's stopped now. I used to just go to reception and they would bring him to me. And then when, when the dragging all started then I don't get in there anymore, I don't get as far in there as now. But I've never 10:46

been given a reason for not seeing his bedroom.
CHAIRPERSON: All right. Well, Geraldine, can I thank you very much indeed. Unless there's something else?

END OF QUESTIONING BY THE INQUIRY PANEL 10:47

MR. McEVOY: No, thank you. There's nothing arising.
CHAIRPERSON: Can I thank you very much indeed for coming along. It's always a bit of a task to come and give evidence to a public inquiry, but I want to thank 10:47
you very much for telling us about George and it has been extremely helpful. So, thank you.
THE WITNESS: Thank you.

THE WITNESS WITHDREW 10:47

MR. McEVOY: Chair, panel members, we now have some time before the afternoon session and it may be, looking at the schedule, that it could be used profitably if there are - the Inquiry will have seen, 10:48
and the core participants will have seen from the schedule for the week that there are a number of statements to be read in at an appropriate time.
CHAIRPERSON: Yes.
MR. McEVOY: And an appropriate time may be in this 10:48
morning's session.
CHAIRPERSON: I was going to ask about that. Because it's only, it's ten to eleven.
MR. McEVOY: Ten to eleven.

CHAIRPERSON: So the timing - that's no criticism - the timing of witnesses is notoriously difficult, and many of these witnesses, one has to be very sensitive to and not keep them waiting and all the rest of it. I think it may be that at some stage we will have to review how the time is being used. But if we can use some Inquiry time reading statements, that would be very useful. 10:48

MR. McEVOY: To that end, if the Inquiry were minded, could I propose that the statements of P12's brother-in-law and P31's father then be read at perhaps 11:30? 10:49

CHAIRPERSON: Yes, we can certainly take a break now. Is that the first two?

MR. McEVOY: It's the first and third, yes.

CHAIRPERSON: So that's P12's brother-in-law? 10:49

MR. McEVOY: P12's brother-in-law and P31's father. The second statement is in fact going to be given as oral evidence in due course in the next tranche of witness evidence.

CHAIRPERSON: That's going to be called? 10:49

MR. McEVOY: Yeah.

CHAIRPERSON: So we can take that out of our reading list. All right. Okay. Well, thank you very much.

MR. McEVOY: Thank you.

CHAIRPERSON: We'll adjourn now, stop now until 11:30, and then we'll have those statements read. And then we've got a witness for the afternoon. 10:49

MR. McEVOY: Thank you, chair.

CHAIRPERSON: Thank you very much indeed.

THE INQUIRY ADJOURNED BRIEFLY AND RESUMED AS FOLLOWS:

CHAIRPERSON: Thank you.

MR. McEVOY: So, chair, just before I hand over to Ms. Tang, who is going to deal with the two statements to be read, just two points arising out of this morning's session just in relation to the transcript. One is in relation to -- and the transcript has already been corrected - is in relation to the use of the word "upset" in the second line of paragraph 19. That's been corrected. And the other correction then is in relation to the... 11:34

CHAIRPERSON: Sorry, can you just take that?

MR. McEVOY: Yeah. It's the second line, I believe, of paragraph 19. 11:34

CHAIRPERSON: Yes. Yeah.

MR. McEVOY: So that has been corrected.

CHAIRPERSON: That has now been corrected. Good. Thank you. 11:35

MR. McEVOY: And the second correction to the transcript then was that the witness named...

CHAIRPERSON: Yes.

MR. McEVOY: -- named a person, and that person has been ciphered then out of the transcript. Can I just take the opportunity just to reassure the Inquiry and all present of course that the Inquiry will be aware that the transcript is thoroughly checked at the end of each day. So we take great care to ensure that any 11:35

misspeaks, missteps or anything else like that are corrected.

CHAIRPERSON: Thank you very much. All right.

MR. McEVOY: So with that I'm going to hand over to Ms. Tang.

MS. TANG: Good morning, Panel. I'm going to be reading in two statements, the first of which is from P12's brother-in-law's and the second of which is P31.

CHAIRPERSON: Is that the witness who we have heard from?

MS. TANG: Yes, that's correct, Chair. This witness initially gave a statement and we had evidence from the witness on Wednesday, 29th June, and they subsequently provided an additional statement, and we felt it wasn't necessary to recall the witness.

CHAIRPERSON: And they're content for it simply to be read into the record and taken into account.

MS. TANG: Yes.

CHAIRPERSON: Thank you very much.

P12's BROTHER-IN-LAW'S STATEMENT READ

MS. TANG: Thank you. P12's brother-in-law's statement can be found at MAH-STM-057, page 1. This is the second statement of P12's brother-in-law, dated 23rd July 2022: 11:36

"I, P12's brother-in-law, make the following statement for the purpose of the Muckamore Abbey Inquiry. This

is my second statement to the Inquiry. I gave my first on 21st April 2022, referred to hereafter as "my first statement".

In exhibiting any documents, I will use P12's brother-in-law - and the number - and following on from my first statement, my first document attached to this statement will be P12's Brother-in-Law 10." 11:36

If I could refer you to the fact that there are four exhibits with this statement, two of which refer to hyperlinks, and you can access those via your devices, and the others relate to two diary entries which are referred to in the statement, and I'll come to those. 11:37

CHAIRPERSON: Thank you. 11:37

MS. TANG:

"My connection with Muckamore Abbey is that I am a relative of a patient who was at Muckamore Abbey Hospital. My late brother-in-law, P12, was a patient at Muckamore Abbey Hospital. 11:37

The relevant time periods I can speak about are 2005 and 2009.

Since I gave my first statement, I have had cause to spend considerable time re-reading P12's home centre communication diaries and other documentation and e-mails within my possession. I have identified

several entries in 2005 and 2009 which I now consider relevant.

My first statement exhibits the Ombudsman Investigation Report 2011/00395 - referred to as "the report" - at P12's Brother-in-Law 6." 11:38

I should say that that refers to the first statement and some exhibits that came with that statement.

11:38

"The report relates to the South Eastern Health and Social Care Trust, successor to Down Lisburn Trust (the Trust).

Our complaint to the Ombudsman arose out of events subsequent to P12 attending the A&E at Down Hospital and his transfer to Ulster Hospital Dundonald on the evening of 20th February 2009. 11:38

P12 became seriously unwell and was hospitalised until Friday, 24th April 2009. I identified issues around the management of complaints, and particularly the interpretation and application of a Quality Standard assessment and care management SSI-1999..." 11:38

11:39

- referred to as the Quality Standard:

"...which were not specific to P12 and our complaint. I consider these matters to be of general public

interest and concern. Some of these events are in the public domain. I have attached the link at P12's Brother-in-Law 10 - which is one of the hyperlinks. With support from the late Christopher Stalford MLA, the issues were raised directly with Chris Matthews, Department of Health Director of Mental Health, Disability and Older People, both in correspondence and in a meeting in July 2018 at Dundonald. I particularly raised the issue of the status and standing of the Quality Standard in the witches brew of statute law, regulation, standards, guidelines, codes of conduct, department circulars, "Dear Chief Executive" letters, governing policy and operation of HSE services in Northern Ireland. It seemed that the Trust had interpreted the Quality Standard in a way that directly contrary to the stated purpose and intent of the standard. 11:39 11:39 11:40

Paragraph 151 on page 52 of the report suggests that this had been the case since the introduction of the Quality Standard in 1999. 11:40

As of July 2022, I am still awaiting a response from the Department.

I believe that the Quality Standard is directly relevant to MAH in the context of the extent of interaction and communication between the Trust and MAH psychiatry. This includes outpatient clinics, 11:40

attendance at and participation in case meetings as part of the multidisciplinary team - also known as MDT. My first statement includes a copy of a letter from Down Lisburn Trust to me dated 7th June 2004, marked P12's Brother-in-Law 9." 11:40

CHAIRPERSON: I think you can just call it Exhibit 9 perhaps.

MS. TANG: Okay, I will:

11:41

"As set out in this letter, engagement extends to both formal learning disability team meetings and informally where there is liaison and consultation with a senior practitioner, both by telephone conversation and face-to-face at a number of other forums jointly 11:41 attended by H49 and the senior practitioner.

MAH staff should have been aware of the requirements of the Quality Standard. By virtue of their roles in the MDT case reviews and outpatient clinics, they were 11:41 either complicit or acquiescent in its breach by the Trust. This in turn has implications for their understandings of P12, given the total lack of any direct contact between MAH psychiatry and his family.

11:41

The Trust were the sole providers of information to MAH psychiatry in relation to P12. MAH seemed content to accept and act on this information without challenge or clarification from family. One thing we learned early

on was that although a patient might leave MAH, MAH never left the patient. A psychiatric diagnosis is essentially for life. It is the frame, the prism through which all future behaviours and actions will be interpreted. 11:42

I attach a copy of a diary entry dated 15th February 2005 exhibited at 11. I confirm that I recorded the entry. P12 had attended an outpatient consultation at Lagan Valley Hospital with H49, consultant psychiatrist 11:42 at MAH, who advised that there was no point in arranging further appointments. You will see from the entry that I recorded she said "no appointments for healthy people"."

11:42

I should say that the diary entry is attached at page 5709. But as the gist of what's in that is covered in the paragraph, I wasn't proposing to read it in separately.

11:43

"She mentioned that P12 may have suffered from depression and memory loss or confusion as experienced by people over 50 years old, but I did not see any sign of this. To me, the obvious questions are when, why and how did P12 come to be considered healthy? What 11:43 was the process? To the best of my knowledge and recollection, I was never offered an explanation for this dramatic change in diagnosis, nor any justification for long-term administration of

antipsychotics, which it was blindingly obvious had no positive impact over circa 18 years."

CHAIRPERSON: Sorry, just hold on a second.
MS. RICHARDSON: We're just trying to sort the echo out. There's quite an echo. 11:43
CHAIRPERSON: Can you just hold on a second?
MS. TANG: Sure.
MS. RICHARDSON: Sorry, chair, I'm just going to try and switch something off out here. 11:43

[Short pause in proceedings]

CHAIRPERSON: Try again.
MS. RICHARDSON: Apologies. 11:44
MS. TANG: So I am at paragraph 8 in the statement:

"Between 1987 and 2005 there was no change in the clearly observed and documented patterns of P12's behaviour. As set out in my first statement, P12 11:44 experienced problems in institutional settings, whereas he had no problems at home. The only documented changes were discontinuance of medication and a more appropriate care package, to include living at home with my wife and me on a shared care basis. 11:44

I note the Trust staff at RO2 - as redacted - adult resource centre - and again redacted - Avenue day centre, contributed to diary entries and the Trust

residential staff were essentially not involved. When P12 was released from MAH, a settled team of agency staff provided one-to-one care and I noticed a distinct change in tone in diary entries. I believe that Mellaril and its replacement Largactil had absolutely no positive impact on P12's behaviour over the 18 years that he was prescribed it. The question is whether, in fact, they had any negative impact on his general, mental or psychiatric health? 11:45

I have set out P12's experience with Seroxat at paragraphs 13 to 15 of my first statement. From my investigations, Seroxat had a clearly negative impact on his behaviour in respect of aggression, violence and other behaviours. I recall that Seroxat was the subject of a famous BBC Panorama programme on 11th May 2003. A link is provided at Exhibit 12 of this statement. 11:45

I made a formal complaint on 22nd May 2003, and as noted in the report exhibited at Exhibit 6, during the course of our complaint, regulators changed the conditions under which Seroxat should be prescribed. Again the question is: did it have any impact on general health? 11:45 11:46

The discontinuance of drugs, as highlighted in the case discussion notes dated 31st October 2002, exhibited at Exhibit 5 of my first statement, and our correspondence

and meetings with the Trust, exhibited at 7 of my first statement, fully justified our longstanding and firmly held concerns about drugs and diagnosis from 1987 onwards.

11:46

Although H50, who I believe is a Clinical Director at MAH, attended the case discussion on 31st October 2002, H49 was, to the best of my recollection, the only consultant psychiatrist we ever met at case reviews or outpatient consultations. I cannot recall the presence of any other Trust personnel at these meetings. 11:46

It raises the prospect that antipsychotics may have been at least partly responsible for driving P12's aggressive behaviour between 1987 and 2002. It raises serious concerns as to the assessment processes within and information exchanges between the Trust and MAH, and in particular prescribing practices within MAH psychiatry. 11:47

11:47

It is deeply saddening that it took circa 18 years to overturn a diagnosis.

In light of Exhibit 5 and Exhibit 7 of the first statement..." 11:47

Exhibit 5, I should say, was a case management discussion. Exhibit 7 was correspondence with the Trust.

"...I feel that the medical model of relying on drugs to alter behaviour as an alternative to identifying and addressing root cause simply ran out of credibility. I suspect this change would not have occurred even then if we had not been consistently and persistently vocal and bloody minded.

As H49 said on one occasion, "P12 and I were thick as thieves at all times". My recollection is that on one occasion she also said that P12 got more benefit from me than from any 10 to 15-minute session with her. I cannot disagree with either of those comments. 11:47 11:48

I observe that the recently published Independent Neurology Inquiry at Volume 1, chapter 3, Section 3.13 and 3.14, refers to some outpatient clinics as being akin to a sole practitioner and issues potentially arising. It also notes that circa 85% of NI doctors trained at the same university and that social connections made challenging colleagues' diagnosis potentially awkward or difficult. 11:48 11:48

Enclosed at Exhibit 13 is a diary entry dated Tuesday, 14th July 2009, that records P12 attending an outpatient consultation at Down Hospital with H49, consultant psychiatrist at MAH. I confirm that I made this note. This emergency appointment was at my request. I was seriously concerned about the clear 11:49

step change, deterioration in all areas of performance post hospitalisation and serious illness. H49 agreed that P12's condition had deteriorated and queried if he was suffering from depression. I felt that she was pushing the gradual deterioration line. She considered prescribing medicine for P12 and seemed to suggest that he suffered no adverse reaction to Seroxat. I was also aware of something recorded in H41 notes that shows there was some recognition that there was some adverse psychological reaction to Seroxat. 11:49

During this meeting, I made it crystal clear to H49 that reintroducing Seroxat as part of P12's medical care was not an option. Correspondence from the Chief Executive of the North and West Belfast Health and Social Care Trust dated 28th July 2003, exhibited at Exhibit 7 of my first statement, upheld our complaint about Seroxat. 11:50

H41, medical director, specifically referenced concerns expressed in writing by H49 to P12's GP and confirmed that she submitted a yellow card adverse reaction report. Our view was that P12's reaction to Seroxat was a serious life event. We argued with the Trust about appropriate support levels, as we saw drugs as at best a short-term sticking plaster. In the circumstances, I was more than surprised that H49 was prepared to consider reintroducing Seroxat to P12. This raises serious issues around the handling of 11:50

complaints within the Trust and its willingness and ability to learn from same and prescribing practices within MAH.

My wife and I both recall three other events that may have led the Trust to refer P12 to MAH. The Trust may have considered the occurrences as hallucinatory and requiring assessment. We recall P12 referring to "seeing his little angel". That was his pet name for one of our female friends, who he saw most weekends at the boat club, at barbecues in our garden, or occasionally meals at La Luna or L'Etoile. 11:51 11:51

I remember P12 patting his stomach, saying "I'm having a baby" and making baby rocking motions. Indeed he patted my stomach on more than one occasion asking me if I was having twins, very cheeky, but he thought this was very funny. He was unable to explain the context to others, he just said "I'm having a baby". 11:51

One time P12 wandered around clucking like a hen, flapping his arms and laughing. The Chicken Tonight advert was on TV at this time and got his attention. He was just imitating it, but again could not explain why. 11:51 11:52

Looking across various diary entries, I sense that these events were identified around 2002, just at the time when the Trust was captured by the medical model

and looking for anything which might be considered sufficiently abnormal or unusual behaviour to support referral to MAH. The issue here was P12's inability to explain the context or background to his actions. Personally, I felt that in reality it just highlighted the lack of knowledge and understanding of P12 by the Trust. I am sure that I have a clarified matters for those involved."

The witness then goes on to advise that he would be prepared to give oral evidence to the Inquiry. 11:52

CHAIRPERSON: Can I just mention, I notice Mr. Doran isn't in the room at the moment, but one of the links that we're given is to a Panorama programme, and I just ought to state publicly, I think, we have to be very cautious as a panel, and those listening should understand that even if we do watch that, it will be of very limited weight, if any at all. That's no criticism of Panorama, but one's got to be extremely careful of using any form of television programme as evidence. So I'll raise that with counsel for the Inquiry in due course. 11:53 11:53

MS. TANG: Thank you.

CHAIRPERSON: Yes. Thank you.

MS. TANG: You'll note, in relation to this, that the two exhibits are, as mentioned, the diary entries; one of 2005 on page 10, and 2009 at page 11. 11:53

CHAIRPERSON: Thank you.

END OF P12's BROTHER-IN-LAW'S STATEMENT

MS. TANG: Chair, Panel, if you're content I would move on to read in the next statement?

CHAIRPERSON: Yes. Just give me a second. Yes. 11:54

MS. TANG: Thank you.

P31'S FATHER'S STATEMENT READ

MS. TANG: The next statement relates to P31's father 11:54 and is found at reference, page reference MAH-STM-0481. And there are no exhibits with this statement:

"I, P31's father, make the following statement for the purpose of the Muckamore Abbey Inquiry. There are no 11:54 documents produced with my statement. My connection with MAH is that I am a relative of a patient who was at MAH. My daughter, P31, was a patient. The relevant time that I can speak about is between 2000 and 2018.

11:55

P31 was born on..."

- the precise day and month is redacted:

"She was born in 1984. P31 has severe learning 11:55 disabilities, is bipolar and is autistic. P31 also has epilepsy, for which she takes medicine. At a maximum, P31 currently has approximately three to four epileptic seizures a year. When P31 was younger, she would have

epileptic seizures more regularly than this, but these have become less frequent over the last few years.

P31 is able to answer questions and can inform you of her needs. However, P31 would find it difficult to build a conversation. 11:55

P31 stayed in MAH on approximately seven occasions. P31 was first admitted to MAH when she was around 15 or 16 years old, at which point she stayed for approximately one year. The length of time P31 stayed at MAH varied, with some stays lasting around ten months to one year and other stays lasting around three to four months. 11:55

11:56

On some occasions P31 was detained and admitted to MAH. On such occasions I recall the applications for P31's detention being made in order to expedite P31's admission to MAH. On other occasions P31 was admitted to MAH on a voluntary basis. 11:56

Whilst I cannot recall the number of times P31 was admitted to MAH as a detained patient, I consented to her being admitted on every occasion that she went to MAH. The last time P31 stayed in MAH was in and around 2018. 11:56

P31 had to be admitted to MAH for a number of different reasons. On some occasions it was because P31's mental

health had deteriorated. On other occasions it was to monitor the effect of P31 stopping certain medication and starting new medication. Whilst P31 did not necessarily know why she was at MAH, she understood that it was a hospital. 11:57

I recall that around 2000, when P31's mental health began to deteriorate, a community psychiatric nurse suggested to me that P31 be admitted to MAH. At first I was anxious about the decision. However, I was 11:57 persuaded that MAH was the best place for P31 to be cared for at the time. We were not told how long P31 was going to be in MAH on any of the occasions she was admitted.

11:57

When P31 was first admitted to MAH, my wife, P31's mother, and I would have visited her every evening. As P31 got older, we visited her approximately two or three times a week. Two of my sons would also have visited P31 on occasions. One of my sons lives in 11:57 California and he would have visited P31 at MAH when he came home to see us. My other son lives locally and he and his wife would have visited P31 at MAH from time to time. Neither of my sons nor my daughter-in-law ever expressed any concerns regarding P31's care after 11:58 visiting her at MAH.

When P31 was first admitted to MAH, she was cared for in the Fintona South Ward. P31 continued to be cared

for in the Fintona South Ward on a number of subsequent stays in MAH.

When P31 was first admitted to the Fintona South Ward the lead nurse was a woman called H86. I understand 11:58
H86 has now retired. H86 worked alongside a nurse assistant called H160. H160's maiden name is..."

- redacted - H160.

"...and she is know as..."

- again redact - H160.

"...whilst caring for P31. I understand that H160 is 11:58
also now retired.

H86 and H160 worked at MAH for a number of years whilst P31 was a patient there. H86 and H160 were dedicated
members of staff at MAH and provided fantastic care to 11:59
P31.

At one point the Fintona South Ward was run by a male nurse called H12. I recall H12 being in charge of the
Fintona South Ward about the time of P31's second stay 11:59
in MAH. H12 provided P31 with an excellent standard of care whilst in charge of the Fintona South Ward. I was very impressed with the care that P31 received in MAH. I found the staff to be very accommodating and willing

to facilitate requests. For example, the staff in the Fintona South Ward would have let us visit P31 at any time of the day or night and would let us take P31 out of MAH for the weekend.

11:59

As P31 got older, she started attending the Antrim adult centre. The staff at MAH were happy for me to collect P31 in the morning, bring her to the Antrim adult centre and bring her back to MAH later that day. P31 never appeared to become upset when being brought back to MAH after a weekend or day trip away.

12:00

My wife was very particular about P31's clothing and laundry and did not want this to be washed along with other washing in the hospital. The MAH staff went out of their way to ensure P31's laundry was separated from other laundry so that my wife could wash and iron P31's laundry herself.

12:00

I also witnessed good treatment of other patients from the Fintona South Ward. Many of the patients who I came across in the Fintona South Ward were long-term patients. One of the patients was an elderly woman called P48. P48 had been at MAH for over 40 years before she moved to a nursing care facility in Donaghadee. Some of the staff who cared for P48 in MAH went to visit her in her new home in Donaghadee to make sure she had settled in.

12:00

Over time my wife and I became friends with some of the staff who cared for P31 in MAH. This included H160 and a nurse called H162. My wife, P31, and I, went on holiday twice with H160 and H162, and their partners, to Torremolinos in Spain. These trips happened in around April/May 2005 and 2006. H160 and H162 went on these holidays with us as our friends but were able to help care for P31 if needed. P31 was happy to have H160 and H162 on these holidays and always appeared to be comfortable around them. 12:01

At some point during P31's time at MAH, a new ward was assembled which was known as Cranfield. P31 was moved to the Cranfield Ward. The Cranfield Ward had a more clinical setting and was less homely than the Fintona South Ward. That said, P31 never appeared to be unhappy in the Cranfield Ward. P31 was cared for by a senior nurse in the Cranfield Ward called H163. H163 was in charge of the female patients in Cranfield Ward and took very good care of P31 and other patients. I understand that H163 is now retired. 12:02

P31's later stays in MAH were in the Killead Ward. Whilst I do not recall many staff member names from the Killead Ward, I remember there was a young female nurse called H157. H157 was a very good nurse and I was happy with the care that she provided to P31. Whilst P31 was in the Killead Ward, we had a monthly meeting with a senior consultant, H40, a representative from 12:02

Antrim adult centre, a social worker and a representative from MAH's nursing staff. I got on well with H40 and could not fault the care he provided to P31.

12:03

In or around 2018 we met with P31's consultant, [doctor named] to enquire as to whether P31 could be admitted to MAH while changes were made to her medication. We were advised by [doctor named] that as a result of the investigation into MAH staff, P31 could not be admitted to MAH at this time. Had MAH not stopped admitting patients, my wife and I would have been happy for P31 to continue her treatment there. The last four years without the support of MAH have been difficult. [Doctor named] previously indicated to me that if MAH had been available, she would have recommended that P31 be admitted to MAH again.

12:03

12:03

My wife and I were always treated with the utmost respect by MAH staff and would have been happy for P31 to have continued being treated there. I never had anything to complain about regarding P31's care at MAH. I never saw or was aware of any other patients being treated badly at MAH, nor did P31 ever display any symptoms of physical abuse whilst staying in MAH.

12:03

12:04

There were occasions when I was notified by nursing staff in MAH that P31 had been assaulted by other patients. I cannot recall which members of staff

contacted me on such occasions. When this happened, I was given an option of engaging the Police Service of Northern Ireland, but I never did. P31 is not violent, so it is unlikely that staff would ever have been required to restrain her. If P31 ever became physically ill whilst staying in MAH, a member of staff would have telephoned to inform me of P31's condition. Often the staff member would have offered to meet me at the health care facility where P31 was being treated. 12:04

My wife, P31's mother, worked at MAH for approximately 15 or 16 years as a seamstress in the aids and appliances unit. P31's mother retired in or around 2017. P31's mother was working at MAH when P31 was a patient there. As part of her role, she would have made various aids, including padding for wheelchairs and mitts for use on patients to stop them from scratching themselves. If P31's mother happened to be working near to the ward that P31 was in, she would have called in to greet P31. However, P31's mother's main visits to P31 would have been with me in the evenings. 12:04 12:05 12:05

P31's mother was occasionally required to attend wards to provide patients with aids and appliances. P31's mother was required to attend training courses on how to restrain patients if they became violent whilst on a ward visit. 12:05

I personally know two men who used to work as nursing assistants in MAH, both of whom have been charged with offences relating to their conduct at MAH. One of the men is called H118. H118 is married to the daughter of my neighbour and has been very helpful to my family over the years. H118 has helped me on many an occasion with lifting furniture and built a bike for my son.

The other man is called H164. H164 is better known to my wife as they both worked in MAH. However, on the occasions where I met H164 I found him to be a well-mannered man. I find it very difficult to believe that either of these men would have acted wrongly in their roles at MAH. 12:06

As far as I'm concerned, P31 was well looked after by staff at MAH. Staff gave me the impression that they were totally dedicated to care caring for P31 and other patients." 12:06

The witness ends by confirming that: 12:06

"I would not like to give evidence orally to the Inquiry."

And then the declaration of truth is made and signed on 19th August 2022. 12:06

CHAIRPERSON: I think in that last paragraph you inserted a "very" before well looked after. It makes

no difference, but we ought to have it from the statement.

MS. TANG: Thank you. Yes, my apologies.

CHAIRPERSON: All right. Thank you very much. 12:07

END OF STATEMENT

MR. McEVOY: Chair, that completes the morning session. There is just one point I'd like to draw to your attention just in relation to the statement that you just heard. 12:07

CHAIRPERSON: Yes.

MR. McEVOY: The Inquiry will have noted, at paragraph 13 of that statement, reference is made to P48.

CHAIRPERSON: Yes. 12:07

MR. McEVOY: And it will be readily apparent that in fact P48 is a patient.

CHAIRPERSON: Yes. Quite.

MR. McEVOY: So there's an error there. These things happen, but it can be easily corrected, and I propose, therefore, that over the break, over the lunch break, the Inquiry team will allocate that patient the next available P cipher, and then we'll confirm the position at the outset of the afternoon session. 12:07

CHAIRPERSON: And there was, of course, another psychiatrist who is named. 12:08

MR. McEVOY: Yes, and we'll ensure that that's...

CHAIRPERSON: No difficulty about that.

MR. McEVOY: There's no issue about that.

CHAIRPERSON: All right. Well thank you very much. So we'll reconvene at two o'clock.

LUNCHEON ADJOURNMENT

THE INQUIRY RESUMED AS FOLLOWS AFTER THE LUNCHEON ADJOURNMENT

CHAIRPERSON: Thank you very much.

MR. DORAN: Chair, members of the panel, this afternoon's witness is P19. And he is accompanied by a registered intermediary, Alison Moss. So if P19 could be called, please? 14:04

CHAIRPERSON: Thank you.

14:04

[Short pause in proceedings]

P19, HAVING BEEN SWORN, WAS EXAMINED BY MR. DORAN AS FOLLOWS

14:05

CHAIRPERSON: Good afternoon.

MS. ALISON MOSS - AFFIRMED

MR. DORAN: P19, thank you for attending the Inquiry to give evidence this afternoon. I'm Sean Doran, counsel to the Inquiry. We met briefly before your evidence, isn't that correct? 14:06

A. Yeah.

55 Q. And we had a chat about how your evidence will be given. 14:06

A. Mm-hmm.

56 Q. Basically, I'm going to be reading your statement and then asking you some questions. We also have Alison

Moss with us. Alison is a registered intermediary. And Alison will be able to help us if we need help as we go along.

A. Yeah.

57 Q. It does seem a bit strange, but I'm going to be calling you P19. 14:07

A. Yeah.

58 Q. And that's because, as a former patient of Muckamore, you're entitled to have anonymity. So I'll be calling you P19 throughout your evidence. And of course, your brother was also a patient at Muckamore, isn't that right? 14:07

A. Yeah. Yeah, he was indeed.

59 Q. Yes. Well, we'll be talking a little bit more about your brother. He is known as P20. 14:07

A. Yeah.

60 Q. So I'll just refer to your brother, I won't refer to him by name.

A. That's fine. Thank you.

61 Q. Now, you've helped the Inquiry by making a statement about your experiences. 14:07

A. Yeah.

62 Q. And you might not remember the exact date, but you signed your statement on 24th June of this year.

A. Mm-hmm. 14:08

63 Q. Which is a few months ago. Do you have a copy of the statement in front of you?

A. Yes, I do indeed. Yeah.

64 Q. That's great.

A. Yeah.

65 Q. What I'm going to do now is to read the statement out and then ask you some questions.

A. Right.

66 Q. So this is the statement of P19, and although on the front of the statement it says "Dated the second day of March 2022", as we will see at the end of the statement, it was signed on 24th June 2022. 14:08

A. That's right.

67 Q. 14:08

"I, P19, make the following statement for the purpose of the Muckamore Abbey Hospital Inquiry. There are no documents produced with my statement. During this statement being made, a registered intermediary, Alison Moss, was present. 14:09

Section 1: Connection with MAH.

My connection with MAH is that I am a relative of a patient who was at MAH. My brother, P20, was a patient and I was a patient in MAH. 14:09

Section 2: Relevant time period.

My brother, P20, was a patient at MAH from around 1971/1972 to 2016." 14:09

Now, P19, we had a brief discussion about this, and is it correct to say that your brother may have been in Muckamore until late 2015?

A. Yeah.

68 Q. And I think you explained that it was just before the turn of the year?

A. Yeah.

69 Q. So we can have that corrected from 2016 to 2015.

A. Yeah. 14:10

70 Q. And the statement continues:

"I was a patient at MAH on a number of occasions. The first time I was a patient at MAH was in 1985. I was also a patient in MAH in 1987, between 1995 and 1996, 14:10 between 2000 and 2001 and in 2009.

Section 3(a): Information about P20.

My brother, P20, spent over 40 years in MAH. P20 was seven years older than me. There were four of us in 14:10 our family."

Your statement then gives details of your parents' occupations and of the schools that P20 attended:

14:11

"When he was 16 and I was about eight or nine, he was admitted as a patient to MAH. P20 was handicapped, but I do not know what his handicap was. P20 found it difficult to speak. It was difficult for me to talk to P20. He had challenging behaviour and our parents 14:11 weren't able to control him. That was the reason he was admitted into MAH. An example of his challenging behaviour is that he would take off all his clothes and run around. Our parents couldn't look after P20.

When P20 was admitted to MAH, the first ward that he was placed on was Ward 7A. This ward was a mixed ward and had criminals on it. P20 moved to Ward M4, which was a ward for the profoundly handicapped. P20 also spent time on the Cranfield Ward. 14:12

We, my parents and I, would visit P20 regularly, around every month or couple of months. Sometimes my mum and I would visit, sometimes my dad would visit. It was difficult getting to MAH by bus. 14:12

In 1978, when I was 15 and P20 was 22, our father died from leukaemia. It was very quick in the end.

I thought that the MAH staff were good. There is good and bad in everything. Some of the staff used to come into P20's room to talk to him. They were friendly and sociable. They would watch him carefully when he was eating and would give him things like bananas and soft foods that he was able to eat. 14:12

H98 was a good nurse. I have stayed in touch with him. He took care of P20. He is an experienced nurse and very good. It is a pity there aren't more people like H98. H98 told me that good nurses had to leave MAH because of the challenges of working there. 14:13

Another good member of staff was H99, a nursing

assistant. P20 shared a dormitory with a number of others, but the visits took place in a visiting room. There were ten people in a dormitory. All the patients had challenging behaviour. P20 did not like his personal space being invaded and he could become angry and violent. I cannot blame P20 for this, because of his disability. 14:13

I remember one time, but I am not sure when it was, that my mum and I went to visit P20. P20 was brought out to us and he was covered in shit. We had to send him back to his room to get cleaned up. H71 was in charge on that day. 14:14

In 2010/2011, P20 had an ear bitten off. MAH telephoned our mother in her nursing home to tell her. P20 was treated in Antrim Area Hospital for this injury. I heard this information through our mother, so I am not sure who injured P20 and I don't know who the witnesses were. 14:14

In February or March 2012, P20 had his ear bitten off again. MAH telephoned our mother in her nursing home to tell her. I heard this information through our mother, so I am not sure who injured P20 and I don't know who the witnesses were. 14:14

We didn't do anything because the staff told us that you couldn't sue the government. I don't know which

member of staff told me this or when I was told this.

The reason for all this was the nursing cuts by David Cameron's government.

14:15

Our mum had Alzheimer's disease. In 2012 our mother died. It was the staff who told P20 that our mother had died. We asked MAH to allow P20 to go to our mother's funeral. They told us that he was not allowed to go, but they did not tell us why. After the funeral 14:15 they told us that it might have been too stressful for P20.

I continued visiting P20 on a regular basis. In 2013 Dr. H78 was in charge of P20's care at MAH. In 14:16 December 2013, Dr. H78 resettled P20 in the community to a residential home..."

- which you give details of in your statement.

14:16

"I think that Dr. H78 is a doctor who lives in the past and believes that disabled people should live in day centres. The staff at MAH knew P20's disability and capacity and they watched him when he ate.

14:16

At the residential home, P20 had his own room. He seemed happy. I visited P20 there on a number of occasions. On one occasion, I don't remember exactly when, I visited P20 and I invaded his space. He kicked

me. I don't hold it against him, because he couldn't talk to explain himself.

At the residential home, P20 wasn't looked after at night. The staff also didn't read P20's notes. P20 died in March 2014 when he choked on an orange." 14:17

Now, P19, again we discussed that date, and I think in your recollection now, P20, your brother, actually died, you think, in 2016. Is that right? 14:17

A. Mm-hmm.

71 Q. So the statement should read: P20 died in March 2016, when he choked on an orange?

A. Mm-hmm.

72 Q. Are you content with that? 14:17

A. Yeah.

73 Q.

"The staff hadn't read the notes and weren't watching him eat. The residential home was investigated and was fined £75,000 for neglect and the way the home treated 14:17 him and for not reading the notes.

Myself and my cousin were P20's next of kin. We weren't told about this court case into my brother's death. I only found out about this court case when my 14:18 advocate read it in the Irish news.

My cousin and I are involved in another court case about my brother, P20's care, and we hope to get

compensation following a court case. Peter Weir MLA hurried up the letter from the Trust apologising for P20's death.

Section 3B: Information about me. 14:18

I was a patient in MAH in 1985, in 1987, between 1995 and 1996, between 2000 and 2001 and in 2009.

I was admitted to MAH in 1985 when my doctor, H100, took me off depression medication. During my time in 14:19 MAH some of the nurses were nice and some of the nurses were bullies.

The first incident that I want to talk about is in 1987. I do not remember the precise date. Someone had 14:19 gone to the toilet on the floor. One of the nurses, H101, asked me to lift it. I said that I would not lift anyone else's shit. I refused and I went to hit the nurse. I was restrained by two nurses. I was punched in the back. I do not know who punched me in 14:19 the back. I was sore for a couple of days and there was bruising. I did not see a doctor.

The second incident that I want to tell the Inquiry about is in 2009. I think it was around April and I 14:20 asked social worker H93 if I could see a solicitor. H93 handed me a phone book and I couldn't see it, as I did not have my reading glasses. H93 knew that I didn't have my reading glasses, so I couldn't read the

phone book and couldn't get a solicitor. About a month later, I had my reading glasses sent up to me by another organisation, but by then I thought it was too late, as I was about to leave soon after.

14:20

The third incident was in summer time 2010, when I was up helping with the Telling It As It is group, as part of ARC, Association For Real Change, which trains doctors, nurses and politicians about what way disabled people or learning disability people should be looked 14:21
after. There was a meeting in MAH and I remember that H102, who was the head of MAH; a man called H103, who worked in the workshops at MAH; and H104 from ARC; people from the Law Society and a person from the RQIA whose names I don't remember were there. We were 14:21
talking about peoples' rights and their rights to solicitors. I put it to H102 that I should have been given the name of a solicitor instead of a phone book. H102 replied that "you can't take the government to Court". The person from the Law Society said that I 14:21
should have had a solicitor."

At the end of your statement then, there is a declaration of truth and your statement is signed and dated 24th June 2022. 14:22

A. (Witness Nods).

74 Q. Now, can I just ask, P19, are you content with your statement?

A. Yes, I stand by it.

75 Q. Sometimes people make statements and then realise afterwards that there's something they have missed and should have said.

A. No, I'm content.

76 Q. You're content? 14:22

A. I stand by it.

77 Q. You're content. Very good. And one thing I should have mentioned earlier is that a number of staff members in the statement are referred to by number instead of name, they've all got H numbers; H98, H99 14:22 and so on. Now, you're aware that we won't be using their names in evidence today?

A. Yeah. Yeah, yeah.

78 Q. Thank you.

A. Yeah. 14:22

79 Q. And to help you, P19, you have a key in front of you there and that gives the number and the name of each individual who appears in your statement. Do you see that?

A. Mm-hmm. 14:23

80 Q. And I know that you haven't got your reading glasses with you?

A. I see it, yeah.

81 Q. But you can see that okay?

A. Yeah. 14:23

82 Q. We've had a special version produced in a large font.

A. Yeah.

83 Q. So you can make that out okay?

A. Yeah, I can make the names out, yeah.

84 Q. That's great. Now, I want to ask you some questions, first of all about your brother. And your brother spent over 40 years in Muckamore, is that right?

A. That's right.

85 Q. And you mention that he was in three different wards; 7A, M4 and Cranfield? 14:23

A. Yeah.

86 Q. And do you remember how long he spent in each of the wards? Don't worry if you can't remember.

A. I can't really remember. I knew it was 40 years altogether. 14:24

87 Q. Yes. And you can't remember what specific periods he spent on each of the wards?

A. I think the longest ward he was in was M4.

88 Q. M4? 14:24

A. Was the longest.

89 Q. Yes. And you say that 7A was a mixed ward and had criminals on it?

A. Yeah.

90 Q. Can you say what you mean by that? 14:24

A. What I mean by that, people who have broken the law.

91 Q. Yes. So your brother was in a ward with others who were there...

A. Because they broke the law.

92 Q. I understand. And in your statement you say that the staff were good to your brother. 14:24

A. Yeah.

93 Q. And was that generally the case?

A. Well, it's hard to know what happens behind closed

doors. But what I seen, they were good to him. From what I seen.

94 Q. Yes, from what you could see. And you single out a couple for particular praise, that's H98 and H99?

A. Yeah. 14:25

95 Q. And what was good about the way they went about their work?

A. Well, they were very much peoples' people, you know, people people, do you know what I mean by that?

96 Q. Yes. 14:25

A. All for the resident.

97 Q. Yeah. So they helped your brother, is that right?

A. Mm-hmm. They were all for the resident.

98 Q. And you mention at one stage that H98 told you that good nurses had to leave the hospital because of the 14:25 challenges of working there?

A. Yes, I did say that, yes.

99 Q. Did he say that to you?

A. He said it to me briefly. He said some of the nurses, some of the nurses found it too challenging a 14:26 behaviour, especially females. When there was females on the ward, they had to leave, because they found it too challenging for them.

100 Q. And did he say what he meant by "too challenging"?

A. I assume what he meant was they would get violent, you 14:26 know what I mean, some of them would be violent, some of them in that ward.

101 Q. Some of who now?

A. Some of the residents could be violent. Not the staff,

the residents.

102 Q. So H98 was saying some had to leave because they found it challenging?

A. Yeah.

103 Q. Now, you refer to a few incidents about your brother -- or before I leave H98, as a matter of interest, you say that you stayed in touch with him? 14:26

A. Yes.

104 Q. And do you continue to remain in -- do you continue in touch with him? 14:27

A. I was on the phone to him last week, I rang him at home.

105 Q. Very good. So do you keep regular contact with him then?

A. Yeah. He's coming down to my place, I have a book on the History of Stricklands, he's coming down to collect it sometime this month - no, this month's nearly over. Sometime this month or next month. 14:27

106 Q. Very good. That's a book on the history of what, sorry? 14:27

A. A history of the organisation harmony. They published a book on the history.

107 Q. Yes.

A. Harmony was formed in 1875.

108 Q. Yes. And H98 is coming to collect the book from you? 14:27

A. Yeah. Yeah.

109 Q. Now, I'm going to ask you about some of the incidents that you refer to involving your brother. First of all you say that you and your mum visited one day and your

brother was brought out to you and was covered in shit?

A. Yeah.

110 Q. Now, this is not easy to talk about, but do you mean that he'd soiled himself or do you mean literally?

A. No, it was all over his hands. 14:28

111 Q. It was all over his hands?

A. Yeah.

112 Q. Yes. And was he brought to you by a member of staff?

A. Yeah.

113 Q. I obviously don't want you to name anyone, but do you recall who that member of staff was? 14:28

A. Would it be okay to say his nationality? If you say a name of a country, you're not -- it can mean anybody.

114 Q. Well, you want to say his nationality. I think perhaps we'll just err on the safe side and say is that all you can remember about -- was it a male or a female? 14:28

A. It was a male.

115 Q. It was a male. And is all that you remember about him his nationality?

A. Yeah. 14:28

116 Q. Okay. Well, perhaps you can pass that detail on to the Inquiry at a later stage. And when the member of staff brought your brother to you, did they say anything about his appearance?

A. No. 14:29

117 Q. So they didn't mention the fact that he had faeces on his hand?

A. No.

118 Q. And you say "We had to send him back to his room to get

cleaned up".

A. Yeah.

119 Q. Do you recall who cleaned him up?

A. No, I don't. I think the same nurse came out again, took him back to the room. I mean I didn't see him for the rest of the day. 14:29

120 Q. Yes.

A. Because you couldn't eat food in that state, know what I mean?

121 Q. Yes. And were there any other staff present at that time? 14:29

A. No, it was just he brought him to the visitor's room.

122 Q. And you said that H71 was in charge that day?

A. Ehm...

123 Q. If you want to check your list there? 14:30

A. Yeah.

124 Q. You say in your statement H71 was in charge.

MS. MOSS: We don't have H71 on this list.

MR. DORAN: Oh, apologies. That's obviously been missed from the list. I think we can arrange for that name to be given to you. Well, let's not stop for now. We'll arrange for you to get H71's name. But can you remember whether the person in charge that day was aware of what had happened? 14:30

A. Well, there's a good chance that that person who was in charge of the ward that day, who brought him, could have been the one who I said to you about the nationality. Because he was in the position to be in charge. 14:30

125 Q. Yes.
A. Yeah.
126 Q. Well, let's get the name to you and then we can ask you further about that?
CHAIRPERSON: Well, we might be able to deal with it this way, Mr. Doran. Is it the name that was mentioned in the statement before it was redacted? 14:30
MR. DORAN: It is, indeed.
CHAIRPERSON: Exactly. So if we just show him that.
MR. DORAN: That's the name we're retrieving at this moment. 14:31
CHAIRPERSON: That might be it.
MR. DORAN: There's no need to say the name, but that's...
THE WITNESS: H71, that's the name. That's the name. Yes. 14:31
MR. DORAN: Yes. So was that the nurse who brought your brother out from the room?
A. Yes, it was.
127 Q. And he was the one then who brought your brother out in that condition, having faeces on his hands? 14:31
A. Mm-hmm.
128 Q. So, as far as you're aware, he was aware of the situation, is that right?
A. Well, he brought him out but -- it's a difficult one. He could have been aware of the situation or he couldn't have been. He just brought him out. I don't know whether he was aware of it or not, you know what I mean? 14:31

129 Q. Yes.
A. He didn't say very much, you know what I mean? He just brought him out.
130 Q. So you're saying, in fairness, he may not have been aware of the faeces on your brother's hands? 14:32
A. Yeah. But he was aware of it when we sent him back.
131 Q. Yes. And do you recall now was he the one who brought him back to the room?
A. He could have been, yeah.
132 Q. But he was cleaned up after that? 14:32
A. Yeah. Well, we just left. Because you can't give somebody...
CHAIRPERSON: Well the witness told us earlier that he didn't see his brother again, I thought, that day.
THE WITNESS: No, I didn't see him again that day. 14:32
MR. DORAN: Oh, I see.
THE WITNESS: Because we brought food and you can't give -- it just put my mother off, you know what I mean? You can't give food out in that situation.
MR. DORAN: Yes. Yes. So when you say we had to send 14:32 him back to his room to get him cleaned up, that was the last you saw of him that day?
A. Yeah.
133 Q. And do you remember, P19, do you remember did you raise that with the Hospital at the time? 14:33
A. I just said "you need to get cleaned up", you know what I mean? But didn't say very much. I cannot remember what the nurse said, do you know what I mean, it's so long. But he didn't say very much.

134 Q. Yes. Now, you go on then in your statement to say that in 2010 or 2011 your brother had his ear bitten off, is that right?

A. Yeah.

135 Q. And you heard this through your mother, is that correct? 14:33

A. Yeah.

136 Q. And I think you say in your statement that Muckamore contacted your mother by telephone and she was in a nursing home at the time? 14:33

A. Yeah.

137 Q. And you say you don't know who was responsible?

A. No, I don't know who was -- that's right, I don't know who was responsible.

138 Q. And do you know anything about how this happened? 14:34

A. Well, I'm not too sure, but I know if you invade P20's personal space, he'd lash out. And maybe he lashed at the resident and --

139 Q. We're just going to have to stop for a moment and pause the live feed, because P19, you used your brother's name. 14:34

A. Oh, sorry. Sorry.

140 Q. Don't worry about it at all, because it happened very regularly. And what we can do now is stop the live feed so the name doesn't go anywhere outside this room and it won't appear on any record of today. So you have absolutely nothing to worry about. 14:34

A. Sorry.

[Short pause in proceedings]

141 Q. So you were telling us then about what happened to your brother.

A. Mm-hmm. 14:35

142 Q. And I was asking do you know anything about what happened?

A. Well, all I know about my brother is if you invade his personal space, he will hit out, you know what I mean?

143 Q. Yes. 14:35

A. That's the way he is.

144 Q. Yes.

A. And the nurse who used to come in to see me, or the person who used come in and out to see me knows that about my brother. 14:35

145 Q. Who's this person now?

A. H98.

146 Q. Ah, yes. So that's H98, who you mentioned before?

A. Mm-hmm.

147 Q. But is it fair to say that you just don't know anything about the circumstances in which this happened? 14:35

A. Yeah. Yeah, it is fair to say.

148 Q. And you say that your brother was treated in Antrim Area Hospital?

A. Yeah, I think so, yeah. 14:35

149 Q. Did you go to see him when he was there?

A. I -- telling you the truth, I didn't know about it until a couple of days afterwards. Because they just stitched it back on and sent him back home.

150 Q. Yes. Did you see the injury?
A. No.
151 Q. And you say in your statement he had his ear bitten off; do you mean literally or do you mean he had a bite on the ear? 14:36
A. It's difficult to say, because I never really saw it. But what I'm told -- but you could be told anything, you know what I mean? You have to be there to see.
152 Q. Yes.
A. Seeing is believing. 14:36
153 Q. Yes. And do you remember then any talk about this in the Hospital? Did you raise it with anyone in the Hospital or did your mother?
A. At the time, she was very forgetful. And I remember in the home where she was living that the person in charge 14:36 probably didn't understand people with learning disabilities, which is understandable, you know what I mean?
154 Q. Could your brother himself tell you anything about what had happened? 14:37
A. No. No. No.
155 Q. No.
A. Could not talk.
156 Q. He can't talk, or he couldn't talk, he couldn't express himself? 14:37
A. Yeah.
157 Q. And was the treatment that he received successful then? Do you remember that?
A. I never heard about the treatment. But it must have

been successful or else...he was still complaining about it, you know what I mean?

158 Q. But you say then in your statement that your brother had his ear bitten off again?

A. Yeah. 14:37

159 Q. In February or March 2012?

A. Yeah.

160 Q. And do you remember was it the same ear?

A. I'm not too sure.

161 Q. And -- 14:38

A. I'm only going by what my parent told me, do you know what I mean?

162 Q. Yes. And, again, you explain in your statement your mother was told what had happened by phone, is that right? 14:38

A. Yeah.

163 Q. And do you know anything else about the circumstances of the incident?

A. No, I don't, no.

164 Q. And you're absolutely right to say that. If you don't know, you don't know, and that's fine. 14:38

A. That's the truth.

165 Q. And do you remember how your brother was affected by those incidents?

A. Well, the thing with my brother is he can't explain anything. He doesn't -- he just doesn't know. 14:38

166 Q. And as you've said, he couldn't express himself?

A. Yeah.

167 Q. To you.

A. Yeah.

168 Q. Now, you then say that your brother was moved to a residential home.

A. Yeah.

169 Q. And you refer to the doctor at the hospital at the time being H78. If you want to have a look at your list again? 14:39

A. Yeah. Yes, I know. Yeah.

170 Q. And just going back to the statement actually - this is something I should have perhaps corrected earlier on. You say at paragraph 22 that your brother was resettled in 2013. Is it right to say that in fact that probably should read 2015? 14:39

A. Yeah.

171 Q. Yes, and I think... 14:40

CHAIRPERSON: Which paragraph?

MR. DORAN: That's at paragraph 22, chair. Chair, you'll recall that we made the correction to paragraph 2 of the statement, in which the witness said that his brother was a patient at MAH until 2016 and that was corrected to 2015. 14:40

CHAIRPERSON: Thank you.

MR. DORAN: And what I'm suggesting is that the equivalent correction ought to be made to paragraph 22.

CHAIRPERSON: Yes. Thank you. 14:40

MR. DORAN: I apologise P19, I should have pointed that out earlier on.

THE WITNESS: We all make mistakes. We all make mistakes.

MR. DORAN: Indeed. So paragraph 22, you refer to your brother being resettled, and he was moved to a residential home; isn't that right?

A. Yeah.

172 Q. And you say in paragraph 22: In relation to the doctor who was responsible for the resettlement - that's H78 - you say: 14:41

"I think that doctor H78 is a doctor who lives in the past and believes that disabled people should live in day centres." 14:41

A. Mm-hmm.

173 Q. Do you want to explain a little bit more what you mean by that? 14:41

A. Yeah. What I mean by that is he's a great advocate for day centres. He believes that everybody should be treated the same.

174 Q. Yes. But...

A. That's why he's in the past. 14:41

175 Q. You say that's living in the past. Does that mean that you're not a great believer in day centres?

A. Yes.

176 Q. Right. And you say in your statement the staff at the Hospital, at MAH, knew your brother's disability and capacity and they watched him when he ate? 14:42

A. Yeah.

177 Q. Are you suggesting that you thought MAH was better for your brother than the residential home?

A. Yes, because of that. Yes, because they were able to watch him.

178 Q. Now -- because he's being observed, is that right?

A. Yeah.

179 Q. And you explain in your statement that your brother died in the residential home? 14:42

A. Yeah.

180 Q. In March 2016.

A. Yeah.

181 Q. And you also refer to the tragic circumstances of the death; your brother choked on an orange, is that right? 14:42

A. Yeah.

182 Q. And was he not being supervised at the time?

A. At the time, the person that was with him feeding him and she turned her head, she turned away from him, and when she turned around to him he snatched the orange out of her hand and ate it and choked on it, you know what I mean, when she had her head -- she wasn't concentrating on him and she had her head, she turned her head the other way, and that's when it happened. 14:43 14:43

183 Q. And did your brother need constant supervision?

A. Yeah.

184 Q. You say in your statement that the home was investigated and fined.

A. Yeah. 14:43

185 Q. And do you recall if that was a police investigation?

A. I think the police had something to do with it. The police would have been involved. Negligence I think the word is. I think the police would have been

involved. Because my cousin had to go to the Police Station. The nearest Police Station to where he lived was Downpatrick.

186 Q. Well, the Inquiry can obviously find out some more details about that, if necessary. Now, you say also that you and your cousin are involved in a court case about your brother. 14:44

A. Mm-hmm.

187 Q. Can you tell the Inquiry, does that court case relate to Muckamore or does it relate to the residential home? 14:44

A. The residential home.

188 Q. The residential home. And you also say in your statement that your MLA hurried up a letter from the Trust apologising for your brother's death.

A. Mm-hmm. Yeah. 14:44

189 Q. And did you receive a letter from the Trust?

A. Yes.

190 Q. And I haven't named the home so far, and I'm not going to do that, but the home is outside Belfast, isn't that right? 14:45

A. That's right.

191 Q. Was the letter from the Belfast Trust or from one of the other Trusts?

A. South Eastern Trust.

192 Q. The south Eastern Trust. And have got a copy of the letter? 14:45

A. I did have one. I've so many letters, but if you want to get a copy, you can get it from Ballyholme Road in Bangor, they would have a copy of it.

193 Q. Yes. Well, the Inquiry will be able to obtain a copy, indeed, perhaps even through the Trust?
A. Yeah, Ballyholme Road, that's the main social service office in Bangor. They would have a copy of it.
194 Q. Yes. That's very helpful. Thank you, P19. I'm going to move on to ask you some questions about yourself now. 14:45
A. That's okay.
195 Q. You explained that you were in Muckamore about five times over the years since 1985? 14:45
A. Mm-hmm.
196 Q. And you say that you were first admitted in 1985 when the doctor took you off your depression medication, is that right?
A. Mm-hmm. 14:46
197 Q. Can you remember on the subsequent occasions that you were admitted to Muckamore why you were admitted on those occasions?
A. It was just depression and that, my depression.
198 Q. Yes. And you were there for fairly short periods on each occasion, is that right? 14:46
A. Yeah.
199 Q. You say in your statement "some nurses were nice, some were bullies"?
A. Yeah. 14:46
200 Q. Could you explain a little bit more what you mean by some were bullies?
A. What I meant by bullies was they would yell or shout at you, or just yell or shout at you.

201 Q. Yes.
A. And be cheeky with you.
202 Q. Yes. So you had a mixed experience of the staff?
A. Yeah.
CHAIRPERSON: I'm just going to pause for a moment. Do you need a break at the moment? 14:47
THE WITNESS: No, I'm fine. I'm fine.
CHAIRPERSON: Okay. Sorry, Mr. Doran.
MR. DORAN: Yes, chair. I should say, chair, the witness and I had a conversation about this beforehand and he said that he wanted to proceed right through. 14:47
CHAIRPERSON: All right. Fair enough.
MR. DORAN: -- his evidence
CHAIRPERSON: Okay. And I know the intermediary is watching. 14:47
203 Q. MR. DORAN: Do you remember what wards you stayed in?
A. I stayed in Cranfield on the B side, and that was M7A, the B side, and Cranfield.
204 Q. Cranfield B?
A. No, the B side was -- the A said was the lockup and the B side was the open side. And I stayed in Cranfield. B side was the old hospital. Cranfield is the new hospital. 14:47
205 Q. Ah, yes. So you were on the open side?
A. Mm-hmm. 14:47
206 Q. And you mention in your statement a few things that stick in your mind. First of all, you refer to an incident in 1987, and you say that one of the nurses, who is a male nurse, that's H101 - you can have a look

at your list - H101.

A. Yeah.

207 Q. He asked you to lift someone else's faeces off the floor. Is that right?

A. Mm-hmm. 14:48

208 Q. And you said no?

A. I said no.

209 Q. And after that, you went to hit the nurse?

A. He got very cheeky and he says "I could make you lift it". 14:48

210 Q. Right. And what did you do then?

A. I clouted him one.

211 Q. Sorry, could you say that again?

A. I clouted him one.

212 Q. You clouted him one. And did you actually connect with him? 14:48

A. Connect with him?

213 Q. Did you actually hit him?

A. Yes.

214 Q. And where did you hit him? 14:49

A. I think on the head.

215 Q. And you say then that you were restrained by two nurses?

A. Yeah. But I couldn't see who they were, because they were at the back of me. 14:49

216 Q. So the person who asked you to lift the faeces, was he not one of the two nurses who restrained you?

A. No.

217 Q. Right. And you say that you were punched in the back?

A. Yeah.

218 Q. Could you say how hard a punch it was, if that's possible?

A. It was a hard enough punch.

219 Q. And whereabouts in the back? 14:49

A. Around here. (INDICATING).

220 Q. You're indicating the lower back?

A. Yeah. There'd be no bruising there now, because that was nearly 40 years ago. It'd be away.

221 Q. It's a long time ago. And do you know if it was one of the two nurses holding you that punched you or was it someone else? 14:49

A. I can't say for sure, because I didn't see them. And that's the gospel truth. If I didn't see them, I can't say for sure. 14:50

222 Q. And do you remember how long that incident lasted?

A. Two or three minutes.

223 Q. And do you remember what happened then after you were restrained?

A. I was took into a side room until I calmed down and then I was taken back again. 14:50

224 Q. Sorry, just tell me that last bit again. You were brought to a side room?

A. Until I calmed down. Then I was moved back onto the ward after that. 14:50

225 Q. Right. And you say you were sore at the time and you'd some bruising?

A. Yeah.

226 Q. But you didn't go to see a doctor?

A. No.

227 Q. And I wonder, did you raise it with anyone at the time?

A. No, I didn't raise it with anybody at the time, no.

228 Q. You then refer to another thing that happened around April 2009. 14:51

A. Mm-hmm.

229 Q. And you say that you asked the social worker if you could see a solicitor.

A. Mm-hmm.

230 Q. Is that right? 14:51

A. Yeah.

231 Q. And the social worker handed you a phone book?

A. Yeah.

232 Q. But you say he knew you couldn't read it, because you didn't have your glasses? 14:51

A. Yeah.

233 Q. Can I ask you why you wanted to see a solicitor in 2009?

A. Because I wanted to get out of the hospital quicker.

234 Q. Right. So you wanted to seek advice on how you could leave the hospital? 14:51

A. Yeah.

235 Q. And did you ask anybody else then about how you might get in contact with a solicitor?

A. Not really, I just asked the social worker because it was his job -- as far as I remember I asked the social worker. And the person says... I'm trying to remember what the person said. Could you refresh me? P93 says... 14:51

236 Q. H93, was that?
A. Oh, H93 says "you can't bring the government to Court".
237 Q. And did that prevent you then from taking...
A. Mm-hmm.
238 Q. -- any further action? 14:52
A. Mm-hmm.
239 Q. And the third matter that you mention in your statement was an ARC meeting?
A. Yeah.
240 Q. Can you tell us a little bit more about ARC and your involvement in it? 14:52
A. My involvement in ARC was it was a group to educate doctors, nurses. And we were up at Muckamore one day and the day care worker was present and the social worker was present -- no, the social worker wasn't present. And the head of Muckamore was present. And he said the same thing as the social worker: We can't help you to bring us to Court, because that wouldn't make sense. 14:52
241 Q. So this is what the head of Muckamore said to you? 14:53
A. Mm-hmm.
242 Q. And that's H102, is that right?
A. Yeah.
243 Q. And did you then make the point that really you should have been given the name of a solicitor instead of the phone book? 14:53
A. Yes. That's what the Law Society said, and the leader of ARC said that. H104 said. She was a bit upset about it, she said who does the social worker think he

is?

244 Q. So basically the person from the Law Society and the person from ARC agreed with you, is that right?

A. Yeah.

245 Q. Now, you've mentioned a number of things in your statement about your brother's experience at Muckamore and your experience at Muckamore, P19; are there any other incidents that come to mind that you would like to tell the Inquiry panel about? 14:53

A. No, not really, no. 14:54

246 Q. And is there anything else that you would like to tell the panel about your own experience in Muckamore?

A. No, that's mainly it.

MR. DORAN: Well, P19, thank you very much for answering my questions. Those are all the questions that I want to ask you today. But at this stage the panel members may wish to ask you some questions. So I'm going to hand over to them now. 14:54

THE WITNESS: Right.

MR. DORAN: Thank you. 14:55

END OF EXAMINATION BY MR. DORAN

P19 WAS THEN QUESTIONED BY THE INQUIRY PANEL AS FOLLOWS

14:55

CHAIRPERSON: My colleagues don't have any questions, but I do have one question.

A. Right you are.

247 Q. You told us in your statement and when you've just been

speaking that some staff were good and some were bullies?

A. Hmm.

248 Q. And you were asked how they would bully people and you said they would yell and shout at you? 14:55

A. Mm-hmm.

249 Q. Now, is that something, first of all, that you experienced yourself?

A. Yeah.

250 Q. Did you see it happen with other patients? 14:55

A. Yeah.

251 Q. And just dealing with yourself first of all, how often would that sort of -- was that a very rare event or would that happen...

A. Oh, it often happened a number of times during the day. 14:55

252 Q. During any one day?

A. Mm-hmm.

253 Q. And what sort of thing would they be shouting at you about? Can you give us an example?

A. If you done anything wrong, or if you didn't look right 14:56 or didn't do the right thing, they'd just shout at you. You know what I mean?

254 Q. And was that sort of restricted to one or two of the staff?

A. Yeah. 14:56

255 Q. Obviously don't name anybody.

A. Yeah, one or two of the staff, yeah.

256 Q. Or was it many of them? Let me just ask that again. How many staff would you accuse of being like that?

A. It could vary from two to three or three to four, it could vary. Because you know they change shifts. The same staff isn't on all the time. At different shifts, different staff come on.

257 Q. And would it be triggered, if you know what I mean? Would it happen because you were doing something that you shouldn't or was it just part of daily life? 14:56

A. Part of daily life.

CHAIRPERSON: Yeah. Thank you. Mr. Doran, do you want to ask any questions? 14:57

MR. DORAN: No, chair, I'm content that I've put the questions.

CHAIRPERSON: All right. Can I thank you very much indeed for coming along?

THE WITNESS: Can I ask the panel a question? 14:57

CHAIRPERSON: We may not be able to answer it, but you can ask it.

THE WITNESS: Yes. Yes. Do you know the way Northern Ireland is under an old-fashioned Mental Health Act, the 1980 -- and the rest of the -- under an 14:57 old-fashioned Mental Health Act, the 1986 Mental Health Act, and the rest of the UK is under a new Mental Health Act and down South and the rest of Europe?

CHAIRPERSON: Yes.

THE WITNESS: I believe because of that reason, this is 14:57 the only part of Europe -- this is the only country in the world, if a consultant psychiatrist wants you to go to a day centre and you didn't go to the day centre, he can detain you in Muckamore. But they can't do that

down South and they can't do that in any other part of Europe, but they can do that over here because of the old-fashioned Mental Health Act. Is that still the case?

CHAIRPERSON: Well, one of the things we're going to be looking at - and I don't think it's right to answer you now - but one of the things we're going to be looking at is the legislation, the law, and the differences between what's been brought in in Northern Ireland and the position in the UK generally. So that is something that we're going to be exploring. But I don't want to give you an off-the-cuff answer now. 14:58 14:58

THE WITNESS: Okay.

CHAIRPERSON: Mr. Doran might be able to tell you later. 14:58

MR. DORAN: Chair, I used precisely the same expression, that is "I don't want to give you an off-the-cuff answer".

CHAIRPERSON: But I do want to give you this assurance, genuinely, that it is something we're going to be looking at. 14:58

THE WITNESS: Could I ask you a favour? When youse look into it, could youse send me out a letter and tell me what the law is on that? Send me a letter out?

CHAIRPERSON: We can certainly -- yes, I think we can. But it may not be immediate. All right? 14:59

THE WITNESS: That's okay, yes.

CHAIRPERSON: It may not be straight away.

END OF QUESTIONING BY THE INQUIRY PANEL

CHAIRPERSON: But in the meantime, can I just thank you very much for coming along and speaking about your own experiences, and also that of your brother. It's been really helpful. 14:59

THE WITNESS: Thank you. Thank you very much. It is good to be here.

MR. DORAN: Yes, chair. Chair, I can say that P19 did in fact raise the issue with me and I did assure him that we would try to find a satisfactory answer to the query. 14:59

CHAIRPERSON: Yes. Thank you very much indeed.

THE WITNESS: Thank you.

CHAIRPERSON: All right. If you'd like to go, sir, please, with the Secretary to the Inquiry. 14:59

THE WITNESS: Thank you very much for having me here today, for example. Thank you very much.

CHAIRPERSON: It's been a pleasure. Thank you.

14:59

THE WITNESS WITHDREW

CHAIRPERSON: I think that's it for the afternoon.

MR. DORAN: Yes, chair, that's it for today.

CHAIRPERSON: We've got two witnesses for tomorrow? 15:00

MR. DORAN: We've two witnesses tomorrow, yes. I can just check. We have the sister of a former patient, P22, and the mother of a former patient, P23.

CHAIRPERSON: Yes. And do we know yet whether they'll

both be able to give evidence in open session or not?
MR. DORAN: Not at this stage, chair.
CHAIRPERSON: No, all right. Well, we'll discover in the morning. All right. Thank you very much. Thanks everybody. Ten o'clock tomorrow. 15:00

THE INQUIRY WAS THEN ADJOURNED UNTIL THURSDAY, 22ND SEPTEMBER 2022 AT 10:00 A.M.