

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

HEARD BEFORE THE INQUIRY PANEL
ON TUESDAY, 12TH SEPTEMBER 2023 - DAY 55

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

GWEN MALONE STENOGRAPHY
SERVICES

55

APPEARANCES

CHAIRPERSON: MR. TOM KARK KC

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

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

INSTRUCTED BY: MS. LORRAINE KEOWN
SOLICITOR TO THE INQUIRY

SECRETARY TO THE INQUIRY: MS. JACLYN RICHARDSON

ASSISTED BY: MR. STEVEN MONTGOMERY

FOR ACTION FOR MUCKAMORE &
SOCIETY OF PARENTS AND
FRIENDS OF MUCKAMORE: MS. MONYE ANYADIKE-DANES KC
MR. AIDAN MCGOWAN BL
MR. SEAN MULLAN BL

INSTRUCTED BY: PHOENIX LAW SOLICITORS

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

INSTRUCTED BY: O'REILLY STEWART SOLICITORS

FOR BELFAST HEALTH &
SOCIAL CARE TRUST: MR. JOSEPH AIKEN KC
MS. ANNA MCLARNON BL
MS. LAURA KING BL
MS. SARAH SHARMAN BL
MS. SARAH MINFORD BL
MS. BETH MCMULLAN BL

INSTRUCTED BY: DIRECTORATE OF LEGAL SERVICES

FOR DEPARTMENT OF HEALTH: MR. ANDREW MCGUINNESS BL
MS. EMMA TREMLETT BL

INSTRUCTED BY: MRS. SARA ERWIN
MS. TUTU OGLE
DEPARTMENTAL SOLICITORS
OFFICE

FOR RQIA: MR. MICHAEL NEESON BL
MR. DANIEL LYTTLE BL

INSTRUCTED BY: DWF LAW LLP

FOR PSNI : MR. MARK ROBINSON KC
MS. EILIS LUNNY BL

INSTRUCTED BY: DCI JILL DUFFIE

COPYRIGHT: Transcripts are the work of Gwen Malone
Stenography Services and they must not be photocopied or
reproduced in any manner or supplied or loaned by an
appellant to a respondent or to any other party without
written permission of Gwen Malone Stenography Services

I N D E X

WITNESS	PAGE
WITNESS P76	9
EXAMINED BY MR. McEVROY	9
QUESTIONED BY THE PANEL MEMBERS	55
MS. MARION TEAGUE	60
EXAMINED BY MS. KILEY	60
QUESTIONED BY THE PANEL MEMBERS	91

1 THE INQUIRY RESUMED ON TUESDAY, 12TH DAY OF SEPTEMBER
2 2023, AS FOLLOWS:

3
4 CHAIRPERSON: Right, good morning, everyone. Sorry for
5 the delay, but as you probably know, there was an issue 10:23
6 with the stenographer and those have now been sorted.
7 So apologies for that. I want to welcome everybody back
8 to the Inquiry, I hope everyone involved with the
9 Inquiry had a good summer break. Members of the Inquiry
10 team have continued to work throughout July and August, 10:24
11 except, of course, for public holidays, and the Panel
12 is grateful for all the work that has been put in by
13 the solicitors team, the administrative team and the
14 Counsel team, and the excellent work that's been done
15 should ensure a full programme of work until December. 10:24
16

17 Let me turn to the programme for the rest of this year.
18 The Panel is grateful to the witness from Action For
19 Muckamore and the Society of Parents and Friends of
20 Muckamore, represented by Phoenix Law, who have now 10:24
21 made statements and have fully engaged with the Inquiry
22 solicitors. A huge amount of effort has been put in
23 both by the Inquiry solicitors, the administrative
24 staff, Phoenix law and, most importantly, by their
25 clients. 10:25
26

27 Many of those witnesses will give evidence in this room
28 over the next few weeks and many others will have their
29 statements read into the record.

1 I have always said that the patient experience is at
2 the centre of this Inquiry, and the evidence which
3 we'll receive from those groups will form an important
4 part of the picture that we need. That evidence,
5 coupled with all of the evidence heard last year, will 10:25
6 give the Panel a full understanding of the experience
7 of Muckamore Abbey Hospital patients and that of their
8 loved ones.

9
10 Some of those witnesses haven't yet signed their 10:25
11 statements, and upon receipt and review of those final
12 statements, a decision will be made as to how that
13 evidence is received. So it's important that those are
14 received as soon as possible.

15 10:25
16 In relation to the patient experience evidence already
17 given, the Panel has identified several themes it
18 wishes to explore in detail. This being a public
19 Inquiry, it is important that we do as much in the open
20 gaze of the public and the interested parties as 10:26
21 possible, and I hope it's helpful, therefore, to set
22 out what the theme so far identified are. This is not
23 written in stone, it is a living list of issues and
24 will no doubt change as the Panel hears further
25 evidence. Please bear in mind that this list is based 10:26
26 upon the evidence heard from the patients and their
27 loved ones so far. So it doesn't, for instance, cover
28 issues such as installation and use of CCTV or staff,
29 or organisational issues which are still to be explored

1 in evidence. Nor does it include any new issues which
2 might arise in the evidence we're to begin hearing
3 today.

4
5 The broad themes so far identified are as follows; 10:27
6 abuse, including neglect, unexplained injuries and all
7 forms of abuse described in the Terms of Reference,
8 nutrition, restraint and seclusion, sedation,
9 medication, prescriptions and administration,
10 co-production (working with families and carers) 10:27
11 admissions, where admissions to MAH made appropriately
12 and ward allocation? welfare, activities, occupation,
13 stimulation and skilled teaching. Dental care and
14 hygiene. Patient supervision, finance and property,
15 discharge and resettlement. Now these themes will of 10:27
16 course be added to, as seems appropriate as the
17 evidence continues to unfold. Although I previously
18 announced that we would finish the whole of the patient
19 experience evidence by the end of September this year,
20 I have had to extend that slightly to allow for the 10:28
21 statement taking process to be completed. Nonetheless,
22 we will finish the patient experience evidence in the
23 week of the 9th of October. In the week of the 16th of
24 October, we intend to start hearing from members of
25 staff of the hospital. 10:28

26
27 Now as many of you know, judicial review proceedings
28 were issued in relation to the Inquiry's request for
29 patient notes from the Trust which we made in March of

1 this year. The judicial review by the relative of a
2 patient was partly heard last week and is ongoing.
3 While making no comment on the merits or otherwise of
4 the judicial review challenge, the reality is that the
5 Inquiry's work with the regard to analysis of patient 10:28
6 records is now subject to a significant delay because
7 while that litigation is ongoing, it hasn't been
8 possible to receive any of the requested records from
9 the Trust.

10
11 In relation to the six evidence modules about which we 10:29
12 heard earlier this year, the Inquiry decided that
13 further groundwork would be required before certain
14 aspects of Module 6 could be addressed in oral
15 evidence. Work has been ongoing in relation to Module 10:29
16 6 and we hope to be able to progress that module later
17 in the year.

18
19 Once we've heard from staff at the hospital, and also 10:29
20 Module 6, we will move on to hear from the Regulators
21 and Commissioners of the service and other bodies
22 mentioned in the terms of reference, before finally
23 returning to the management team at the hospital and
24 the Belfast Trust. There is obviously still a good
25 deal of evidence to get through but our focus will be 10:29
26 on concluding all of the evidence in the Spring of next
27 year.

28
29 That concludes that opening statement, it will be

1 posted on the website in due course. I think,
2 Mr. McEvoy, you are calling the next witness.
3 MR. McEVOY: That's right Chair, Panel Members, the
4 witness this morning is P76, who is a former patient.
5 CHAIRPERSON: Right, I think he's downstairs and he is 10:30
6 going to be brought up.
7 MR. McEVOY: Yes, I think the secretary is bringing him
8 up.
9 CHAIRPERSON: That's fine, we'll just sit here while
10 that happens. Are there likely to be any exhibits? I 10:30
11 don't think there are any exhibits being shown, are
12 there?
13 MR. McEVOY: No.
14
15 P76 HAVING BEEN SWORN, WAS EXAMINED BY MR. McEVOY AS 10:31
16 FOLLOWS:
17
18 CHAIRPERSON: And you're sitting with?
19 WITNESS: Stephanie Delaney.
20 CHAIRPERSON: Thank you very much. Welcome to the 10:32
21 Inquiry. You are going to be referred to as "P76".
22 Sometimes it's a bit difficult because when you give
23 evidence, it is quite possible you will mention a name.
24 As you will have been told by Mr. McEvoy, we don't
25 mention names, but if it happens don't get in a fuss 10:32
26 about it, don't worry about it, okay because we have
27 got systems that can correct that. All right.
28 A. No problem.
29 CHAIRPERSON: I am going to hand you over to

1 Mr. McEvoy.

2 1 Q. MR. McEVoy: Good morning, P76. We met this morning.
3 As you know, my name is Mark McEvoy and I am one of the
4 barristers helping the Inquiry with its work. As you
5 have indicated, beside you is Stephanie Delaney and is 10:32
6 it correct that Stephanie then is your patient
7 advocate?

8 A. Yes.

9 2 Q. P76, before you is, hopefully, a statement that you
10 made for the Inquiry, all right, and it's dated the 10:32
11 28th November 2022, and so the first question I have
12 for you, is do you want to adopt what's in the
13 statement as your evidence to the Inquiry?

14 A. Yes.

15 3 Q. Okay, so what I am going to do now is read the 10:33
16 statement in. There are some bits we are going to go
17 past but I am going to read it into the record. I want
18 to assure you that the Panel has seen your statement
19 and has read it, as have all the Core Participants in
20 the room. I'll start now. You don't have any exhibits 10:33
21 but if I start with you indicating to the Inquiry that:
22

23 "Oliver Wilkinson, a Registered Intermediary, was in
24 attendance with me when I commenced making my statement
25 on the 17th of October 2022. 10:33
26

27 The outcome of that assessment was that Mr. Wilkinson
28 was not required and Stephanie Delaney, a Patient
29 Advocate of the Bryson Group, was in attendance at all

1 meetings apart from the signature meeting on 20th
2 November 2022.

3
4 My correction with Muckamore is that I was a patient
5 with Muckamore. The relevant time period that I can
6 speak about is between the 19th February 1998 and 7th
7 September 2011, my date of discharge. I also visited
8 Muckamore for about a month after my date of discharge
9 to visit other patients.

10:34

10
11 I was born in The Down Hospital, Downpatrick, Co. Down
12 in 1978. My mother was a cook and my father worked in
13 a tannery in Shrigley. We have one brother and one
14 sister. I lived..."

10:34

15
16 I'll not name it but:

10:34

17
18 "I lived in (a village) in Co. Down and I live in
19 (another town) in Co. Down. I went to primary school
20 in Co. Down, which was a mainstream school, from the
21 page of five to the age of 11. When I was 11 years old
22 I went to a school in Co. Down which caters for pupils
23 with additional educational needs.

10:34

24
25 When I was 18, I also attended Downpatrick College in
26 Downpatrick. Here, I studied a number of subjects
27 including maths, English and cookery. I was diagnosed
28 as having a mild learning disability when I was young.
29 It takes me a little bit longer to learn things. I do

10:35

1 not recall when or where I was diagnosed.

2 I was the subject of a hospital order and was admitted
3 to Muckamore on the 19th of February 1998 at 2:30 p.m. .

4 I do not wish to give further details about this
5 admission. I recall going to Muckamore at this time 10:35
6 into the admissions area where I was met by staff from
7 Ward 7A who took me to that ward.

8
9 My first impression was that Muckamore was like a
10 prison with bars on the windows and the staff having 10:35
11 passes attached to their belts to unlock the doors.

12 I recall that my clothes had been taken off me by
13 Muckamore staff and I had to sit in the dining room in
14 pyjamas. I waited there for two hours until other
15 clothes were brought to me by Muckamore staff. I do 10:36
16 not recall who brought me clothes.

17
18 There were around 12 to 14 other patients in the dining
19 room at the time. Muckamore staff had taken my
20 cigarettes and lighter from me and I felt very anxious. 10:36
21 I was anxious because I was in a room that I was not
22 familiar with. There were bars on the windows, I did
23 not have cigarettes and I was in a room with strangers,
24 other patients and Muckamore staff members.

25 10:36
26 I recall that the first doctor I spoke to in Muckamore
27 was Doctor H90 who admitted me. He was accompanied by
28 a nurse, H71, who was named as my key worker. It was
29 explained to me that the role of key worker means that

1 he was responsible for organising trips, and helping me
2 manage my money. I do not recall who explained this to
3 me.

4
5 My first impression of the place is that I thought it 10:37
6 was stinking, it was not clean. The food tasted
7 horrible and it did not seem to have been prepared
8 properly. The food was not right. The food was all
9 processed food and it was moved around the wards in
10 large silver containers. This was the same in all of 10:37
11 the wards, apart from Rathmullan ward which had
12 patients with feeding tubes. I do not think that it
13 was fit to be fed to dogs.

14
15 I recall on the first night that I was put to bed at 10:37
16 5 p.m. I was so anxious that I did not sleep at all.
17 I remember talking to one of the nurses on night duty,
18 H367, who had a nickname..."

19
20 which you give. 10:37

21
22 "I asked a question about why he HAD put me to bed so
23 early and he did not answer me but he did say "you know
24 why". H367 was very strict with us. I found out from
25 H367 that he had put me to bed early because I had 10:38
26 complained about the food. Over time, I noticed that
27 H367 would pick on people who could not speak out.
28 I remember telling him that he should not speak to
29 people in the way that he did. He told me to mind my

1 own business and that he was a member of staff and
2 I was a patient. I felt that this was very
3 disrespectful to me, especially as I was only new to
4 Muckamore.

5
6 One of the first things I noticed about the staff at
7 Muckamore was that a lot of them were related.

8 I recall, in one ward, there was a charge nurse and a
9 nursing assistant who were father and son; H13 and H67.
10 H13's wife was a cook on another ward in Muckamore.

11 I thought this was unusual as I know that in other
12 places and health care settings, people who are related
13 are not allowed to work together.

14
15 I felt that H13 was brilliant for patients if we did
16 our chores and we behaved ourselves, he would have help
17 us. If patients did not do that, he would be hard on
18 us, not physically just strict.

19
20 The food was so bad that I made a complaint to the
21 Regulation and Quality Improvement Authority (the
22 RQIA). I made this complaint in person when members of
23 the RQIA were doing an inspection of the wards. The
24 RQIA did look into it and I am aware from talking to
25 other patients that they made complaints to the RQIA as
26 well.

27
28 During my first few days at Muckamore, I was not
29 allowed to go anywhere or do anything. I had no

1 independence and felt that Muckamore was my prison.
2 I was not allowed to go to the shops or to get fresh
3 air. I was accompanied everywhere by a staff member.
4 I felt like a murderer. The first ward that I was on
5 was N7A. IT consisted of a large dormitory with twelve 10:40
6 people living and sleeping in one room. Each patient
7 had a bed and a wardrobe each. There were bars on the
8 windows, which made it feel like a prison to me.
9 When I was admitted to Muckamore, my named nurse was
10 Staff Nurse H368. I recall during the first few days 10:40
11 that he was rude to me in how he spoke and interacted
12 with me. This really shocked me. I also recall
13 overhearing Nurse H368 telling others about what
14 sounded like my personal and medical history. I was
15 annoyed and I asked him whether he was talking about me 10:40
16 as I believed he was telling people the reasons why I
17 was in Muckamore.
18
19 I did not get a satisfactory answer from him so
20 I complained to the charge nurse. I cannot recall 10:41
21 their name. The charge nurse did not do anything apart
22 from speaking to me and to Nurse H368. I feel that
23 this was swept under the carpet but it still annoys me
24 and it feels wrong.
25 10:41
26 I recall another incident involving nurse H368 and
27 another patient, P89. I do not recall the precise date
28 but it was shortly after I went to Muckamore. Nurse
29 H368 said to me and to P89 that: "You will never get

1 out of here." I felt this was wrong and it was tough
2 for me to hear and I ended up crying.

3
4 I recall another incident involving P89, we were on the
5 ward and I recall a member of staff grab P89 by the 10:41
6 throat. I felt that the member of staff's behaviour
7 was wrong and I complained. I do not recall on what
8 date this occurred precisely but I think it was around
9 March time and the argument related to rivalry between
10 Rangers and Celtic football teams. I complained about 10:42
11 this to a member of the nursing staff, H369, but
12 nothing was done.

13
14 On a normal day at Muckamore I would have woken up at
15 around 7.30 am. I had breakfast consisting of coffee 10:42
16 and toast. Then I would either attend a work skills
17 course or I would have worked in the garden.
18 I attended a lot of courses when I was at Muckamore as
19 I felt that this was a way of demonstrating that I was
20 engaging and was working to improve myself. 10:42

21
22 When I was working in the garden this was supervised by
23 a member of staff called H370. I did not have boots to
24 work in the garden so I wore normal shoes. I developed
25 cracks on my feet and they became sore. I complained 10:43
26 to him that I did not have boots. I was eventually
27 provided with boots after a couple of weeks or more.

28
29 My Consultant Psychiatrist was Dr. H90. I told him

1 that I would do anything to get out of the ward. He
2 recommended that I do courses as part of learning
3 direct and distance learning. These were run by people
4 who came in from other organisations. I did a lot of
5 the courses, as many as I was able to do. I did 10:43
6 courses in everything from English and maths to line
7 dancing. These courses were not mandatory as part of
8 my treatment but I did them because I wanted to learn.
9 I recall trying to ask one of the tutors whether one of
10 the other patients could join the line dancing class 10:43
11 and she refused this.

12
13 I was on Ward M7A for around eight and a half months.
14 From there, I was moved to Ward M7B. This was an open
15 ward and I was able to come and go as I wanted. I was 10:44
16 able to go to the shop, to the disco, both of which
17 were located in Muckamore, and I felt that I had more
18 freedom. In M7A, patients had to be accompanied to the
19 shop and to the disco. One thing that did annoy me
20 about this ward was that only one patient was allowed 10:44
21 to have a lighter. I did not really understand why
22 this was and I found it annoying. I do not recall
23 whether I complained to anyone.

24
25 While I was on ward M7B I felt that not all patients 10:44
26 were treated the same. I recall one patient was
27 treated differently than the rest. He was the only
28 person who was allowed a lighter. He was allowed in
29 the kitchen to make coffee or food but nobody else was

1 allowed to. I do not recall his surname and he had
2 been at the State hospital in Scotland.

3
4 I felt that the atmosphere on Ward M7B was better.
5 There were patients with a range of abilities so there 10:45
6 was more communication. We were able to have more
7 conversation.

8
9 I was in the dormitory of Ward M7B for a while. There
10 was very little personal space, just a bed and a 10:45
11 cabinet, a wardrobe each."

12
13 In the next couple of paragraphs then, P76, you tell
14 the Inquiry about an incident or behaviour of fellow
15 patients and the Panel, as I said at the outset, have 10:45
16 read those, so we are going to take it up at paragraph
17 28.

18
19 "I recall coming back from a course or from working in
20 the garden, I'm not sure when this was, and I was asked 10:45
21 by a member of staff to move my things to a side room.
22 I do not recall the name of the person who said this to
23 me."

24
25 CHAIRPERSON: Sorry, can we just pause for a moment. 10:46
26 Can we move the screen down, sorry to interrupt.
27 I think we're okay. You were in paragraph 28. Sorry to
28 interrupt.

29 MR. McEVROY: Thank you, Chair.

1 "I recall come back from a course or from working in
2 the garden, I'm not sure when this was, and was asked
3 by a member of staff to move my things to a side room.
4 I do not recall the name of the person who said this to
5 me. I was happy about this as it meant that I had a 10:46
6 bit of space and it was quieter. I recall I was in bed
7 one night and a member of staff came in, woke me and
8 told me that I had to move out of the room as they
9 needed it for someone else. I said that I would not be
10 moving and this annoyed me. I did not move that night 10:47
11 but I did move the next day. I do not recall the name
12 of the member of staff.

13
14 I recall one incident in the day room of Ward M7B which
15 I think took place in 1999. I witnessed a patient... " 10:47
16
17 who you have named.

18
19 "...take a turn one day, he had some sort of seizure
20 and ended up on the ground. His face froze and his 10:47
21 whole body began to shake. The staff did not seem to
22 treat him at all and did not really take action.
23 I think that the staff should have taken steps to treat
24 him. I feel that the staff there did not really seem
25 to care about him or his safety. I cannot recall the 10:47
26 names of the staff members present. I do recall that
27 one of them said that the patient had done this before.
28 I was surprised that they did not call a doctor as I
29 thought that that patient..."

1 who you have named.

2
3 "...needed medical help."

4
5 In the next few paragraphs then, P76, you tell us about 10:48
6 some issues involving staff in Muckamore which are not
7 relevant to the Inquiry's work so we will move past
8 those and take it up at paragraph 31.

9
10 "Overall, I would say that the staff working on ward 10:48
11 M7B were assholes but some were good and provided good
12 care. My named nurse on the Ward M7B, Staff Nurse
13 H385, provided good care. I felt she treated me with
14 respect and she helped me to arrange time out of
15 Muckamore at Christmas. She also helped me to get 10:48
16 treatment.

17
18 I was moved from Ward M7B to Oldstone. Oldstone felt
19 different to me and I was initially pleased to be here.
20 Oldstone had some good staff. I also liked H120, a 10:48
21 Staff Nurse who worked in Oldstone. We had a close
22 relationship and she was good to me. She helped me get
23 treatment and she also helped me arrange time out of
24 Muckamore for me to take part in pool competitions.
25 Playing pool is very important to me. 10:49

26 In Oldstone I had my own room and a shared living room
27 and kitchen with one or two other patients. Oldstone
28 was a place where patients had more independence and
29 privacy. Patients in Oldstone had to do more for

1 themselves and this was in anticipation of them being
2 moved out of Muckamore. If patients messed up their
3 stay at Oldstone, they would be returned to one of the
4 wards.

5
6 I accepted every offer of treatment that I was given.
7 I did courses on drink and drugs and found them
8 helpful. They did take some time to work but I did
9 everything within my power to engage with treatment.
10 I went to talking therapies and did courses in good
11 thinking and for anger management. I received
12 certificates for these courses.

13
14 Muckamore staff kept control of our money and
15 valuables. Each patient had a drawer within an office
16 on the wards on M7A and M7B which all staff had access
17 to. Each patient had a drawer and their name was on
18 it. These drawers were in a staff only area. If I
19 wanted money for something, like if I wanted to get a
20 takeaway meal at the weekend or buy Christmas presents,
21 the procedure was that I had to complete and sign a
22 form which the staff then kept as a record of the
23 withdrawal. The form had to be countersigned by a
24 member of Muckamore staff, normally the staff in the
25 office in the Administration Block. I did this at the
26 Administration Block. I recall money going missing
27 from these drawers and disputes that patients had with
28 staff members. I believe that this money was taken by
29 staff members but they denied it. All of the staff had

10:49

10:50

10:50

10:50

10:50

1 keys or access to keys for the drawers. As well as
2 money, the drawers also contained things like patients'
3 passports and their cigarettes. I do not recall the
4 names of the people involved in these incidents. I did
5 not see and was not aware of cameras covering the areas 10:51
6 with the patient drawers.

7
8 I recall one occasion, although I do not recall when it
9 was, that one of the patients..."

10
11 who you have named. 10:51

12
13 "...who was almost non-verbal had autism and was very
14 have clever, had caught a member of staff telling lies.
15 A number of patients were planning to get a Chinese 10:51
16 takeaway meal the coming Saturday. In advance, we each
17 spoke with a member of staff about getting cash from
18 our drawers to pay for it. One of the patients
19 requested money but was told that there was no money in
20 the drawer. When the patient, whose name I do not 10:52
21 recall, questioned the member of staff, H270, the
22 patient was told that the money had already been signed
23 for. The patient (who I have named) indicated to me
24 the patient concerned asked to see the sheet which
25 recorded the money being removed. The sheet was not 10:52
26 signed.

27
28 That patient was able to communicate with me by writing
29 messages but the staff did not realise that he was able

1 to write.

2

3 Following this, and similar incidents, I am of the
4 belief that staff were dipping into the patient's
5 money, taking what they wanted, as only staff were 10:52
6 allowed in that area. I am also aware of issues around
7 the signatures of patients being falsified, although I
8 cannot recall specific dates or the names of patients
9 or staff members involved. I do not think money went
10 missing, I know money went missing. I recall one 10:53
11 patient..."

12

13 who you have named.

14

15 "...who told me that he had his signature falsified. 10:53
16 I do not recall his surname.

17

18 I recall an incident when two members of staff, H374
19 and H375, came into my place at Oldstone and told me
20 that they knew why I was in Muckamore. I was angry and 10:53
21 upset, but because I had attended anger management
22 classes I simply told them that I felt that what they
23 were saying was inappropriate. I complained to the
24 Ward Manager, H376, and to Dr. H40, nothing was done.

25

26 I became annoyed with the staff at Oldstone and
27 disliked a number of them. I thought that it was
28 inappropriate that the Ward Manager, H376, had her
29 brother, H377, working for her on the same ward.

10:53

1 I grew to not like how Oldstone was run and I ended up
2 becoming really angry and wanted to be moved."

3
4 okay, and then in the next paragraph, you describe an
5 incident with a fellow patient and then we move on to
6 paragraph 42. 10:54

7
8 "I was moved from Oldstone to ward M7A in 2000.
9 I recall that on my first night on the ward, we had a
10 Chinese takeaway. I was actually happy to be in Ward 10:54
11 M7A. I felt the staff were welcoming, and recall that
12 they would come and sit with me. The staff treated me
13 very differently to the way the staff at Oldstone had
14 been treating me just before moving there. I was
15 appointed a key worker, H378, but she was off on sick 10:54
16 leave. One of the members of staff who I felt was
17 really brilliant was H349. He treated me with respect
18 and would play pool with me."

19
20 Then, P76, in the next number of paragraphs then, you 10:55
21 talk about a number of issues detailing your concerns
22 about the treatment of a fellow patient and the Panel
23 again have read those and if we could take it up then
24 at paragraph 51 on page 12.

25
26 At paragraph 51 then, you say: 10:55

27
28 "I recall another incident involving a patient..."
29

1 who you have named.

2

3 "...and a nurse called H164 grabbed the patient..."

4

5 who you have named.

10:55

6

7 "...by the throat. I do not recall when this happened
8 but it would have been in the early 2000s. I do not
9 recall the involved or any further details. Overall,
10 I felt staff were different. Apart from the staff

10:55

11 members involved in the incidents above, I felt that
12 the majority of staff were good. Sometimes, other
13 staff would come from Ward C1 to cover. I also recall
14 H368 working there sometimes. He would give out
15 medication, sometimes with a ginger nurse who would
16 talk to me about being an alcoholic. I did not like
17 him saying that I was an alcoholic and doing so in the
18 open.

10:56

19

20 As Ward M7A was a dormitory, we had no privacy and we
21 could not get changed without other patients seeing us
22 naked. Staff would also have come in and out when
23 patients were undressed. I understand from speaking to
24 other patients that Fintona Ward was the same.

10:56

25

26 On Ward M7A, clothes and belongings would often go
27 missing. Sometimes, this was due to people borrowing
28 them and other times it was due to people just taking
29 them. I recall that I had a lot of trophies from

10:56

1 playing pool. A number of these went missing.
2 I recall one day returning to my room and finding
3 another patient with some of my trophies and my boxers
4 in his hands. I had to ask to get a lock fitted.

10:57

5
6 on Ward M7A I felt that I was on the right medication,
7 I was told what medication I was on and I understood
8 why I was on it. For example, I was prescribed
9 Risperdal for my moods as these were up and down.
10 I had no issues with medication except for on one
11 occasion, I refused to take it as the nurse giving it
12 to me, H368, was rude to me. Another member of staff
13 came to me later that day and offered me the medication
14 I had refused from H368, I took it then without
15 complaint.

10:57

10:57

16
17 Overall, I felt that some patients had the right
18 medication but I felt that others were treated like
19 guinea pigs and were given a lot of medication. This
20 meant that patients were sometimes sleeping all the
21 time, slurring their speech, unable to speak, with
22 heavy eyes and generally drowsy. These patients would
23 not have been aware of what was going on around them.
24 I would have seen other patients walking around like
25 zombies and I think this was because they were
26 overmedicated. This annoyed me at times because some
27 of the people who were overmedicated were not violent
28 at all. I do not think that they needed the medication
29 they were given.

10:57

10:58

1 For example, I recall one of my friends..."

2

3

A patient who you name.

4

5

"...who was talkative and had very high ability. He 10:58

6

became very ill and was treated at Antrim Area Hospital

7

for a short time, before being transferred back to

8

Muckamore. When he came back to Muckamore, he was in a

9

wheelchair, had lost part of his ability to talk, go to

10

the toilet and feed himself. I do not understand how a 10:58

11

person can go to hospital and come back like that. He

12

was only in his 30s. That patient passed away when he

13

swallowed something while a patient in Muckamore.

14

15

Another patient..."

10:59

16

17

who you name.

18

19

"...also died in similar circumstances. I do not

20

recall further details of these incidents but they were 10:59

21

well known among patients and staff at Muckamore.

22

On Wards M7A and M7B, I recall that there were no

23

cameras.

24

25

I recall on one occasion, although I am not sure when 10:59

26

it was, that I was put into seclusion because there was

27

an incident with a patient. I was held in seclusion

28

for eight hours. I recall that I asked a nurse, H335,

29

if I could go to use the bathroom. He refused. I had

1 to urinate in the corner. When the seclusion was over
2 H355 gave me a bucket and told me to clean the room.

3
4 The seclusion room was like a cell. It had no fresh
5 air and no windows. It was disgusting and smelt of 11:00
6 urine. I recall in Ward M7A the seclusion room had
7 green walls, a padded floor and no furniture.

8 When a patient was put into the seclusion room,
9 I recall that we had to take off our shoes and belt.
10 We were allowed socks. I recall that staff would 11:00
11 frequently checked on the seclusion room by looking
12 through a small window. I understand that staff are
13 supposed to check the seclusion room when it is
14 occupied every 15 minutes.

15 11:00
16 In the seclusion room, there was no buzzer or any way
17 of summoning staff. The only way of getting the
18 attention of staff was from banging on the door. This
19 did not always work and staff would not always come to
20 the door when I or other patients banged on it. This 11:00
21 was common during meal times when staff were doing
22 other tasks.

23
24 I recall seeing members of staff using control and
25 restraint (or "C&R") and Management of Actual Or 11:01
26 Potential Aggression ("MAPA") techniques on patients.
27 I saw members of staff using these techniques at
28 various times in common areas such as the day room.
29 I do not recall particular members of staff involved on

1 particular dates. I do recall that members of staff
2 would activate alarms and bend patient's arms and trail
3 them along the floor to their room or to the seclusion
4 room.

5
6 I recall one occasion when control and restraint was
7 used on me. This was used on me due to an incident
8 with another patient. This is when I was put into
9 seclusion. I would prefer not to give further details
10 of this. I recall that members of staff bent my arms
11 and trailed me along the floor to the seclusion room. 11:01
12 Members of staff lifted my arms. I recall one member
13 of staff kicked me in the stomach. I had tried to
14 guard myself against it but I was being held by other
15 staff. The member of staff who kicked me was 11:02
16 Nurse H30. I do not recall the date of the incident.

17
18 I was put into the seclusion room and remember I was
19 crying. I was shocked and winded, my breathing was
20 affected. My stomach and chest were sore for a few 11:02
21 days. I did not receive any medical examination or
22 treatment. I felt that I could not complaint or ask
23 for treatment as I would not have been believed.

24
25 I felt that if I complained it would be swept under the 11:02
26 carpet and nothing would be done.

27
28 I recall another patient..."
29

1 who you have named.

2

3 "...being restrained inappropriately. He was trailed
4 along the ground from the disco hall and put onto a
5 bus. This was a scary thing to watch. I was worried 11:02
6 that he was going to be hurt. There were four members
7 of staff involved. I recall members of staff standing
8 on his legs and one male member of staff putting his
9 knee into that patient's ribs. I do not recall the
10 date or the member of staff involved. I understand 11:03
11 that the patient had hit someone.

12

13 From my experience and from witnessing how members of
14 staff handle other patients, I feel that members of
15 staff needed to have better training in handling 11:03
16 patients. Some members of staff treated patients
17 better when doing this handling than other members of
18 staff. The more trained and experienced members of
19 staff were better at MAPA and C&R than the newer
20 members of staff. 11:03

21

22 I recall various members of staff mocking patients.
23 This made me very angry as members of staff were
24 deliberately trying to annoy patients, to get reactions
25 from them. For example, I recall one patient..." 11:03

26

27 who you name.

28

29 "...who was generally calm, had difficulties with

1 members of staff mocking him. Various members of staff
2 would have said to him "good boy" and this annoyed him.
3 He complained to the members of staff calling him "good
4 boy", that he was not a boy and that he was a man. He
5 asked that they say "good man" but they did not do
6 this. As a result of the members of staff calling him
7 "good boy" and getting a reaction from him, patients
8 began to call him this. This triggered the patient and
9 he would become violent and he would try to bite
10 people.

11:04

11:04

11
12 I was moved to Six Mile Ward and was there for three or
13 four years in the early 2000s. I felt that it was
14 better than both wards M7A and M7B. It was more
15 comfortable and more normal. There were no bars on the
16 windows. Each of us had our own bedroom, bathroom and
17 telephone. We could do our own cooking at weekends.
18 Six Mile Ward was a lot cleaner than Wards M7A and M7B
19 and the patients who were there did not have as complex
20 needs and had greater ability to care for themselves.
21 It was an all-male ward.

11:04

11:05

22
23 I recall one incident, although I am not sure when it
24 was, that I asked a nursing student for a sandwich as I
25 was hungry. I cannot remember the name of the student
26 nurse. One of the nurses, H381, then told me off for
27 asking for the sandwich. Around five or 10 minutes
28 later, H369 came to speak with me. I said that I was
29 not going to talk to him as I had not done anything

11:05

1 wrong. I recall H381 then shouted abuse at me. I felt
2 she treated me like a piece of dirt. I did not get the
3 sandwich.

4
5 I recall one other time when I was in Six Mile ward 11:06
6 that I was returning there. I stopped to tie my laces
7 and was about five minutes for the time I had to be
8 back on the ward. H369 told me off and said that I was
9 in trouble. He said that he would take behavioural
10 points off me. I argued that I had to tie my laces. 11:06
11 I ripped up the programme of activities that I had been
12 due to take part in with him and said that I would not
13 be participating.

14
15 I recall H369 talking to other patients in a very sharp 11:06
16 tone of voice. I do not think that he spoke to the
17 patients in an appropriate way. I recall that he would
18 give me dirty looks. I do not recall the date of any
19 of these incidents or whether there were any other
20 witnesses. 11:06

21
22 There were two sides to Six Mile Ward, a treatment side
23 and an assessment side. If a patient did something
24 wrong, they were taken to the assessment side.
25 I recall on one occasion the floor flooded and everyone 11:07
26 had to be moved from the treatment side to the
27 assessment side. The assessment side was very small
28 and was locked. This meant that we were only in one
29 room all the time and could not move. The only time

1 that we could get out was if we were going for a smoke.
2 The smoking area was very small as well. There was a
3 television and four people to each bedroom, it was very
4 cramped. I do not recall how long this lasted. Six
5 Mile Ward did not have a seclusion room.

11:07

6
7 When I was in Six Mile Ward, I had a number of meetings
8 with staff at which treatment and care plans were
9 discussed. These were a bit like the resettlement
10 meetings I would eventually go to and I felt that I was
11 able to make myself heard at these meetings.

11:07

12 I returned to Oldstone after a while, I do not recall
13 precisely how long, and was there until I was
14 discharged from Muckamore.

15
16 When I returned to Oldstone, I was in a house with two
17 other people. I would have done my own chores, such as
18 washing. We had to change our own bedding, do our own
19 dusting and make our own food, apart from not having to
20 do things like arrange our television licence or pay
21 electricity bills, this was as close to home as a
22 patient could get in Muckamore.

11:08

11:08

23
24 Members of staff would have called in to Oldstone and
25 checked on me and we would have had a bit of banter.

11:08

26 The members of staff would not have been there all the
27 time so it meant that I had a bit of head space which I
28 liked.

1 During this time H270, a social worker, would have
2 visited me at Oldstone. H27 was not liked by either
3 patients or members of staff. I recall that he came
4 into the house and told me to move towels. I told him
5 that they were not mine. I did not like the way H270 11:09
6 spoke to me or his attitude towards me. I became angry
7 at how he was speaking to me and because I had
8 completed Anger Management Training, I knew that I had
9 to take myself out of that situation. I told him that
10 I needed to be away from him so I went to the 11:09
11 Administration Block. There, I spoke to H359, who was
12 in charge of the Administration Block, and told her
13 that I wanted H270 to stay away from me. H359 met with
14 me on one occasion and then met with both me and H270.
15 After this, I did not have a problem with H270. I do 11:09
16 not recall the dates when this happened.

17
18 I recall when I was in Oldstone that I was living with
19 a patient..."

20
21 who you've named. 11:09

22
23 "He had a condition called Prader-Willi syndrome and I
24 believe, from living with him, that he had a type of
25 eating disorder. He was a small man but he would eat 11:10
26 all the time and could not control himself. For
27 example, he would get up at 6 a.m. and start eating.
28 We did not share food but he would have eaten food that
29 belonged to others.

1 I recall on one occasion, although I am not sure when
2 this was that he ripped the fridge door off. This door
3 was fixed and a lock had to be attached to it.
4 I recall that he also hit the door so hard that the
5 fire alarm went off. It took about 10 or 15 minutes 11:10
6 for the staff to come and to investigate the alarm.
7 I think this was too slow a reaction.
8
9 I told staff that I was worried about his eating and
10 I thought that he needed more help. This was due to my 11:10
11 experience with weight issues. When I came off
12 medication, I was approximately 20 stone. When I went
13 over a certain weight, I was sent to a dietician.
14 I think that Muckamore staff should have monitored that
15 patient's eating more closely and I think that given 11:11
16 his needs, he really should have been on a ward."
17
18 and then you go into some details as well about some
19 other patients, which the Panel have read, and we are
20 going to move on then to paragraph 82. 11:11
21
22 "I rejected the proposal from Muckamore that another
23 patient..."
24
25 who you name. 11:11
26
27 "...and I were resettled together to a supported living
28 facility in Co. Down."
29

1 which you have named.

2
3 "...because of my experiences with him and knowledge of
4 his previous offending. I was keen to engage with
5 opportunities when I was at Muckamore and I was one of 11:11
6 the patients who contributed to the building of the new
7 wards. This included me attending focused groups
8 arranged by Paddy Rodgers. I contributed to the design
9 of Six Mile, Killead, Cranfield 1 and Cranfield 2
10 wards. I recall another member of staff, H12, who was 11:11
11 involved in this. I liked him and we would have joked
12 because he was a Manchester United Football Club
13 supporter and I am a Liverpool Football Club supporter.
14 When I was in Oldstone, clothes would sometimes go
15 missing and we would have to wear other people's 11:12
16 clothes. These replacement clothes would be given to
17 us by members of Muckamore staff. I did not feel that
18 this was right. Patients should be wearing their own
19 clothes, not other people's clothes.

20 11:12
21 I recall attending meetings for work and town parole to
22 get permission to leave Muckamore for short periods of
23 time. The meetings were attended by a lot of people,
24 including members of Muckamore staff, charge nurses and
25 social workers. But I felt able to get my points 11:12
26 across and was able to raise complaints and issues.
27 I felt that I was listened to in these meetings.
28 I recall discussing risk assessments and discussing day
29 care and work skills at these meetings. I recall a

1 member of day care staff..."

2

3 who you have named.

4

5 "...attending these meetings and I thought he was 11:13

6 really very good at his job. I am not sure of his

7 precise role, but he have listened to me. He played

8 pool for his country so we had that shared interest.

9 To prepare for leaving Muckamore, I signed up to as

10 many courses as I could. I wanted to prepare myself 11:13

11 for life outside Muckamore and so that I was able to

12 get a job. I feel that I engaged my key worker very

13 well and did work experience in Muckamore. The courses

14 that I concluded included first aid and food hygiene.

15 I also did a course where I learned about different 11:13

16 countries and cultures and I found this very

17 interesting. I did an NVQ Level 1 in catering and

18 I passed this with flying colours. Dr. H90, my main

19 Consultant, was brilliant as he got me onto the courses

20 I wanted, and I appreciated and thanked him. The 11:13

21 courses really helped me get my confidence back and

22 able to speak to people again.

23

24 I felt that Dr. H382 was good. I only saw her a small

25 number of times but I felt that she listened to me. 11:14

26 She was moved out of Muckamore after a while. I felt

27 that SW2 was a brilliant social worker who really cared

28 for people and tried hard to get the best for each

29

patient.

1 I felt that H446 was a brilliant social worker who had
2 a similar approach to SW2. H446 was approachable and
3 did not talk down to patients. I felt that H92 was an
4 all right social worker in Six Mile Ward but he was not
5 really very honest with us. He would have made 11:14
6 suggestions to patients and then nothing would have
7 happened.

8
9 Throughout my time, I had a number of named nurses;
10 H385 on Ward M7; H71 on Ward M7A; H383 in Six Mile 11:14
11 ward; H378 and 374, I am not sure of the surname, were
12 both Oldstone.

13
14 I recall attending meetings again attended by a lot of
15 members of Muckamore staff and social workers during 11:15
16 which places for resettlement were discussed. I felt
17 that I could have been out of Muckamore earlier except
18 for the delays in finding places and from arranging
19 funding.

20 11:15
21 I was offered places which I felt were inappropriate.
22 All that I wanted was a place to be close to my family.
23 I was offered placements in (one town) and (another
24 town)..."

25 11:15
26 Both of which you have named.

27
28 "I recall that I explained that there was a rivalry
29 between from a village where I was from and one of the

1 towns so this would not be suitable. I recall that I
2 was a bit more open to moving to the other town (named)
3 although it was bit far away from my family but I
4 recall a doctor commenting that the placement in that
5 town (named) was close to a nightclub and that made it 11:16
6 unsuitable for me. I was upset by this as I had made a
7 lot of progress. I was not given the opportunity to
8 visit either potential placement. I do not recall
9 being told the name of either of these places. I was
10 offered a placement in... " 11:16

11
12 A town which you have named.

13
14 "It was a placement for two people. It was proposed
15 that I would share with another Muckamore patient..." 11:16

16
17 who you have named.

18
19 "I was very angry and upset at this and I felt that it
20 was inappropriate. It was not because of a difference 11:16
21 in religion. I said that this was not a suitable
22 placement and there was no way that I would live with
23 him. That patient..."

24
25 who you have named. 11:16

26
27 "... was a convicted paedophile and I felt that he was
28 dangerous for people to be around. I did not want
29 people to find out about his past and assume that I was

1 the same as he was. I did not want to place my nephews
2 and nieces in any danger when they would be visiting
3 me. I do not recall the specific names of the other
4 facilities that I was offered.

11:17

5
6 SW2 was my social worker during this period and I found
7 him mostly very supportive and felt that he listened to
8 me and tried to get help where he could. I feel that
9 he spoke to a lot of people on my behalf to try to get
10 my resettlement package organised.

11:17

11
12 I attended a lot of meetings about meetings about my
13 resettlement and had ten tribunals before I was
14 released from Muckamore. It took sometime for
15 Muckamore and resettlement team to finally secure a
16 suitable place for me. This meant that for over three
17 and a half years I was a voluntary patient at
18 Muckamore. The resettlement process was taking so long
19 that I contacted the law centre in Belfast and had
20 support from one of those lawyers..."

11:17

11:17

21
22 who you have named.

23
24 "I also contacted ARC, an advocacy service based in
25 Belfast, and was supported by one of their staff
26 members..."

11:18

27
28 who you have named.

29

1 "I became so frustrated that I told the nurses,
2 although I am not sure which ones, and Dr. H50 that I
3 would just walk out of Muckamore, leaving and never
4 coming back. I recall that H270 told me, in response
5 to this, that if I was not back by 11 p.m. they would 11:18
6 contact the press and make sure that my name and photo
7 would be in the newspaper and going onto the news.

8
9 I felt that Dr. H50 was good but he came from
10 Maghaberry Prison and I think that affected how he 11:18
11 treated us. I recall one occasion, although I am not
12 sure when this was, that he said that he did not
13 believe that I could have ever cope outside Muckamore.
14 I felt that he did listen to me at meetings. We had
15 been scheduled to meet every other month but this did 11:18
16 not happen. Members of Muckamore staff were to
17 organise these but they did not.

18
19 I recall various meetings of different types which
20 discussed my detention at Muckamore. There was a lot 11:19
21 of information but I did not feel the process was
22 discussed with me or that, when I asked questions,
23 these were answered.

24
25 The first of these was after two years of me being in 11:19
26 Muckamore. After that, these tribunals were held on an
27 annual basis. These meetings consisted of the
28 President, Barristers and Solicitors, and Dr. H50.

29

1 At these tribunal proceedings, there was discussion of
2 care plans and my clinical notes. It was probably a
3 fair enough process. In the early years, violence was
4 an issue but once I had this under control, it was not
5 any more. I think that 13 and a half years at 11:19
6 Muckamore was too long for me. I think that I was
7 ready to be discharged before then.

8
9 While the resettlement process took too long, I think
10 that it was done correctly as I was resettled and did 11:20
11 not have to return to Muckamore. There was a long risk
12 assessment process that I went through and I feel that
13 Muckamore did it right with me. Some patients, for
14 example. . . ."

15
16 One who you have named. 11:20

17
18 "...were in and out of Muckamore like a yo-yo,
19 continued to self-harm and did not have support so his
20 placement would break down. Overall, I feel that the 11:20
21 resettlement team should have taken more time and
22 effort to get to know and understand the person, not
23 just reading the patient notes in front of them.
24 I felt that that way, it would save time by them not
25 suggesting inappropriate placements and would result in 11:20
26 care that is appropriate to the person.

27
28 I feel that my treatment was complete a long time
29 before I was released from Muckamore. There were real

1 difficulties and delay in Muckamore finding and funding
2 an appropriate place for resettlement. I believe that
3 there are a number of patients who are in Muckamore for
4 too long and that there are patients in their now who
5 I now and who I do not think should be there. I think 11:21
6 this because I know that their treatment is complete
7 and they have been advised of this.

8
9 Muckamore is a place that I do not understand. The
10 staff change things around to suit themselves, for 11:21
11 example, when complaints are made and are being
12 investigated, and that I believe staff cover for each
13 other's mistakes and wrongdoing. I think this is
14 because of how my complaints have been dealt with.
15 I do not think that seclusion rooms work. They do not 11:21
16 calm people down and I think that they are dangerous.
17 I think that Muckamore should be shut down. It was a
18 relief when I was finally discharged from Muckamore in
19 2011. For a while, I returned on my own to help staff
20 and patients talking and advocated for patients and 11:21
21 their needs."

22
23 okay P76, so do you need to take a break or anything at
24 this stage.

25 A. I wouldn't mind a smoke, because that was long. Is 11:22
26 that all right?

27 CHAIRPERSON: Yes. All right, we'll take 10 minutes.

28
29 THE HEARING ADJOURNED FOR A SHORT TIME.

1 THE HEARING RESUMED AS FOLLOWS:

2
3 CHAIRPERSON: All right.

4 A. Yep.

5 4 Q. MR. McEVROY: So, P76, hopefully you had a bit of a 11:34
6 chance to, as you say, to get a smoke and relax a bit.

7 A. Yes.

8 5 Q. Well, thank you for your statement, which is very long
9 and gives us a good flavour of your experience while
10 you were in Muckamore, but it might be useful for the 11:34
11 Inquiry to hear a little bit about how life is for you
12 now.

13 A. Yep.

14 6 Q. Can you give us an idea of where you're at in life?

15 A. Where I am now is, I used to be in supported living, 11:34
16 where I was living, and now I'm not. I was in it for a
17 good while. I was under a risk assessment, had to work
18 myself off it. I had risk assessments nearly every six
19 months and then they turned round and says: "You don't
20 need it now, you're obviously..." The risks are low 11:35
21 compared to when I came out of hospital.

22 7 Q. Yep.

23 A. Now I am engaged, I have got a three year old daughter.
24 I'm getting married here in '25.

25 8 Q. Excellent. 11:35

26 A. Where I've been over the last year -- I'm not going to
27 tell you lies because I don't tell lies, it's been --
28 I don't know how I've got through it with the support
29 of my, I have to say my "Mrs", my family, my advocates,

1 definitely, and I don't know where I would have been
2 without the support. But them days, for me, it's gone,
3 I have got a family now, which I am very grateful for
4 and just looking forward to a future now, putting this
5 Muckamore thing behind me and I'll never forget what's 11:36
6 happened, and it will always be there but, for me,
7 after, today it's gone. The memory what I have of that
8 place will always be there but....

9 9 Q. You begin on a new chapter?

10 A. A new chapter now and it's just time to move on. 11:36

11 10 Q. Well, before we do that and I suppose in order to make
12 that process complete for you, I just wanted to, if
13 it's okay with you, to ask you a few questions about
14 some of the things you told us in your statement.

15 A. No problem, that's why I am here. 11:36

16 11 Q. Yes. The first thing I wanted to ask you about was
17 your medication, that's one of the things that the
18 Inquiry has been looking at, in the evidence that it
19 has heard from other people who have come to tell their
20 stories. And in your statement, you say that when you 11:37
21 were on M7A you felt that you were on the right
22 medication?

23 A. Yep.

24 12 Q. Thinking back when you went to Six Mile, could you say
25 the same thing? 11:37

26 A. No.

27 13 Q. Can you tell us --

28 A. They started to change it after a while and then I just
29 felt drowsy, sleepy, and I would get up one day and I

1 says: "I'm not taking this garbage, I am not taking
2 this thing no more." Then I said to the doctor, the
3 nurses, and then they started to take me off the
4 medication, so they did. Then I didn't realise how
5 much the medication affected me because I used to be a 11:38
6 size 40 in jeans and when I got off it for a few weeks,
7 a few months, I don't know what it was, the weight
8 fired off me, like. I mean, I was down from size 40 to
9 size 36 or something. This weight just fired off. I'm
10 not saying, excuse me, I am not saying it was just the 11:38
11 medication, maybe it was the food intake because I am a
12 big eater, but the medication did not help, I was 20
13 stone at one stage.

14 14 Q. Did the doctors or nurses explain to you about the
15 possible sides effects when you changed medicine? 11:38
16 A. No, they did explain to me, yes, but I just says no,
17 it's time for me to stand on my own two feet and say
18 I'm not taking this no more.

19 15 Q. Okay.
20 A. You know, basically that means self-control. 11:39
21 16 Q. Yes.
22 A. If there's any situations which occurred, which they
23 did occur. I mean, staff in the wards, like, all the
24 wards, not just M7A or M7B, were trying to antagonise
25 patients, antagonise me, because they knew I had -- 11:39
26 they knew where I was just off the medication, they
27 were trying to wind me up.

28 17 Q. Yes, but you feel...
29 A. But I just felt, I said to them, I says: "You're not

1 winding me up". I says--: Yes, there was one time as I
2 said in the statement, I got my programme and I just
3 says I'm not taking no more medication, or I was on a
4 programme, I just ripped it up.

5 18 Q. And did they listen to you when you said that then? 11:40
6 A. Oh, they had to, because I complained, they put it in
7 my -- they have a file, if you took it or not, tick or
8 whatever it is, if you refuse it, it says they have to
9 "refusal", "refusal". I didn't take any medication
10 after that. 11:40

11 19 Q. And picking up one of the other things, and you touched
12 on it there a minute or two ago, was about your weight?
13 A. Yep.

14 20 Q. You know, in fairness to you, you said you're not sure
15 whether the weight gain was attributable to the 11:40
16 medication you were taking.
17 A. Yeah.

18 21 Q. But you said you shot up to 20 stone there?
19 A. Yes, I was 20 stone.

20 22 Q. When you got to that point, I think you told us in your 11:40
21 statement that you did see a dietician?
22 A. I did, yes. Yeah.

23 23 Q. Whose decision was it to see a dietician then?
24 A. The staff or the people who was involved in my care
25 then. 11:41

26 24 Q. Okay. And how did they -- did they discuss that with
27 you, I suppose, might be the first question about going
28 to see a dietician?
29 A. Well, they says, yes, they says I think it was because

1 in case I was transferring from the day room to the
2 seclusion because they would find it probably hard to
3 lift me, basically, you know, or whatever, taking you
4 from one room to the other, because I was a big lad,
5 like. 11:41

6 25 Q. Yes.

7 A. I know I am a big lad now, but weight-wise.

8 26 Q. Yes, yes. Thinking back to it, did you feel it
9 yourself? Were you a sort of aware of being bigger
10 heavier? 11:41

11 A. I was bigger and heavier, yes, but what I have seen in
12 a number of years coming out of Muckamore and I have
13 seen bigger, like, you know what I mea.

14 27 Q. Hmm, but for you?

15 A. But for me, yes, probably, yes. But it was to do, 11:41
16 I would say because medication and the food intake.

17 28 Q. Yes. Do you think -- I mean, looking at you now, you
18 are certainly a leaner man, but do you think that the
19 dietician or working with the dietician helped you when
20 you were in Muckamore? 11:42

21 A. It helped me, yes, to some point. But at some point,
22 I felt I had to, to be honest with you.

23 29 Q. Yes.

24 A. Because they said to me -- part of it is to do with
25 your health and I know all that there, but I think the 11:42
26 medication helped me then. But see now, I would never
27 take medication in my life again unless it was
28 something I really had to.

29 30 Q. Yes. And what about managing your diet and so forth,

1 now you're out in the community?

2 A. You know, I could still eat plenty, like.

3 31 Q. Of course.

4 A. But it is just managing your health and your food
5 intake and you can still eat rubbish and things. 11:43

6 32 Q. Of course, have your treats, as they say?

7 A. Oh, I always have my treats.

8 33 Q. Okay. The next thing I wanted to ask you about then
9 was your impression, you know, you talk in a lot of
10 detail about resettlement and how that process went. 11:43

11 A. That was a long process, yes. For me, it was right
12 because I just felt it had to be right because I didn't
13 want to go out and have A, B and C done and then
14 leaving, you know, because it's all right saying you
15 had to get your treatment done and blah-blah-blah but 11:43
16 in your head, you have to be right, you know what I
17 mean.

18 34 Q. Yes.

19 A. It's harder outside than it was in hospital, like, so
20 it is. 11:44

21 35 Q. You are one of very few actual patients that has come
22 to the Inquiry to give evidence so it might be really
23 helpful to know from your own personal experience if
24 you were able to make, like, a change to the
25 resettlement process for everybody, for all the 11:44
26 patients, can you think of one? Is there one thing you
27 would change?

28 A. I think it would be probably the length of time. Yes,
29 that was right for me but somebody else, it mightn't be

1 right for them. It has to be right, you know what I
2 mean. It does take a long time.

3 36 Q. Yes. You said that on reading your statement, you said
4 you felt you were listened to, that people listened to
5 you. 11:44

6 A. They had to listen to you because it was about your
7 life, when you're ready to go, they had to. They
8 always had to do notes.

9 37 Q. I suppose that might come down to you as a person at
10 being very good at expressing yourself and being able 11:45
11 to get your point of view across, do you think they
12 would listen as well for other patients? Is there a
13 change that you could suggest that would help other
14 patients?

15 A. If they had the right support with their advocates, 11:45
16 their families, they could.

17 38 Q. Yes.

18 A. But people who is less able than me would probably...

19 39 Q. Yes. Did you have an advocate throughout the process?

20 A. Yes, I had, yes, but I can honestly say they are there 11:45
21 to help me but I didn't, really -- take Stephanie she
22 is there she didn't really speak for me, if you know
23 what I mean.

24 40 Q. But it's support?

25 A. It's support but somebody who is less able would have 11:46
26 to be, you know....

27 41 Q. Do you know, without naming names, but do you know from
28 your experiences, talking to other patients and former
29 patients, whether they all had access to an advocate?

1 A. Yes, that's 100%, yes, I can say that.

2 42 Q. Okay.

3 A. Don't forget that's the legal side. If somebody
4 requested a family member or an advocate, that's a
5 legal thing, that's one thing I can say, yep. 11:46

6 43 Q. And then you're taking me very neatly on, when you talk
7 about the legal side of things, to the tribunal
8 process?

9 A. Yes.

10 44 Q. That you talk about and you say in your statement that 11:46
11 that was a fair enough process?

12 A. Yes, that was, because my first two years, at that time
13 I had one -- at that stage I didn't know you could have
14 applied, I could have applied in the first year but I
15 just waited the two years because the first two years 11:47
16 was hell for me, so it was.

17 45 Q. Can you remember how you found out about being able to
18 take, to challenge the decision?

19 A. Asking friends.

20 46 Q. Right, okay. It wasn't raised with you by staff 11:47
21 members?

22 A. It didn't have to be. People talk, staff talk and
23 then, as I says before, we might have a learning
24 disability but we're not stupid.

25 47 Q. Of course. Of course. On that point, we haven't 11:47
26 really heard a lot in the context of the Inquiry about
27 what goes on and where the Tribunal takes place when
28 you're at Muckamore; can you give us your recollection
29 about that, what you remember?

1 A. The tribunal thing?

2 48 Q. Yeah, how things ran in it?

3 A. Well, you have three people on the Board.

4 49 Q. Yeah.

5 A. You've got your solicitor, they have got their 11:48

6 solicitor, you're family to be there and basically the

7 doctor would go through, or a social worker go through

8 the notes and what happens and, you know, asking the

9 questions and stuff, it's a long process, like, and the

10 tribunal can be long like. 11:48

11 50 Q. Where does it take place?

12 A. In the Board, up in the admin block.

13 51 Q. So in the hospital itself then?

14 A. Yeah.

15 52 Q. Okay. Do you remember did you get did you get notice 11:48

16 of it?

17 A. Oh, I got notice of it, yeah, well notice of it, got

18 myself prepared.

19 53 Q. Did any of the staff speak to you about the process

20 beforehand? Did they come and talk to you? 11:48

21 A. Yes, they says the doctor came. Basically they says;

22 'Your tribunal is coming up soon' and the medical

23 doctor came the day of the tribunal and says to me

24 basically, 'what would you like?', and I says, I kept

25 saying for years, 'I would like to get out of Muckamore 11:49

26 and live my life, the way it should be now.' I had 10

27 tribunals, like.

28 54 Q. Yes.

29 A. So, you know, I'm not saying this is nothing but, for

1 me, I had ten tribunals basically to try and get out of
2 Muckamore, you know, so this is....

3 55 Q. Was it because of a tribunal then that the decision was
4 made to...

5 A. The tribunal made me voluntary. 11:49

6 56 Q. Yes.

7 A. In 2008, and then I was in there for three and a half
8 years waiting until basically to get into the
9 community.

10 57 Q. That was when the long period of waiting to get 11:49
11 resettled?

12 A. Yes.

13 58 Q. Okay.

14 A. That was basically for three and a half years. I am
15 saying yes, that was right for me, but it mightn't be 11:50
16 right for somebody else because there is many a time
17 that I could have walked -- I was halfway down the
18 Seven Mile Straight, I could have been into Belfast.
19 If I really wanted, I could have been in the Belfast,
20 that means that they couldn't have touched me because I 11:50
21 was voluntary.

22 59 Q. The Seven Mile Straight is the big long road?

23 A. Yeah.

24 60 Q. I see.

25 A. I walked it and then they says to me -- H372 says to 11:50
26 me; 'If you don't come back, your name and your picture
27 will be on the 11 o'clock news.'

28 61 Q. Yes, you described that very clearly in your statement?

29 A. He says; 'If you don't come back', blah-blah-blah.

1 I says to him; 'Do you think this is going to scare me
2 if my face or name will be on the TV?' He says; 'I am
3 not trying to scare you' but, like, I could have walked
4 on. I says -- so I got back to the ward and
5 blah-blah-blah, I went to bed. But then even if I had 11:51
6 have walked on, they couldn't have stopped me, the
7 police couldn't have stopped me and says; 'Oh, such and
8 such, you have to go back.' Then I says; 'well, I am a
9 voluntary patient. The doctors or nurses or nobody can
10 touch me, I was made voluntary in 2008.' So I just 11:51
11 says; 'No, I just go back here', and then things
12 started -- I don't mean this in a bad way towards
13 staff, things started to change for me, for better.

14 62 Q. For the better, yeah.

15 A. Because I made it clear I want out of here, my 11:52
16 treatment's done, my everything is done, I followed --
17 I did nearly every course what they asked me to do, so
18 I done it. Then I started doing courses which I didn't
19 have to do. I started get into tech and all
20 different.... I wasn't doing the "talk the talk", I was 11:52
21 doing to "walk the walk". I done everything that they
22 asked me to do to get where I am today.

23 63 Q. I think you made that very clear. well, P76, I don't
24 have any more questions for you but the Panel members
25 might. 11:52

26 CHAIRPERSON: Yes, Professor Murphy?

27

28

29

1 P76 WAS QUESTIONED BY THE PANEL MEMBERS AS FOLLOWS:

2

3 64 Q. PROFESSOR MURPHY: Hello. Thank you for explaining
4 what life was like in Muckamore Abbey.

5 A. Hell.

11:53

6 65 Q. PROFESSOR MURPHY: From what you've said, it was hell
7 in some ways but there were also, it sounds like, some
8 good things.

9 A. Yes, I can honestly say, I can say that a staff member
10 called John from the daycare service, he was brilliant,
11 he took me to the international, he got me playing for
12 Northern Ireland. To this day, I am still playing for
13 them, me and about four or five others. So lots of
14 things has come out of it where I am today and I am
15 very grateful to him. I'm sorry if I mentioned him,
16 but I don't think he is in the sheet you see.

11:54

11:54

17 66 Q. PROFESSOR MURPHY: Okay. I think also it sounds like
18 you found the anger management training and learning
19 self-control to be helpful.

20 A. Yes.

11:54

21 67 Q. PROFESSOR MURPHY: Looking back overall, the bad things
22 and the good things, do you think you could have got as
23 far as you've got without Muckamore Abbey Hospital or
24 do you think it was a kind of necessary part of what
25 you've learned?

11:55

26 A. Probably what I've learned, but see, the length of stay
27 was -- I don't know what anybody else thinks here, but
28 I can only talk on my behalf. I know there is patients
29 still in there but, you know, for myself 13 and a half

1 years, like, I don't know, how would anybody else cope
2 away from your family and your freedom taken away from
3 you. I can understand -- I can understand why but just
4 the length of time was horrendous.

5 68 Q. PROFESSOR MURPHY: So what you're saying it might have 11:56
6 been helpful as a treatment but it would have been much
7 preferable if it had been much shorter?

8 A. Yes.

9 PROFESSOR MURPHY: Okay, thank you.

10 A. No problem. 11:56

11 69 Q. CHAIRPERSON: I have just got three -- are you all
12 right to keep going for five minutes?

13 A. Yep.

14 70 Q. CHAIRPERSON: Yes. You told us that when you went to
15 Six Mile, the medication seemed to have been increased 11:56
16 and you felt drowsy?

17 A. Yep.

18 71 Q. CHAIRPERSON: I don't want to know about any particular
19 incident but was that in response to something specific
20 that happened or was it simply because you moved to Six 11:56
21 Mile?

22 A. I think I was feeling more anxious at that time.
23 I think, like, it was a while ago, so it was, so...

24 72 Q. CHAIRPERSON: Yes, fair enough if you can't remember
25 but they did actually then, when you said you didn't 11:57
26 want to feel that way, they did actually reduce it?

27 A. Oh, yes. I just said to them; 'I'm sorry but I'm not
28 taking no more medication.' They took -- I had to go
29 and see the nurse and I had to go and see the doctor

1 and they started taking the medication off me. But
2 then the weight just fired off me, it's crazy.

3 73 Q. CHAIRPERSON: Oldstone, we haven't heard much about
4 Oldstone in this Inquiry and you seem to have quite
5 liked Oldstone when you moved there? 11:57

6 A. Yes, I did, yes.

7 74 Q. CHAIRPERSON: That was in the grounds of the hospital,
8 was it?

9 A. It was, it was just before you came into Muckamore.

10 75 Q. CHAIRPERSON: Yes. So that was in sort of 11:57
11 semi-independent living?

12 A. Yes.

13 76 Q. CHAIRPERSON: Was there any members of staff there in
14 Oldstone?

15 A. Yes, there was members of staff there, yes. 11:57

16 77 Q. CHAIRPERSON: Can you remember approximately how many
17 patients were there?

18 A. About 10.

19 78 Q. CHAIRPERSON: Right. And you had your own room?

20 A. My own room, yes. 11:58

21 79 Q. CHAIRPERSON: And a shared kitchen.

22 A. Yep.

23 80 Q. CHAIRPERSON: Okay. Finally this, the resettlement
24 took a very long time.

25 A. Yeah, it did, yeah. 11:58

26 81 Q. CHAIRPERSON: It did actually work?

27 A. It did work, yeah.

28 82 Q. CHAIRPERSON: But it took a long time. When you left
29 Muckamore in September 2011?

1 A. Yep.

2 83 Q. CHAIRPERSON: Did you then go to supported living?

3 A. Yep.

4 84 Q. CHAIRPERSON: Right. And so how long were you in
5 supported living before you could get to where you are 11:58
6 now, as it were, and you can live independently?

7 A. Probably eight years.

8 85 Q. CHAIRPERSON: It is quite a transition.

9 A. Yes, eight to ten years maybe, cos it's '23 so.

10 86 Q. CHAIRPERSON: when you were in supported living -- 11:58
11 sorry.

12 A. Eight years.

13 87 Q. CHAIRPERSON: Sorry.

14 A. Probably about eight years.

15 88 Q. CHAIRPERSON: when you were in supported living, were 11:59
16 you having any sort of treatment or courses?

17 A. No. I just had regular contacts with the social
18 workers and seeing doctors, that was just the process
19 of it, you know. I had meetings with the PQC.

20 CHAIRPERSON: Right. well, could I just say it's very 11:59
21 good to hear how well you are doing now. It's been
22 really useful to hear directly from a patient, an
23 ex-patient of Muckamore, because as Mr. McEvoy said, we
24 have heard a lot of evidence about relatives and loved
25 ones experiences but not many patients so it's been 11:59
26 really helpful to hear from you directly. So can I
27 thank you very much indeed for coming to assist the
28 Inquiry. Is there anything else you want to say to us.

29 A. No.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29

CHAIRPERSON: All right. Thank you very much indeed.
If you would like to go with Jaclyn, thank you.
I think our next witness is at two o'clock.

MR. McEVROY: Yes.

CHAIRPERSON: Two o'clock. Okay, we'll sit again at
2:00. Thank you very much.

12:00

LUNCH ADJOURNMENT.

12:00

1 THE HEARING CONTINUED, AS FOLLOWS, AFTER THE LUNCH
2 ADJOURNMENT

3
4 CHAIRPERSON: Thank you.

5 MS. KILEY: Afternoon, Chair, Panel. This afternoon's 14:03
6 witness is Marion Teague. She is content to be known
7 by her name. She is the mother of a former patient at
8 Muckamore. Her daughter, who is sadly now deceased, is
9 called Paulette, so there are no other applications and
10 if the Panel is ready, the witness can be brought out. 14:04

11
12 MS. MARION TEAGUE HAVING BEEN SWORN WAS EXAMINED BY
13 MS. KILEY AS FOLLOWS:

14
15 89 Q. CHAIRPERSON: Mrs. Teague, thank you very much for 14:05
16 coming to join us, we met very briefly in the room, and
17 I know there had been other dates when you were going
18 to come and we had difficulties about that, so my
19 apologies to you for that.

20 14:06
21 It's obvious you are going to find this afternoon
22 difficult because you've come to tell us about your
23 daughter, Paulette, and I know that she sadly died,
24 I think, in January of this year. The Panel have all
25 read the statement, all right, and as you probably have 14:06
26 been told, what's going to happen now is that Ms.
27 Denise Kiley, Counsel, is going to take you through
28 that statement and then if you would like a break, we
29 can have a break. As I said to you in the room,

1 sometimes it is better to try and just take a pause and
2 carry on, but everybody will understand if you do get
3 upset and if you want to take a break at any stage we
4 can do so, all right.

5 A. Okay, thank you.

14:06

6 CHAIRPERSON: Thank you very much.

7 90 Q. MS. KILEY: Okay, Marion, we met briefly earlier and
8 I explained the process and the Chair has just reminded
9 you, so the first thing I am going to do is read out
10 your statement. You have got a copy of it in front of
11 you there, and as I mentioned to you, you will notice
12 that I am not going to name staff names but they are
13 going to be replaced with a cipher, the letter "H" and
14 a number, and you should have a list at the back of the
15 statement if you want to follow along, okay.

14:07

14:07

16 A. Okay.

17 91 Q. So you made a statement dated the 17th May 2023 and
18 I'll just start at paragraph one, you say:

19

20 "My connection with MAH is that I am a relative of a
21 patient who was at MAH. My daughter, Paulette Innes,
22 was a patient at MAH on three occasions."

14:07

23

24 You have attached a photograph of Paulette and I am
25 just going to wait, we will bring that up at the end of
26 your evidence, Marion.

14:07

27

28 "The relevant time period that I can speak about is
29 between April 2004 and December 2011. Paulette was

1 born in London on 31st August 1973. She was 49 years
2 old when she died on the 6th of January 2023. Paulette
3 was the eldest of my three children."
4

5 And you then go on, Marion, to explain what Paulette
6 was like in her childhood. And at paragraph 6, you
7 explain that:

14:08

8
9 "After assessment in and around 1981 Paulette was
10 diagnosed with a borderline learning disability."
11

14:08

12 And if I just move to paragraph 7, you say that:

13
14 "Paulette lived at home with myself and my husband,
15 Kevin, until she was approximately 30 years old. We
16 lived in Belfast."
17

14:08

18 And then at paragraph 8 to 10, you go on to say a
19 little bit more about Paulette's childhood and
20 adolescence and schooling. I am going to pick-up the
21 reading at paragraph 7, you say:

14:08

22
23 "Paulette was very happy at Mica Drive Day Centre."
24

25 This was just after she left school, you had explained
26 in the earlier paragraphs. And you say:

14:09

27
28 "She was very good at forming relationships and was
29 chatty. She could hold a conversation with anyone.

1 She loved it there and had a good experience.
2 Everybody loved her. She met a good friend... " who
3 you name.

4
5 "Also around this time, she met a boyfriend who she 14:09
6 went out with for a number of years in her 20s.
7 Paulette became a heavy drinker in her 20s. She would
8 go into town, Belfast City Centre with friends and was
9 becoming aggressive with alcohol. When she became
10 aggressive she threw tantrums and some of these 14:09
11 incidents resulted in her admissions to MAH. Her
12 drinking made her more vulnerable and she was a danger
13 to herself. She was coming home at all hours with no
14 memory of what happened. On one occasion, I cannot
15 recall the exact date, I found that she had presumably 14:09
16 fallen out of bed and had just slept under the bed.
17 I contact her general practitioner and her social
18 worker at the time, H431. They recommended that
19 Paulette be admitted to MAH for a crisis assessment and
20 to "settle her down". 14:10

21
22 Paulette's first admission to MAH was on the 11th April
23 2004 on a voluntary basis. She was still living at
24 home at the time. She was admitted to Fintona South
25 Ward and she stayed there for approximately six weeks. 14:10
26 The ward was in an old building and the assessment took
27 several weeks. It was an incident that occurred during
28 this admission that is my main reason for contacting
29 the MAH Inquiry.

1 During Paul ette' s time on Fintona Ward South I never
2 saw her bedroom. I do not recall asking to see it but
3 I was never offered to visit it. I think she may have
4 been on a ward. I do not think that Paul ette had her
5 own room as she did not mention a room. I visited 14:10
6 Paul ette every day, usually in the evening after work,
7 but on my days off I visited during the day. I may
8 have called in advance a few times but most of the time
9 I just turned up. After a while, the staff seemed to
10 expect me. When I arrived, I went through the doors 14:11
11 and straight to the office where the charge nurse was.
12 The door was always open. It always seemed to be H430
13 on duty, a male nurse, I do not know his surname.
14 There were other staff but they never spoke to me.
15 H430 had a small office beside "rubber room". There 14:11
16 were no windows in the rubber room and it was dark.
17 I saw two members of staff dragging a female patient
18 into the rubber room on one occasion. I cannot recall
19 the date. I believe at least one staff member was
20 female but I cannot recall the other members of staff 14:11
21 and I do not know their names. I was in the charge
22 nurse' s office at the time with the door open and I saw
23 them go past. I went out of the office to take a look
24 at the room. The door had a small window in it. It
25 looked like a punishment room to me as the patient did 14:12
26 not want to go in and when the door was closed, there
27 was no one else in it with her. Some years later,
28 I watched a television report about the events at MAH
29 and there was a picture of a room they described as a

1 "rubber room". It looked very similar to the room
2 I saw on the Fintona South Ward.

3
4 The visitor room was opposite the charge nurse's
5 office. I always had my visits there. H430 would go 14:12
6 and get Paulette, bring her to me and the door would
7 lock behind him when he left. I had to ring a buzzer
8 to get out. If I visited during the day, I was able to
9 take Paulette out but usually I visited in the evening
10 time. 14:12

11
12 I noticed a change in Paulette within a couple of
13 weeks, not immediately. It was obvious that she was on
14 medication as she was drowsy. I felt that Paulette
15 became withdrawn with me. Paulette loved treats so I 14:12
16 always brought her some biscuits, fairy cakes or buns
17 when I visited. I made sure to bring some for the
18 other patients and staff as well. When I visited
19 Paulette one evening, I cannot recall the date, she had
20 to be taken out of a group meeting. Paulette told me 14:13
21 these group meetings took place in the open ward and
22 they sat around in a circle but I cannot be sure.
23 Paulette was not talkative on this occasion which was
24 unusual. I asked her what was wrong but she said she
25 was okay. I gave her a bag of goodies with treats for 14:13
26 everybody and I was surprised when she shoved them back
27 at me. She said: "Why are you bringing this?" She said
28 she did not want the treats and I knew something was
29 wrong. Paulette was around 30 years old at the time

1 but she was very vulnerable. She had an immaturity and
2 was childlike. I asked her again and again what was
3 wrong. It was difficult to get her to talk to me about
4 it but I pushed her to tell me. She told me to stop
5 asking her but I told her I would not leave until I 14:14
6 found out what was wrong. Eventually she told me that
7 the nurse on the ward was very angry with her.
8 Paulette told me that the last time she was called out
9 of a group meeting and had returned with bag of treats
10 for everyone, the nurse assaulted her. She told that 14:14
11 she went back to the group and said: "My mummy has
12 brought these for everyone." Paulette said that the
13 nurse grabbed her by the arm and twisted it up her
14 back. I asked her to show me what had happened and she
15 demonstrated it to me. She said that the nurse 14:14
16 shouted: "You think you're somebody special but you're
17 not." I was very upset and Paulette said: "Don't
18 worry, you should see what she did to the other girl."
19 Paulette told me that the nurse pulled another girl by
20 the hair to the floor because the girl had tried to 14:14
21 protect Paulette. Paulette said: "And that's not all."
22 However she did not give me any more information as I
23 was so upset. Paulette did not tell me the name of the
24 nurse. I pressed the buzzer and went outside to speak
25 to H430 in the office. I was very cross and upset. 14:15
26 H430 said he would go back in to talk to Paulette and
27 I accompanied him. Paulette reluctantly told H430 what
28 had happened. He said: "Marion, don't worry, I'll deal
29 with it and I'll report it." He wrote down what

1 happened and said he would report it to the management.
2 He said someone would be in touch with me and that I
3 would get a phone call.
4

5 A couple of days later, a female rang me. I do not 14:15
6 recall her name but she said that she had read the
7 report of what happened. She said that she had spoken
8 to the nurse on duty and they were going to re-train
9 her. She said that she was very sorry and accepted it
10 should not have happened. I did not see the report but 14:16
11 I assume that MAH must have a copy of it as H430 made
12 notes and the female on the phone referred to a report.
13 I did not receive anything in writing and accepted that
14 they had dealt with it. I assumed that the nurse would
15 be taken off the ward but I do not know if this 14:16
16 happened. I never spoke to anyone else at MAH about
17 the incident but I did tell Paulette's social worker at
18 the time, who I believe was H431. Paulette was not
19 happy after this incident. She became very anxious and
20 her mood had changed. I tried to take her out on 14:16
21 visits, for example, to Nutt's Corner Market to get her
22 ice cream and this seemed to be help as she was glad to
23 be out of MAH. Paulette told me that her granny, who
24 was deceased, appeared to her one night when she was at
25 MAH, put her arms around her and told her: "Everything 14:16
26 is going to be okay when you leave." I do not know
27 what to think about that but it seemed to content
28 Paulette.
29

1 During Paul ette's time to MAH, I always did her
2 laundry. I took her dirty clothes home with me every
3 day and brought them back on the next visit. I was
4 never told what medication Paul ette was on at any age
5 although it was obvious she was on medication as she 14:17
6 was drowsy. I got the impression it was a sedative as
7 Paul ette had previously been prescribed diazepam.

8
9 Paul ette was discharged on 25th May 2004. I do not
10 know what assessment was carried out during her stay. 14:17
11 After Paul ette's discharge, I cannot recall the date,
12 we were talking about MAH. Paul ette said to me when
13 referring to the incident "and that's not all" with a
14 raised eyebrow expression. Paul ette had a tendency to
15 conceal her feelings and emotions. I did not pursue 14:17
16 this further with her at the time. I believe that
17 there were other incidents and I am suspicious because
18 of what she said.

19
20 Paul ette made a decision to go into supported living 14:17
21 accommodation. I cannot recall the exact date but it
22 must have been in and around 2004/2005 as it was before
23 her second admission to MAH on 26th August 2005. It
24 was around this time that she stopped going to the Mica
25 Drive Day Centre. Her boyfriend did not like her going 14:18
26 there. Her social worker at the time, H431, helped her
27 make the decision without my knowledge. I disagreed
28 with the decision. I tried to advise Paul ette as best
29 I could and complained to her social worker. However,

1 I was told that Paulette had capacity to make her own
2 decisions and the move was going to happen against my
3 wishes. I did not agree that this was in her best
4 interests as she had a roof over her head at home with
5 me and this would just give Paulette a chance to drink 14:18
6 24/7. I thought this was a big mistake.

7
8 Paulette moved into a bungalow in supported living
9 accommodation at Cedar Foundation, Owenvale Mews,
10 Belfast. The charity, St. John of God's, used to run 14:19
11 it. She began to drink more heavily. She was not
12 eating properly and was not looking after herself
13 properly. She became more vulnerable."

14
15 You then, Marion, describe a serious assault which was 14:19
16 occasioned to Paulette in August 2005. It didn't take
17 place at Muckamore Abbey Hospital and I am not going to
18 read that sentence aloud since it is sensitive and
19 personal to Paulette so I am going to pick up at the
20 next sentence. You say: 14:19

21
22 "Paulette was in a terrible state after the assault,
23 which was reported to the police. This was the reason
24 for her second admission to MAH on 26th August 2005.
25 It was suggested by Emergency Social Services, I cannot 14:19
26 recall their name, that she be admitted again to MAH
27 and she was admitted to Fintona Ward South. H430 was
28 no longer working there by this stage. The staff that
29 I saw were all female and they did not interact with

1 me. Paulette was discharged five days later on the
2 31st August 2005. I was not told anything by the staff
3 about her treatment or care. I felt very isolated.
4 I just received a call from her social worker, H431, to
5 go and collect her, which I did.

14:20

6
7 Paulette's third admission to MAH was several years
8 later on 17th December 2011. Paulette physically
9 attacked me outside her bungalow. I was taking some
10 shopping out of the car that I had done for Paulette.
11 As I was doing so, three or four young people came to
12 Paulette's house. I asked Paulette who they were. She
13 looked nervous and she said that she did not know them.
14 I said to her these were not her friends and asked
15 again who they were. They drifted away from the house
16 but I went over and confronted them. Paulette looked
17 frightened of them so I told them to clear off.
18 Paulette got very angry and attacked me. I believe
19 that she had been letting these young people into her
20 house.

14:20

14:20

14:21

21
22 I rang for the doctor and Paulette ran away. The
23 emergency out-of-hours doctor arrived. He looked
24 around the house and said that Paulette was just
25 existing, not living. She was not looking after
26 herself and drinking too much. The doctor said he
27 would try and find her so we started to search for her.
28 Eventually she came back. The doctor said that she
29 should go into MAH to get her settled. She was

14:21

1 sectioned and taken to MAH by the police.

2
3 Paulette was only in MAH for a few days on this
4 occasion. She was admitted to Cranfield ICU ward.
5 Everything had changed since her last admission and the 14:21
6 Cranfield ward was new. The day after her admission,
7 I was taken to Paulette's room and shown her locker.
8 I do not know the name of the member of staff. The
9 staff were not friendly and I was not spoken to very
10 much. I was just told that visits were in the visitor 14:21
11 room, not the bedrooms, and I did not see the room
12 again. I visited every day. A member of staff went
13 and got Paulette when I arrived and brought her to the
14 visitor room.

15
16 When she was discharged four days later, her social
17 worker, H431, picked her up and brought her home. The
18 social worker advised me that the consultant
19 psychiatrist, I do not know their name, felt that this
20 was alcohol-related and that Paulette was fine to go 14:22
21 home with anti-depressants. She was discharged on 21st
22 of December 2011.

23
24 I feel that Paulette has been badly let down by the
25 wider health system. I had a long standing battle with 14:22
26 the Belfast Health and Social Care Trust over many
27 years to fight for Paulette to receive the support she
28 needed. I do not recall the name of the staff members
29 I dealt with. I wanted to get a programme in place to

1 help and support Paulette. I felt like the Belfast
2 Health and Social Care Trust are not concerned about
3 people like Paulette. They have a lot of power, and
4 parents are not fully advised or involved in decisions
5 regarding their adult child's care." 14:23

6
7 You then talk about some comments that were made by a
8 staff member at another facility, which I won't read
9 aloud but the Panel have those, and I will pick-up the
10 reading at paragraph 33. You say: 14:23

11
12 "I believe that if Paulette had received the support
13 she had needed, she would not have been admitted to MAH
14 and she would be here today to tell her own story.
15 Paulette was very vulnerable but as a parent, I was not 14:23
16 always able to help her. I want to advise the Inquiry
17 of an example of this. Approximately ten years ago,
18 Paulette received compensation for an injury she
19 sustained following an accident. The money was placed
20 in a special account for her due to her vulnerability 14:23
21 with alcohol and her learning disability, and I was the
22 appointee. She spent some money on a mobile home,
23 which she loved to visit with us, but the remainder was
24 placed in a bank account. Without my knowledge,
25 Paulette's social worker, H431, took Paulette for an 14:24
26 assessment and she was deemed fit to look after her own
27 money. I received a call from the Benefits Office to
28 tell me that I was no longer the appointee. H431 did
29 not tell me. I could not do anything about this and

1 no-one explained to me what the assessment involved.
2 I asked Paulette about it and she did not seem to
3 understand the nature of the assessment herself.
4 As a result of Paulette being in charge of her own
5 money, she spent 13 and a half thousand pounds over the 14:24
6 next four months and her bank account was emptied.
7 Paulette joked to me that her nickname amongst her
8 friends was "ATM". I understand this to mean that she
9 regularly gave money to the people around her. I feel
10 this information is relevant to the Inquiry to show how 14:24
11 people with learning disabilities are treated in the
12 wider health system and community.

13
14 Paulette and other adults with learning disabilities
15 need better care and parents need to have greater 14:24
16 control. When Paulette was in hospital due to serious
17 ill-health, she was able to discharge herself, which
18 was not in her best interests. I could not keep her
19 where she needed to be and ensure she received the
20 treatment she needed. My hands were tied behind my 14:25
21 back. As a result, Paulette died on 6th January 2023.
22 Lessons need to be learnt from this.

23
24 Paulette told me in 2022 that she wished to provide a
25 statement to the Inquiry. I discussed this with her 14:25
26 and I had hoped that she might be able to open up about
27 the other incidents that I suspect happened during her
28 first admission to MAH in 2004. However, Paulette
29 passed away before she was able to do so. I want to

1 make sure that her voice is heard."

2

3 And that's the end of your statement, which you then
4 sign, and I know you have given a photograph of
5 Paulette, but we are not going to show that one just 14:25
6 yet, you have provided the Inquiry with another
7 photograph today and we'll show that at the end of your
8 evidence, Marion.

9

10 Having heard me read that statement aloud, are you 14:26
11 happy to adopt that statement as the contents of your
12 evidence to the Inquiry today?

13 A. Yes.

14 92 Q. And can I ask you some questions arising from what you
15 have said in the statement? You told us that Paulette 14:26
16 was the eldest of your three children. Can you tell
17 the Panel a little bit more about her personality, what
18 she was like?

19 A. Bubbly, could talk to anybody, wanted to be everybody's
20 friend, loved her family, very happy, happy childhood, 14:26
21 very happy at home, et cetera, and I suppose she had
22 some demons as she got older in life but her
23 personality shone through no matter what and she's gone
24 but so many people still talk about her and can't
25 believe that she's gone and she made such an impression 14:27
26 for such a wee person, you know. And she did love
27 life, there was a time when Paulette loved life, you
28 know, and just she seemed to think that the
29 vulnerability seemed to be a massive part of her life

1 that failed her in so many ways, that friendship -- she
2 thought everybody was her friend through drink, you
3 know. She was so innocent in many, many ways and her
4 vulnerability just came through so much.

5 93 Q. And you describe in your statement how she was 14:27
6 diagnosed with a borderline learning disability?
7 A. She was, yeah.

8 94 Q. How did that affect her in her day-to-day life?
9 A. She was fine because I don't really think she
10 understood, you know. Her understanding, her concept 14:27
11 of things, even in adulthood, you know, Paulette, still
12 there were things that she wouldn't accept because she
13 didn't understand, really, what things meant. You
14 know, she had no understanding of a lot of things. But
15 she was fine because she was very young at the time and 14:28
16 she had been in mainstream when we lived abroad,
17 I lived abroad for many years with her and her father
18 then, and to have the assessment done was a relief
19 because I had to bring her back to this country to be
20 educated because she couldn't be educated in the Middle 14:28
21 East.

22 95 Q. Yes.
23 A. And that's why we came back and she was very happy,
24 very happy at her school. The school closed,
25 unfortunately. 14:28

26 96 Q. You described then after she was 16 I think she moved
27 to day centre and she was happy there?
28 A. Very happy, very happy.

29 97 Q. And you then at paragraph 12 of your statement which I

1 read out, talked about Paulette's first admission to
2 Muckamore which was in August 2004. So I want to ask
3 you a bit about that. And at that time you described
4 how Paulette was drinking heavily and was admitted to
5 Muckamore to settle her down, as it was described? 14:29

6 A. Exactly, yeah.

7 98 Q. Were any options to avoid admission to Muckamore
8 discussed with you at that time?

9 A. None whatsoever.

10 99 Q. And whilst heavy drinking had been identified as an 14:29
11 issue at that time, was Paulette receiving any care or
12 treatment in the community for that?

13 A. Later on the final years, maybe five years of her life,
14 yeah, she would have attended Malone Clinic and she
15 actually loved going to it, I think she loved the 14:29
16 social side of it. Silly enough, she used to pack the
17 sandwiches into her bag and take them home with her
18 because they left tea and coffee for people. She
19 wanted to, but I don't feel that she could just do it,
20 she sat and spoke to counsellors, they had an inbuilt 14:30
21 support team in Malone.

22 100 Q. When did she start receiving that treatment?

23 A. It would have been in later years, you know, five years
24 plus.

25 101 Q. So thinking back towards that April 2004 and the first 14:30
26 admission, was she receiving any treatment or support
27 in the community?

28 A. No, none whatsoever then, no.

29 102 Q. And whenever she was admitted to Muckamore at that

1 time, can you remember if it was a formal detention
2 under the Mental Health Order?

3 A. Yes.

4 103 Q. It was?

5 A. Well, it would have been decided with the GP. 14:30

6 104 Q. Right and did you have an input into that decision?

7 A. Well, I was willing to go along with them if it was
8 going to help her and she was going to get the help
9 that she needed and I suppose ignorance is bliss
10 because I didn't really understand the whole thing 14:30
11 myself at that time, you know, what were they going to
12 do, did they have specialists on board that would deal
13 with the alcoholism, et cetera, et cetera, and no-one
14 ever explained it, no-one ever explained it.

15 105 Q. So what did you understand the purpose of that 14:31
16 admission to be then?

17 A. To help her understand, and maybe the psychiatric side
18 of it to help her understand that she did have an
19 addiction, that she did have a dependency on alcohol
20 and that there would be support for her, like Malone 14:31
21 Clinic, but that didn't come along then in that year
22 that we're talking about, it didn't come along then.

23 106 Q. Do you know what type of assessment or treatment she
24 did get at Muckamore in that April 2004 stay?

25 A. Not really, no. 14:31

26 107 Q. It was a short stay in the end, you said it lasted from
27 the 11th of April to the 25th of May, so just really
28 shortly over a month, and you visited every day during
29 that stay, isn't that right?

1 A. I always went to visit her, yeah.

2 108 Q. And you described how you noticed a change in Paulette
3 and you attributed that, you said it was obvious she
4 was on medication. Can you tell the Panel a little bit
5 more about what changes you noticed? 14:32

6 A. Withdrawn. Paulette was quite a bubbly person, always
7 had a conversation of something or other, very very
8 withdrawn, I just sensed that it wasn't quite right,
9 she wasn't herself. Wasn't herself.

10 109 Q. Did anyone at Muckamore discuss the medication that 14:32
11 they were providing to Paulette?

12 A. Nothing, I haven't a clue, I haven't a clue what she
13 was on. Nobody ever discussed it with me.

14 110 Q. Did you ever ask anyone at the time?

15 A. There was never anyone around because the ward would 14:32
16 have had the doctor coming at a certain time,
17 I believe, you know, so maybe by the time I got up
18 there then, he or she had gone and there was no
19 follow-up where someone would have come and said to me
20 the doctor said, this, that or the other. It never 14:32
21 happened, never happened.

22 111 Q. Did Paulette have a social worker at that time?

23 A. She did, yeah.

24 112 Q. And what was the information sharing between Muckamore
25 and the social worker like? 14:33

26 A. Very little, very little. I would have been the one
27 making the phone calls, I would have been the nuisance.

28 113 Q. Making phone calls to Muckamore?

29 A. No, to the social worker.

1 114 Q. To the social worker?
2 A. Yes.

3 115 Q. Okay. And during that first admission, you do describe
4 a particular incident which you say really was the main
5 reason for you contacting the Inquiry? 14:33
6 A. Yes.

7 116 Q. And I read that out, that's the incident you refer to
8 at paragraph 18?
9 A. Because she never forgot about it. When you think
10 about the time that it happened, you know, she never 14:33
11 forgot about it, and it was an impact on her.

12 117 Q. How do you know that? Was that something that she
13 discussed with you?
14 A. Yes, the very fact that if you look at the year that
15 that incident happened and then you look at where we 14:33
16 are today and then it was very televised on TV, she
17 would have seen it and mentioned it to me several
18 times, you know, if I have gone to visit her: "Mum,
19 did you see Muckamore was on?" And then finally I said
20 to her: "Do you want to talk about this?" And she 14:34
21 said: "Yeah." It took a while.

22 118 Q. Yes. But during that time, she did talk to you about
23 it during the visit that you described?
24 A. Absolutely, yes.

25 119 Q. In that first stay. 14:34
26 A. Yeah.

27 120 Q. And you said that she was taken out of a group meeting
28 to come to that visit?
29 A. Yeah.

1 121 Q. Do you know anything more about the group meeting, what
2 that was for?

3 A. I think it must have been, I am assuming that it would
4 have been like maybe a letter type thing, a little
5 group thing where they all sat around and maybe talked 14:34
6 about what they were going do today or what they wanted
7 to do or maybe -- I don't even know if they done any
8 education or stuff like that, I don't know, and I
9 imagine it would have been a sort of casual-type of
10 thing. I don't know, I am just assuming. 14:35

11 122 Q. Yes. In this statement, you described how you asked
12 Paulette again and again about what happened. What led
13 you to be so probing?

14 A. I knew. I knew there was something wrong. I knew
15 right away. 14:35

16 123 Q. How did you know that?

17 A. I just knew, she was so withdrawn and I could see the
18 fear in her eyes, I could see it, I could read her face
19 like a book, I just knew it and I was adamant I wasn't
20 going to leave. 14:35

21 124 Q. And she did eventually tell you what happened and
22 I have read that out, but another thing that she did
23 was she showed you what she said the nurse had done to
24 her?

25 A. Yes, I asked her. I asked her what happened and I 14:35
26 said: "Tell me what did she do, tell me what she did,
27 show me", and she showed me.

28 125 Q. Are you able to show the Panel what Paulette showed
29 you?

1 A. She took her arm -- Paulette was very petite then, you
2 know, and she took her arm and twisted it right up her
3 back, right up her back, she said.

4 126 Q. You're showing putting your arm behind you. Do you
5 recall which arm it was, right or left arm? 14:36

6 A. I think it would have been her left.

7 127 Q. Her left.

8 A. I think. The way she was sitting facing me at the time
9 it would have been her left arm.

10 128 Q. Okay. You also described how Paulette told H430 then 14:36
11 whenever he came into the room afterwards?

12 A. Yes.

13 129 Q. You were there during that time, were you?

14 A. Yeah, I mean, the office was here, the room was there,
15 so we literally were six steps from one to the other so 14:36
16 we went in, went through it all again.

17 130 Q. What was his reaction?

18 A. I suppose he was professional about it, let's be honest
19 about it, you know, he was professional.

20 131 Q. And you explained how he said that he would sort it 14:36
21 out. Did he explain the process to you?

22 A. No, he just said it would go, he would write out a
23 report and that it would go to management and that was
24 it.

25 132 Q. And you did eventually get a phone call then. Can you 14:37
26 recall the period of time that passed between when
27 Paulette told you --

28 A. It wasn't that long, we are not talking about months.

29 133 Q. Okay.

1 A. We are not talking about months and months. You know,
2 I was driving at the time and took the call, which
3 I should haven't done when I was driving but anyway,
4 and the lady just said, made reference to the incident.

5 134 Q. And the lady, you said that you didn't get her name, do 14:37
6 you know what her role was?

7 A. I would say that she would have been senior in
8 management, most definitely, yeah, I would say so. And
9 she just said that she was aware of what had happened,
10 it had been dealt with, they had spoken to the 14:37
11 individual, she, and that they would retrain her. That
12 was it.

13 135 Q. And did they say anything about whether she would
14 continue caring for Paulette?

15 A. No, she didn't say anything like that, no. 14:38

16 136 Q. Did you ever receive anything in writing?

17 A. Never.

18 137 Q. Were you happy with the way that -- were you happy that
19 that resolved the issue?

20 A. I suppose ignorance is bliss and I just accepted it and 14:38
21 felt, well, maybe it's going to be okay, and left it at
22 that, in all honesty.

23 138 Q. Were you ever told what you could do if you weren't
24 happy with the way that that had been dealt with?

25 A. No, absolutely not. Sorry for interrupting, go ahead. 14:38

26 139 Q. No, you go on ahead?

27 A. Even when I brought it up to the social worker, and I
28 brought it up several times throughout the years,
29 nobody had said to me; 'well, Marion you could have

1 done this', or; 'You could do that, it's not too late',
2 et cetera. I was never, ever advised, never.

3 140 Q. Were you ever aware of a formal complaints policy that
4 the hospital had?

5 A. No. 14:39

6 141 Q. Do you recall seeing posters or anything like that
7 about a complaints policy or who you could talk to?

8 A. No. No, I don't remember seeing anything like that.

9 142 Q. And you described then how the incident affected
10 Paulette, you felt that she wasn't happy, I think was 14:39
11 the words that you used after that. Could you say a
12 little bit more about how she behaved after that?

13 A. Well, you know, it's something that you don't forget
14 about. I mean, we are talking about maybe a
15 teenager/adult and, really, she had the mind of a child 14:39
16 at times and the behaviour of a child. You know, so,
17 yes, she was frightened, she was frightened. And the
18 fact that she still remembered it and was able to speak
19 to me about it, little did we know she was going to
20 pass away, you know, but I don't even know to this day 14:40
21 would she have been strong enough to sit here, and
22 that's the truth, you know, because she was very
23 child-like as well, very.

24 143 Q. And on that occasion then she was discharged in May
25 2004 -- I beg your pardon, that was 2004 that that 14:40
26 incident happened, and she then was discharged. Did
27 she come home to your house at that time?

28 A. Yeah.

29 144 Q. Yes. And did she get any support or did you get any

1 support caring for her at home?

2 A. No, no.

3 145 Q. Did anyone, before she was discharged, did anyone
4 discuss a discharge plan with you or anything like
5 that? 14:40

6 A. No, just come and get her, she's being discharged.

7 146 Q. And you then described how Paulette made the decision
8 to move into supported living and you told us your
9 thoughts about that and you then talked about the
10 traumatic assault that happened to Paulette in August 14:41
11 2005 and that was the trigger then for her second
12 admission to Muckamore. Were you told what the purpose
13 of that second admission was?

14 A. I think she literally just hit a brick wall, in all
15 honesty, and she was in a very bad way, very bad way 14:41
16 mentally and physically. And physically.

17 147 Q. Was alcohol a factor in that admission at that time?

18 A. Yeah, um-hmm. Alcohol has been there a long time,
19 a long long time.

20 148 Q. But there is also, you described the assault as the 14:41
21 reason for the second admission. Was Paulette at that
22 time offered any other therapeutic interventions to
23 deal with issues arising from the assault?

24 A. No. The second organisation that took over after the
25 first organisation where Paulette lived actually didn't 14:42
26 even know it happened. They didn't know.

27 149 Q. So at that time, were any alternatives to admission to
28 Muckamore discussed?

29 A. No.

1 150 Q. And on that second occasion, was that a formal
2 detention?
3 A. The second time, Paulette would have been sectioned.
4 151 Q. Yeah, okay.
5 A. She was sectioned. 14:42
6 152 Q. And she was admitted to Fintona South, but that
7 admission was only for five days?
8 A. Correct.
9 153 Q. Do you know why that was for such a short time?
10 A. No. 14:42
11 154 Q. And do you know what assessment or treatment she got
12 during that period?
13 A. Nothing.
14 155 Q. When you say nothing, do you mean you know nothing or
15 she got nothing? 14:43
16 A. I don't know, I was never told.
17 156 Q. Okay.
18 A. What happened regarding medication or counselling,
19 I am not aware of it, I am not aware of it.
20 157 Q. And whenever she was discharged, was there any 14:43
21 discussion with you at that time about support that she
22 would receive on discharge?
23 A. None. What happened was I got in touch with an
24 organisation for the crime, that they deal with it, and
25 she attended counselling with them that I organised. 14:43
26 Sadly, it didn't last too long because drink was more
27 tempting than to talk about that. She didn't want to
28 talk about it, she just wanted to bury it.
29 158 Q. At the discharge then, did she return to her supported

1 living accommodation?

2 A. Yes.

3 159 Q. The same place that she had been before?

4 A. Yes, she went back to live there, yes, and remained
5 there. 14:44

6 160 Q. And a significant enough period of time passed then,
7 between then and the third admission, it was 2011 then?

8 A. She remained there.

9 161 Q. You described the circumstances leading up to that
10 third admission in paragraphs 28 and 29 where you 14:44
11 describe the occasion when Paulette physically attacked
12 you and how that came about. Whenever she was in the
13 supported living accommodation at that time, what sort
14 of level of support was she getting with her day-to-day
15 needs? 14:44

16 A. Because it is supported, the staff would finish at
17 about 8 o'clock but there was an out-of-hours number in
18 the event of an emergency, plus Paulette had the
19 telephone, the intercom type thing in her house as well
20 so that would have been the support after 8 p.m. at 14:44
21 night. That would have been it. So it was literally
22 from 11 until seven-ish in the evening time and that
23 was it. But there were many occasions when I had to
24 ring out-of-hours for support for her, you know,
25 because it wasn't thereafter that time. 14:45

26 162 Q. And whenever you described the calling for help on that
27 occasion, just before her admission you described a
28 doctor coming out and referring to her as existing, not
29 living?

1 A. Yeah, he saw the conditions that she was in and, like,
2 they didn't happen overnight, that didn't happen
3 overnight, you know, and it was just I suppose there
4 wasn't much support, when you think about it.

5 163 Q. Did the doctor, whenever that doctor who made those 14:45
6 comments, was there ever any discussion between you and
7 he about any additional support that could be given to
8 Paulette instead of admission?

9 A. No, because he was an emergency out-of-hours doctor so
10 it would have been up to our own GPs to do that, and 14:45
11 her social worker.

12 164 Q. The social worker, that's what I am thinking, did you
13 have contact with the social worker at that time and do
14 you think the social worker understood the conditions
15 that Paulette was living with at that time? 14:46

16 A. Yeah, I would say so. She went to collect her, take
17 her out of Muckamore when she was being discharged.

18 165 Q. And prior to the admission, did you have any
19 conversations with the social worker about Paulette's
20 conditions? 14:46

21 A. Loads, too many, far too many.

22 166 Q. And what were you saying in those conversations?

23 A. The same thing; 'She's not getting enough support, what
24 are you doing to help her? I know what I am do, as a
25 mother. what are you doing?' But she has to learn to 14:46
26 be able do this that and the other, you know, and
27 Paulette was taking seizures, being rushed to hospital
28 with seizures and everything. She actually fell and had
29 a seizure and she was in the house on her own. So there

1 was no support after eight o'clock at nine, you know.
2 To answer your question; did she get enough support,
3 no, absolutely not, absolutely not.

4 167 Q. What difference do you think additional support in the
5 community would have made? 14:47

6 A. I think a lot of it was left up to the individuals,
7 whether it was a case of; 'well, she doesn't want to do
8 it, she doesn't want to do this.' I don't feel the
9 accommodation was suitable for her. There wasn't
10 enough support there. She would have needed 24 hour 14:47
11 support and she didn't get it. She should never have
12 been there in the beginning.

13 168 Q. Well, she did go into Muckamore again, you described
14 her time in Cranfield. She was only there for a you
15 few days actually on that occasion, she was discharged 14:47
16 on 21st of December. Did you discuss what we have just
17 discussed with anyone in Muckamore? Did you discuss
18 whether it was appropriate for her to be discharged
19 back to supported living?

20 A. There was nobody to talk to. There was a visitors room 14:48
21 and that was it, there was nobody to talk to. Nobody
22 ever came to say; 'I'd like to speak to you about
23 Paulette', et cetera. It never happened, never
24 happened.

25 169 Q. You described how her social worker went up and 14:48
26 collected her from Muckamore at that time?

27 A. She picked her up.

28 170 Q. Were any supports put in place afterwards after the
29 discharge?

1 A. No, I wasn't even told she was getting out.

2 171 Q. And you do then say, at the end of your statement, you
3 describe as fighting for many years to try and get
4 support?

5 A. I made many enemies. Many. 14:48

6 172 Q. And was it ever -- what type of additional support were
7 you asking for, for Paulette?

8 A. Paulette needed more one-to-one support and it's not --
9 I am not blaming the people that worked there, it
10 wasn't their fault, it is just the set-up wasn't right, 14:48
11 there weren't enough people to go around the ones that
12 needed maybe a bit more support than the next door
13 neighbour, et cetera. There just wasn't enough.
14 Paulette would have needed, for my opinion, 24/7 care.
15 That's what she would have needed and that's what she 14:49
16 didn't get. And it wasn't the staff's fault, it is
17 just that the system wasn't right, it wasn't right, and
18 they should listen to the parents because we do, can
19 help and see it from another light.

20 173 Q. What impact do you think that support would have had on 14:49
21 Paulette's admissions to Muckamore?

22 A. I think that if someone had been more specialised to
23 focus on, to really do the psychology of it, not just
24 the individual let's do this, let's do that, somebody
25 needed to scratch the surface a bit more to find out 14:50
26 why Paulette was doing what she was doing because it
27 wasn't just for attention, this was not -- this was an
28 addiction, a serious addiction that took her life, you
29 know, and there were people there that could have done

1 things. And in my statement, where my hands were tied,
2 there is an awful lot I can say and I don't know if I
3 can say it here today, you know, but my hands were tied
4 behind my back and, you know, I could have done more.
5 I could have saved Paulette's life, had I been allowed
6 to. 14:50

7 174 Q. You have described fighting to try and get her that
8 support and you have come today and spoken for her and
9 you described how Paulette told that you she would like
10 to make a statement to the Muckamore Abbey Hospital
11 Inquiry? 14:50

12 A. Yeah, and Paulette also told me about -- a couple of
13 months before Paulette died, Paulette never wanted to
14 die, never wanted to die, she didn't want to drink
15 herself to death. I have letters Paulette wrote, weeks
16 before she died, she didn't want to die. She needed
17 help and she never got the right help and the help that
18 she did get, those people didn't have the power to heal
19 her in hospital and the people that I begged to help me
20 to keep her in hospital didn't help me, didn't help me
21 and they have to live with that, because I have to, and
22 so will they. So will they. 14:51

23 175 Q. Well, Marion, I can tell it's difficult for you to talk
24 about this. I have no further questions for you, but I
25 do know that you provided us with a photograph which
26 you would like to be brought up on screen so if we
27 could bring up the new photograph, please, for the
28 Panel. And can you tell the Panel what this photograph
29 is of, Marion? 14:51

1 A. The what?

2 176 Q. Can you describe the photograph, what we can see?

3 A. This photograph was when she was in a placement for a
4 year the Royal Victoria Hospital, would you believe, as
5 a clerical officer, 25 years old. She was just turning 14:52
6 25 years old and that picture was taken and a social
7 worker took that picture and we had it cleaned up for
8 the grave, but at the back of that picture is the
9 social worker's writing saying this is Paulette and
10 that was her at the desk in the hospital and that she 14:52
11 was 25 years old, just turning in that, and she had
12 hopes and dreams like everybody else, and that's what
13 that picture is.

14 177 Q. Yes. You told me earlier that's just like Paulette,
15 that's just how she was? 14:52

16 A. That's her, that's her happy, beaming all the time.

17 178 Q. And that's how you would like the Panel to see her?

18 A. That was her before it really got a grip on her, yeah.
19 She had hope, she had hope.

20 179 Q. Thank you for bringing that today and for showing it to 14:53
21 us. I have no other questions for you Marion the Panel
22 might have some.

23 CHAIRPERSON: Professor Murphy.

24

25 MS. TEAGUE WAS THEN QUESTIONED BY THE PANEL MEMBERS 14:53
26 AS FOLLOWS:

27

28 180 Q. PROFESSOR MURPHY: Can I ask you, did she ever get
29 offered psychological help?

1 A. Get?

2 181 Q. PROFESSOR MURPHY: Psychological help for her drinking?

3 A. Strange you say that, because the last six months of

4 Paulette's life, I found out that there was a

5 psychologist that knew Paulette from when she was 17 14:53

6 years old, I can't name him, and I rang him and he told

7 me that he had known her when she was 17 and that there

8 was a lot of red tape as to why or how he could get

9 round to taking her on as a patient and I literally

10 begged him, I begged him. I really did beg him and he 14:54

11 said: "Leave it with me, Marion, and I'll ring you

12 back." But I didn't give him a chance, I rang him

13 back, I pestered him so much that he gave in to me, and

14 he did more for Paulette in those last months of her

15 life than anybody did. 14:54

16 182 Q. PROFESSOR MURPHY: So it was only right towards the end

17 of her life that she got any help like that?

18 A. Yeah, with him, but he did know her, now, from when she

19 was 17, he knew her, and the strangest thing was that

20 when Paulette was in hospital and her nurse came to see 14:54

21 her, who was a lovely woman, she shouted in the ward

22 after the nurse. 'So and so, tell Mr. So and so that

23 I can't make my appointment on Wednesday because I am

24 in the hospital.' And that's how much she loved going

25 to see him and he was really getting somewhere with her 14:55

26 and she never missed one appointment except for she

27 died, you know.

28 183 Q. PROFESSOR MURPHY: But the GP never referred her for

29 psychology help?

1 A. For?

2 184 Q. PROFESSOR MURPHY: Psychology help?

3 A. No, it would have been they were trying to push for a
4 new psychiatric assessment to be done and it never
5 happened and that's a long story as well. That's a 14:55
6 long story because the assessment was never done. Had
7 the assessment been done we wouldn't be sitting here
8 today.

9 185 Q. PROFESSOR MURPHY: I mean, it sounds to me like she met
10 have had a problem with depression as well? 14:55

11 A. Absolutely.

12 186 Q. PROFESSOR MURPHY: As alcoholism.

13 A. Absolutely.

14 187 Q. PROFESSOR MURPHY: which, you know, is eminently
15 treatable. 14:55

16 A. She was on Citalopram, yeah, I've still got some of her
17 medication, I gave some back and I still find it. So
18 she was on Citalopram and she was getting Diazepam and
19 she was on so many medicines because she started taking
20 seizures and there was a brain scan done and there was 14:56
21 slight damage there, where alcoholics are concerned,
22 there is a term that they use, and that was found. All
23 of this was going on, yeah, so there was definitely
24 depression there, without a doubt, yeah.

25 PROFESSOR MURPHY: Okay, thank you. 14:56

26 188 Q. CHAIRPERSON: Just on the same topic, obviously you
27 may not know what happened in Muckamore but do you know
28 if she received any psychological input when she was
29 admitted on any of the three occasions in Muckamore?

1 A. I don't know.

2 189 Q. CHAIRPERSON: She was admitted three times but it looks
3 as if it was only the last time that you were able to
4 see her room, is that right?

5 A. It's a new building now, it's not away down the bottom, 14:57
6 it's nearly facing when you go into it.

7 190 Q. CHAIRPERSON: Can I just ask, as a parent, did it help
8 you to see her room.

9 A. Yeah, it did, yeah, because I wanted to see what her
10 room was like, yeah, and she wanted me to see it. 14:57

11 191 Q. CHAIRPERSON: The other sort of serious concern that
12 you obviously had was that you weren't getting any
13 information and that seems to have been on any of the
14 occasions that she went into Muckamore.

15 A. That's right. 14:57

16 192 Q. CHAIRPERSON: It may be very difficult to remember but
17 can you remember were you asking for information and
18 being told; 'well, she has capacity, we can't tell you,
19 we are not allowed to tell you', or was there just no
20 information. 14:58

21 A. No, it was just never given. It was never refused but
22 I just thought, well, if they have something to tell me
23 they'll tell me. I never saw anybody, I never saw a
24 doctor, I couldn't tell you if there was any male or
25 female doctors, I never saw them. 14:58

26 193 Q. CHAIRPERSON: And you don't remember having any contact
27 details for anybody on any of her admissions.

28 A. The only person I ever saw was the charge nurse and
29 that was the early days.

1 194 Q. CHAIRPERSON: That would be when you visited.
2 A. Yeah, he was on duty and that would have been it.
3 I never saw any other individual, never. And no-one
4 ever came to me. On the day she would have been taken
5 in, perhaps there was someone would have greeted us and 14:58
6 brought us to her room on the last occasion that we're
7 talking about but that would have been it.

8 195 Q. CHAIRPERSON: But on any of those occasions of her
9 admission, did anybody say to you: "This is the person
10 to contact if you need to know how she is doing." 14:59
11 A. No, I just rang the number and asked.

12 CHAIRPERSON: All right. Anything else? No. Can I
13 thank you very much for coming along to be Paulette's
14 voice.

15 A. Thank you. 14:59
16 CHAIRPERSON: It must be very difficult for you, both
17 to make the statement in the first place but also to
18 come here today. So it has been helpful to us and you
19 have provided a voice for your daughter so can I thank
20 you very much indeed. 14:59
21 A. Thank you.

22 CHAIRPERSON: If you would like to go with Jaclyn.
23
24 (THE WITNESS THEN WITHDREW)
25 14:59
26 CHAIRPERSON: I know that there are a number of
27 statements that are awaiting to be read but just so
28 that everybody understands, if these were normal court
29 proceedings for instance one would fill time by simply

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29

reading statements. That's not appropriate in these circumstances because people want to know, very often, when their statement is being read. So that is why we have a lot of specific times for that to happen, and one of those times I think is tomorrow morning.

15:00

MS. KILEY: At 10.00 a.m..

CHAIRPERSON: Fine, so that's when we'll start again. We have no live witnesses, as it were, tomorrow morning but we do in the afternoon.

MS. KILEY: That's right, at 2 p.m., our live witness comes, and Ms. Tang will be dealing with her evidence. Thank you.

15:00

CHAIRPERSON: Can I thank you, everybody, and see you all tomorrow at 10 o'clock.

15:00

THE HEARING ADJOURNED UNTIL 10.00 A.M. ON WEDNESDAY
13TH SEPTEMBER 2023.