

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

HEARD BEFORE THE INQUIRY PANEL
ON WEDNESDAY 13th SEPTEMBER 2023 - DAY 56

56

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APPEARANCES

CHAIRPERSON: MR. TOM KARK KC

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

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

INSTRUCTED BY: MS. LORRAINE KEOWN
SOLICITOR TO THE INQUIRY

SECRETARY TO THE INQUIRY: MS. JACLYN RICHARDSON

ASSISTED BY: MR. STEVEN MONTGOMERY

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

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I N D E X

<u>W I T N E S S</u>	<u>P A G E</u>
STATEMENT OF 97' S SISTER, READY BY MS. BRIGGS	6
STATEMENT OF LORINDA, SISTER OF P30, READ BY MS. BRIGGS	27
STATEMENT OF MARGARET, MOTHER OF P23, READ BY MS. BRIGGS	41
STATEMENT OF HELEN, DANNY' S MOTHER, READ BY MS. KILEY	43
.....	
P101' S MOTHER, SWORN	
DIRECTLY EXAMINED BY MS. TANG	47
QUESTIONS BY THE INQUIRY PANEL	80
.....	

1 THE INQUIRY RESUMED AT 10:02 A.M. ON WEDNESDAY, 13TH
2 SEPTEMBER 2023 AS FOLLOWS:

3
4 CHAIRPERSON: Good morning, thank you.

5
6 Ms. Briggs.

7 MS. BRIGGS: Good morning, Chair and members of the
8 Panel. This morning, four statements are going to be
9 read into the record. Three are going to be read by me
10 and the fourth is going to be read by Ms. Kiley. All
11 of the witnesses, I should say, Chair, have been
12 informed that their statements are going to be read
13 into the record this morning.

14 CHAIRPERSON: I think they have been giving the
15 opportunity of attending, if they wish to?

16 MS. BRIGGS: That's right. Chair, the three statements
17 that I will be reading. The first statement is of
18 P97's sister. The other two are the second statements
19 of witnesses who have already given statements and oral
20 evidence to the Inquiry. Those witnesses are known as
21 Lorinda, P30's sister; Margaret, and Margaret who is
22 P23's mother. I will indicate at this stage, Chair,
23 that I am not going to be reading the second statement
24 of P24's mother, who is known to the Inquiry as
25 Michelle, into the record because that statement has
26 already been read in.

27 CHAIRPERSON: we have already had that.

28 MS. BRIGGS: That's right. That was read on 26th
29 September 2022, Chair, when that witness gave evidence.

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unless there is anything further at this stage, Chair, then I am going to read the statement of P97's sister into the record. The reference number is STM-109-1.

CHAIRPERSON: Yes, okay.

10:04

MS. BRIGGS: This statement is dated 27th April 2023 and it reads as follows.

"I, P97's sister, make the following statement for the purpose of the Muckamore Abbey Hospital Inquiry. In exhibiting any documents, I will number the documents so my first document will be exhibit 1. My connection with MAH is that I am a relative of a patient who was at MAH. My brother P97 was a patient at MAH. The relevant time period that I can speak about is between 1982 and 2000.

10:04

10:04

P97 is my older brother and was born in 1965. I was born in 1967. We grew up around eight miles outside Enniskillen, County Fermanagh, in a small townland. Our father was born in 1911 and was a beef farmer whose farm was at the border. He was older when he got married and tended to be more old-fashioned so we did not make a fuss about birthdays and the like. We only went on a few holidays that I can recall. Our mother did not go out to work and stayed at home to raise our family. There are five children of the family".

10:05

10:05

Chair, the siblings are named there and those names are

1 redacted. The date of births are there and also
2 redacted, Chair. The dates are 1962, 1964, 1965, then
3 the witness, and then the youngest whose date of birth
4 is 1968.

5
6 The witness goes on.

7
8 "I have fond childhood memories of P97. I remember him
9 as being a really affable child. P97 had additional
10 needs but I cannot recall P97 needing help with 10:06
11 particular tasks. We lived on a main road and beside a
12 small shop. I recall that P97 would have been curious
13 and would sometimes have wandered into the shop and to
14 look at the customers' cars parked outside. Shopper
15 would have been suspicious of P97 before that he had an 10:06
16 intellectual disability.

17
18 I recall being around eight or nine years old and a
19 social worker coming to the house. P97 would have been
20 around 10 or 11 years old. I recall the social worker 10:06
21 saying that P97 was autistic. I recall not
22 understanding the word and thinking that they said he
23 was "artistic".

24
25 Growing up, P97 was fun-loving and enjoyed a good warm 10:06
26 relationship with me and the rest of the family. I
27 always thought he was good banter, even though he was
28 mostly non-verbal. We could still communicate in a way
29 as, although he has an intellectual disability, he was

1 always responsive to wit and humour. I felt he was
2 well-tuned to his needs and aware of his surroundings
3 and environment. I recall that he loved it when I
4 tickled him under the arm.

10:07

5
6 I recall that he did not have what I know now to be the
7 classic traits of autism. He would, however, have
8 wanted objects to be at certain angles. I recall there
9 was a box of books relating to the beef herd and he
10 likes to constantly reposition the box on top of the
11 wardrobe. P97 is quite particular. He likes to keep
12 his room tidy and if anything spills and dirties his
13 clothes, he will immediately look to change his
14 clothes.

10:07

15
16 I recall that P97 had good relationships with others
17 and he enjoyed pottering about. I recall our
18 neighbours were happy for him to go into their shop and
19 look around, and he did not have challenging behaviour.
20 He would have been content to take things at his ease
21 and was relatively happy and settled within the family
22 setting. I recall that he would sometime have rocked
23 himself and sometimes he would fiddle with things. I
24 think the only incidents where I recall he tended to be
25 inquisitive and, for example, on one occasion, P97 let
26 the handbrake off in the car and it rolled and hit a
27 pillar. On another occasion when P97 was around 10 or
28 11 years old P97, drank a half naggin (small bottle of
29 whiskey) and required medical treatment.

10:07

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I felt that society tended to not go out of their way to include children with special needs as part of the community, other than any social events that were arranged through P97's special needs school. Neither neighbours nor extended family were proactive in supporting my mother, and possibly lacked the insight into the challenges that having a child with special needs could present. This meant that our mother, who was P97's primary carer, probably felt more isolated with P97. Our mum was a quiet and not very assertive person. I feel that our parents were made to feel that P97 was very different to other children. Disabled people did not get the respect they do now and terms like "handicapped" were used. There was not much support for our parents and P97.

I cannot recall P97 starting school but up until the age of approximately 13-years-old, P97 was educated at a special care school in Enniskillen, County Fermanagh. This was far from our home, around 15 miles, and meant that P97 was on the school bus for a long time each day as the bus would have had numerous detours along the way to pick up or drop off other children. I recall that he did not seem to like the bus journey and he seemed to have had some challenging behaviour. This challenging behaviour would have taken the form of P97 becoming upset and unsettled on the bus, and would have happened increasingly until it was a regular

1 occurrence. I do not recall any incidents of
2 challenging behaviour when we were travelling together
3 as family.

4
5 The woman who was called P97's escort who escorted P97 10:10
6 on the bus to and from school met with our mother. I
7 am not sure of the date but she called up to our house
8 to speak to our mother when P97 was being dropped off
9 from school for the day. I recall our mother being
10 quite quiet during the exchange. The escort provided 10:10
11 our mother with a typed list of all the bold things he
12 had done. I felt that the escort's approach appeared
13 quite condescending and felt that she did not handle
14 the situation correctly. I recall that she appeared to
15 be saying that P97 was a nuisance and that she did not 10:10
16 explore any reasons for P97's behavioural issues on the
17 journeys or at school. I think that the visit from
18 P97's escort showed no understanding towards P97 or our
19 mother. I feel that our mother would have felt
20 intimidated and saddened by it as the focus was on how 10:11
21 bold P97 was and not how to cope with it.

22
23 I was protective of P97 and, despite my young age at
24 the time, I felt a sense of injustice for P97 when,
25 rather than attempt to address the reasons for his 10:11
26 behaviour, the focus was on how bold he had been on the
27 bus. I, knowing P97 so well, felt this wasn't a true
28 reflection of how good and fun-loving P97 was.

29

1 I am not sure of the date of P97's diagnosis but he was
2 diagnosed with autism and he was then called mentally
3 handicapped, which was acceptable many years ago but
4 which is no longer acceptable and would now be called a
5 learning disability. I do not recall the circumstances 10:11
6 of P97's diagnosis or who diagnosed him. I do recall
7 the social worker, who called at our home regularly,
8 talking about it with our mother when P97 would have
9 been in his early teens. I think that P97 is now
10 considered to be autistic with an intellectual 10:12
11 disability. Although P97 has an intellectual
12 disability, I have observed P97 to display intelligence
13 in his behaviour and communications with others. P97
14 can say certain words if prompted. Although he is
15 autistic, he can show affection after being prompted to 10:12
16 respond. For example, he will allow me to hug him but
17 he will not initiate a hug. He will only respond to
18 affection from family members, and appears to have an
19 intuition about people which means that he will like
20 some and not others. He will demonstrate this by 10:12
21 differing levels of responsiveness. For example, if he
22 is not fussed on a person, he will probably be less
23 inclined to pass any remarks upon them.

24
25 I do not recall school being an issue for P97 or our 10:13
26 parents having to deal with any particular issues. I
27 think it is fair to say that P97 enjoyed school, albeit
28 it would have been a long day for him as the school bus
29 route would involve collecting other children from

1 their homes and returning them at the end of the day.
2 P97 enjoyed the social events connected to school, for
3 example, Christmas parties. I recall that there were
4 some issues with P97 being unsettled during travel to
5 and from school but not school itself, as far as I
6 know.

10:13

7
8 As P97 became a teenager, he remained broadly his usual
9 self. However, he started having episodes of being
10 unsettled and began to sometimes thump members of the
11 family out of the blue. He was strong and these thumps
12 could be unexpected. Initially within the family
13 setting, these episodes were manageable but they began
14 to become more frequent. I enjoyed a good relationship
15 with P97 and I recall feeling sad when P97 thumped me
16 for the first time. I believe this was a build-up of
17 emotion and frustration for P97 which made him behave
18 like this. I think it was his way of communicating his
19 frustration.

10:13

10:14

20
21 P97 was strong and would have thumped family members on
22 the arm. Apart from this challenging behaviour, I
23 believe that P97 would have been easy to look after
24 with a little more support. These episodes of
25 challenging behaviour led to P97 being sent away from
26 home. I think that at the time, we didn't think that
27 he would be leaving home permanently. I was too young
28 to process these thoughts at the time but I did miss
29 P97 a lot as we were so close and got on so well. I

10:14

10:14

1 cannot recall whether there were any steps taken to
2 find alternatives to P97 having to leave home. It
3 seemed to me that the only reason why P97 was taken was
4 because P97 thumping became more frequent. Apart from
5 these episodes, he was easy to look after. 10:15

6
7 As a child and young person, P97 was able to feed
8 himself. He did not cook. We would have had healthy
9 home-cooked meals which often featured beef due to our
10 father's job and connections. Our mother or father 10:15
11 would have helped P90 with personal care and overall he
12 did not have a lot of independence in his own care.

13
14 As a teenager, P97's behaviour became more challenging
15 to manage and he was admitted to Stradreagh Hospital in 10:15
16 Derry, and spent between one and two years there. I do
17 not recall much of the circumstances of this admission.
18 When he was 17 in 1982, he was admitted to MAH. I do
19 not recall the circumstances of P97's admission. I
20 recall that P97 went into a deep depression as if he 10:15
21 were traumatised. I am not sure what triggered this
22 and I can only surmise that he was already unhappy at
23 Stradreagh, or maybe he was sedated too much upon
24 admission to MAH. I do think that having a 17-year-old
25 placed on a noisy adult ward would not have helped him 10:16
26 settle in and I do feel that it was probably not
27 dissimilar to a young person being sent to a prison
28 type environment. P97 confined himself to bed and
29 stayed in his pyjamas all the time. He was

1 unresponsive to us during visits. These initial visits
2 seemed useless as he was beyond communicating with us.
3 I recall him appearing to be groggy and bloated. I and
4 members of our family visited regularly. The location
5 of MAH was isolated and lonesome, so visits to P97 in 10:16
6 those early days were bleak and depressing for me. I
7 felt powerless seeing P97 so unhappy. There was only
8 one bus you could take on a Saturday and possibly on a
9 Sunday to MAH from Belfast. Otherwise, I had to get a
10 bus which passed the main Antrim Road, which was one 10:16
11 mile away from MAH. I then had to walk that final mile
12 and I recall it feeling eerily quiet at some times of
13 the day.

14
15 I recall visiting him. I would walk past the reception 10:17
16 and administration building, and past the shop to the
17 far end of the hospital site to where Movilla A Ward
18 which housed P97 was situated. I visited P97 in his
19 bedroom and I recall seeing inside for the first time.
20 I recall that his bedroom appeared functional. It was 10:17
21 at the end of the long corridor and he had his own
22 room. I cannot recall whether the windows had bars on
23 them. I believe that P97 was in Movilla A the entire
24 time he was in MAH. I do not think that P97 was ever
25 in a dormitory. Most of my visits to P97 took place in 10:17
26 his bedroom at MAH. After a while when P97 was more
27 settled, I recall that the visits were moved to the
28 visitors' room, with short walks to the shop. I do not
29 recall specific details or dates of this change. I

1 recall that the visitors' room on the ward was pleasant
2 enough.

3
4 On some of my visits to MAH to see P97, I took him to
5 the shop and bought him some treats. Movilla A 10:18
6 appeared to me to be a building like all the rest. It
7 seemed to consist of two units with a door to the left
8 and to the right of the entrance. I think that the
9 left unit was for females and the right was for males.
10 The male ward was a locked ward but I recall that I was 10:18
11 not particularly horrified by this at the time. I am
12 unsure about whether the female ward was a locked ward
13 as I did not have cause to be there when visiting P97.

14
15 I recall that P97's depression seemed to worsen over a 10:18
16 period of time. With this, he became increasingly
17 confined to bed and he became overweight. P97 had
18 never had weight issues when he was at home. He does
19 like foods, particularly ones which are not good for
20 him. He does like foods which are healthy, such as 10:18
21 meat, fruit and vegetables and will also refuse
22 anything which he does not like. I think that we would
23 have regarded P97's weight gain as part of his
24 depression and we did not complain to staff about this.
25 I recall some visits where he would not have been 10:19
26 responsive. We focused on getting P97 to respond. At
27 the time we did not know if P97 surroundings were the
28 cause of his depression. I cannot recall the specific
29 dates of when I noticed P97's depression.

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It was difficult visiting MAH when I and my siblings were at home because of the distance of our home to MAH. I recall that our parents would have visited very rarely. This was for a number of reasons. Firstly, MAH was not easily accessible by public transport from our home. Our father would only have driven locally and our mother never drove. Secondly, our parents were satisfied that P97 was well cared for due to his home visits, and also that we, P97's siblings, were visiting him regularly at MAH. 10:19

As we got older and went to university, we, P97's siblings, were able to go to see P97 relatively regularly as we were more accessible to MAH. We did not have cars of our own so had to rely on public transport. Our sister, a nurse working at Whiteabbey Hospital, Whiteabbey, and our other sister, who was at Queen's University Belfast studying French and Irish, would have visited P97 regularly from around 1982. 10:20

When I went to Queen's University, Belfast, to study Law in 1985, I was able to visit P97 by getting a bus from Oxford Street on a Saturday or Sunday to MAH. I visited P97 on as many Saturdays as possible. Our brother went to Queen's University Belfast to study Law in 1987 and would have visited P97 from then on. We never took P97 out of MAH on visits. I believe this was because of the institutionalised nature of MAH. 10:20

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Some staff members seemed to take an interest in P97 and tried motivate him to get out of bed. I cannot recall the names of these staff. As P97 became more active, he lost weight. I recall P97's social worker, H434, being particularly intense, not in a bad way, and he took a lot of interest in P97 and seemed to have P97's best interests at heart. I cannot recall his surname. I recall two members of nursing staff who seemed to be very good to P97. H429, whose surname I cannot recall, was thin, and H351, who was very jolly.

H351 was originally from Fermanagh and got on very well with our parents. On a number of occasions they arranged a driver and a bus to transport P97 to visit our parents. I recall my dad really enjoying the craic from H429 and H351 and he would have offered them hospital it. I assume these visits were arranged by one of the Health Trusts. These became regular, around twice per year, but P97 did not stay at home overnight as this was never suggested by MAH, perhaps given P97's outbursts.

P97 has never had any outbursts in my presence, either in MAH or since. I understand from speaking with staff overseeing P97's care that he only has outbursts when he becomes unsettled. I do not recall details or dates of specific outbursts which may have been documented within MAH. I do think that P97 has a certain sense of

1 entitlement which gives people the impression that they
2 should respect him. For example, he always insists
3 upon sitting at the front of the car or bus used to
4 transport residents. I recall H90 being in charge of
5 P97's care.

10:22

6
7 I recall at times some of the staff were less friendly.
8 I felt that some members of staff were there because
9 they were strong and well-built. I felt they got on
10 like they were prison staff or bouncers, and that they
11 were there should strong people be needed to intervene
12 with patients. I recall some of them having tattoos,
13 some of which at that time were more unusual and
14 probably less socially acceptable than they are now. I
15 found it slightly intimidating. I cannot recall their
16 names. I quietly suspected, but had no way of knowing,
17 that these members of staff might be prison officers
18 guarding sex offenders on remand. This was my
19 suspicion and I have no way of knowing as these issues
20 were never mentioned or discussed by MAH staff.

10:22

10:23

10:23

21 Whatever the case, these people tended to be less
22 friendly with visiting family members.

23
24 While P97 was in MAH, he was treated for epilepsy. As
25 far as I am aware from P97's drugs records, P97 began
26 to receive treatment from 28th September 1999. I can
27 see from the records that P97 was prescribed Epilim
28 from then for the remainder of his stay in MAH.

10:23

1 I recall one of P97's nurses, H429, showed me a photo
2 album in MAH which contained photos of P97. One of the
3 photos was of P97 lying on the ground after he had had
4 a seizure or outbursts. H429 used this as a way of
5 explaining P97's seizures to him and possibly 10:24
6 preventing them. I do recall feeling this was a bit of
7 an odd approach but I did not comment on it or complain
8 at the time as H429 appeared well-intentioned and I did
9 not want to appear ungrateful. P97 takes Epilim on a
10 preventative basis. I have no specific knowledge of 10:24
11 P97 ever had epileptic seizures and I am not aware of
12 P97 having an epileptic seizure since his discharge
13 from MAH.

14
15 In summary, I cannot specifically tell when P97 was 10:24
16 given this medication or whether this was necessary at
17 the time or since.

18
19 While at MAH P97's head became quite deformed. This
20 happened gradually over the years. While I cannot 10:24
21 point to a specific incident, I think that this
22 happened after he developed a habit of banging his head
23 against objects such as walls or floors, more so when
24 P97 became unsettled or had an outburst. In retrospect
25 I never inquired what MAH staff were taking to minimise 10:25
26 the damage that P97 was inflicting upon himself when he
27 was banging his head on the floor or wall. P97 still
28 does this, albeit staff now provide him with a mat.
29 This is used instead of restraining measures and

1 prevents P97 from injuring himself. He has had some
2 injuries to his forehead which at the time I believed
3 to be self-inflicted.
4

5 Another pattern of behaviour P97 has had at MAH and 10:25
6 since is that his movements can be quite quick. He
7 will rush to and from a place. P97 does this in every
8 situation. For example, he will bolt out of a car once
9 it stops, will race up steps and will race from sitting
10 at a table. I believe that this creates an additional 10:25
11 danger for P97 and exposes him to injury through
12 serious falls. He has fallen a number of times and I
13 do not believe there are interventions which can
14 prevent this pattern of behaviour. I believe that this
15 behaviour is P97's way of expressing that he does not 10:26
16 want to be cornered or confined or perhaps he feels the
17 need to escape.
18

19 I cannot recall whether I was told that P97 had been
20 put into the seclusion room but I believe that he was. 10:26
21 I believe this to be the case because I recall that P97
22 seemed to be put into a room on his own when staff
23 considered he needed to settle down following an
24 outburst. I do not recall specific dates or details of
25 these incidents. I do not believe that our mother or 10:26
26 father were in receipt of any benefits in respect of
27 P97 once he was not at home. The reason I believe this
28 is because I have knowledge of P97's finances. Once P97
29 left MAH, a High Court Short Procedure Order was

1 granted and I became trustee over P97's finances. A
2 balance of around £4,700 was paid to me to be lodged
3 into an account and managed by me.
4

5 P97 is non-verbal but he can say certain words and will 10:27
6 often pronounce the first syllable only. P97 can
7 express whether he likes or dislikes something if he is
8 invited to do so. I believe that P97 is astute and
9 knows his own mind. In terms of communicating, P97 is
10 very reliant on family and would only be able to engage 10:27
11 with others on his own at a basic level. P97 is
12 sometimes less drawn to people if they are noisy or try
13 too hard to engage with him. His reaction will be that
14 he will be uninterested in interacting with them.

15 10:27
16 P97 does not like noise and I always felt that MAH was
17 very noisy. Although P97 had his own room at MAH, it
18 was close to a busy open corridor which meant that
19 noise travelled. We did not complain and P97 would not
20 have been able to. As it was noisy environment and P97 10:27
21 does not like noise, I believe this would have been a
22 trigger for P97's outbursts.

23
24 I recall that at a number of visits there would be a
25 patient walking around without any clothes on. I found 10:28
26 this very off-putting. I cannot remember particular
27 dates but I do recall I was relatively young at the
28 time and I was embarrassed. I did not complain and no
29 members of staff ever commented or provided an

1 explanation. I believe that P97's ward Movilla A may
2 have contained sex offenders. I knew this because I
3 was aware that any sex offenders on remand were brought
4 to MAH. Although I never asked about it, I understood
5 this to be the case. I did not want to dwell on it. 10:28
6 Looking back on this, I feel that it was totally
7 unacceptable for P97 to be on the same ward as any sex
8 offenders, or for there to be a patient walking around
9 without any clothes. I believe that individual rooms
10 were not locked. 10:28

11
12 Overall, I recall some positive staff at MAH. For
13 example, I recall that they arranged events like
14 entertainment family days. These would have taken
15 place in MAH and would have been an open day of 10:29
16 festivities. I recall that these would have happened
17 annually and would have been attended by patients and
18 their families and friends. Other than these days, I
19 do not recall any other events.

20 10:29
21 I understand that P97 had day care when he was at MAH
22 and I do not recall any issues with this. P97 was in
23 MAH on the basis of a Mental Health Order and could not
24 leave this until it was lifted. I feel that this was
25 because P97 had been considered a risk to himself and 10:29
26 others. I advocated for P97 with H90. I represented
27 P97 at the Mental Health Review Tribunal appeal against
28 his detention in my professional capacity as a
29 solicitor when P97 was being considered for discharge

1 and resettlement. I recall consulting H90 on a number
2 of occasions and I recall that he supported P97's
3 discharge from MAH. Eventually, P97's detention was
4 lifted and he was discharged. I cannot recall the
5 precise date in 2000.

10:30

6
7 I felt that P97's resettlement from MAH was appropriate
8 as it was clear to me that P97 needed an environment
9 more suited to someone with P97's needs as a person
10 with autism. After P97 was discharged from MAH, we
11 began taking him out of his accommodation for visits to
12 my home. By this stage, our parents were both
13 deceased. P97 was taken from their care at a young age
14 and never returned to our then family home. P97 has
15 spent regular weekends with me, my husband and our four
16 children since around 2008. He also has occasional
17 overnight hotel stays, when two family members will
18 accompany him.

10:30

10:30

19
20 P97 was discharged from MAH to another place in
21 Downpatrick, which was a small house managed by a
22 charity, now called Mainstay, of around 12 or 13
23 patients who were all autistic. This was a mixed sex
24 unit which was built for P97 and the other patients.
25 This resettlement was well-handled but it broke down
26 because of the competing needs of residence. There he
27 had his own room. P97 was then moved to supported
28 housing in Downpatrick. This is a smaller house with
29 only five or six residents. P97 has got on relatively

10:30

10:31

1 well there; it is a supported living facility where he
2 is supposed to live as independently as possible. I
3 have no issues with that place.

4
5 P97 remains good company and is generally quiet. He 10:31
6 enjoys going to restaurants and socialising with
7 family. He enjoys it when we take him out for the
8 weekend. I believe that P97 is well-socialised and he
9 continues to thrive within the supported housing
10 framework. I feel that this is well suited to P97's 10:31
11 needs.

12
13 P97 has always had an unsteady gait. I think that part
14 of this is due to him naturally walking on his tip
15 toes. As noted previously, P97 will bolt at certain 10:32
16 things and it now makes me wonder whether something
17 occurred in the past to make him so apprehensive. In
18 addition, P97 does not like to be in confined spaces
19 and I wonder if this too is related to his stay in MAH.

20 10:32
21 Following P97's discharge from MAH, when he was getting
22 dental treatment we discovered that he has had a lot of
23 his back teeth removed. We were not consulted or
24 informed by any MAH staff of any of P97's dental
25 treatment while he was at MAH. P97 would require some 10:32
26 assistance with brushing his teeth and I do not recall
27 when his teeth were removed.

28 I think that my view of MAH caused both P97 and our
29 family to adapt to an institutionalised approach.

1 Thinking about his time at MAH and my feelings towards
2 MAH, I feel that P97 has been deprived of a large part
3 of his youth, family life with his parents and
4 siblings, freedom, and a lot of happiness. I do not
5 feel that he was properly socialised when he was in 10:33
6 MAH. He went into MAH when he was a vulnerable
7 17-year-old who had low level challenging behaviours
8 and presented as a low risk to himself and others. At
9 MAH he was housed in a locked ward with sex offenders
10 as far as I am aware, and male adults. I do not think 10:33
11 that this was right. I do not think that MAH was appropriate
12 for P97. In retrospect I wish that our family and I
13 had tried to look beyond MAH but it was presented as
14 being the only place available and I regret that our
15 family weren't in a position to advocate for 10:33
16 alternatives for P97. It seems to me in retrospect
17 that there were no other options considered. Social
18 Services, the Trusts and all involved in P97's care did
19 not really seem to look beyond MAH. As an institution
20 it did not serve P97 well or in an appropriate or 10:33
21 humane way.

22
23 P97 was generally settled, apart from outbursts. The
24 outbursts seemed to have had an environmental influence
25 so I don't think MAH was necessary or appropriate for 10:34
26 P97.

27
28 I was notified of the Inquiry by letter dated 25th July
29 2022 from the Assistant Director of Adult Learning and

1 Disability of the Western Health and Social Care Trust
2 and was not aware it applied to P97. Prior to this
3 letter, I thought that the Inquiry was concerned with a
4 time period after P97's discharge. A copy of this is
5 attached as exhibit 1. This means that I did not have 10:34
6 the opportunity to contribute to the Patient Client
7 Council engagement events, and was unable to contribute
8 to the terms of reference. I attach a copy of my
9 thoughts and observations in relation to the terms of
10 reference as exhibit 2. I attach further notes as 10:34
11 exhibit 3. I attach photos of P97 as exhibit 4. "

12
13 Panel, Chair, I don't proposing to go into those
14 exhibits today, but the Core Participants and the
15 Panel, you have those, but the witness has explained 10:35
16 them, what they are, in the main body of the statement.

17
18 At section 4 then of the statement the witness confirms
19 they would not like to give oral evidence to the
20 Inquiry. At section 5 then there is a declaration of 10:35
21 truth whereby P97's sister says:

22
23 "The contents of this statement are true to the best of
24 my knowledge and belief. I have produced all the
25 documents which I have had access to and which I 10:35
26 believe are relevant to the Inquiry's terms of
27 reference".

28
29 It is signed P97's sister and dated 27th April 2023.

1 CHAIRPERSON: Thank you very much.

2 MS. BRIGGS: Thank you, Chair.

3

4 The next statement then is at reference STM-0810-1. It
5 is a statement of P30's sister, who is known to the 10:35
6 Inquiry by her first name, Lorinda. Chair, this
7 witness gave oral evidence to the Inquiry on the
8 afternoon of 10th October 2022. She had at that time
9 her first statement, which is dated 26th July 2022.
10 Its reference is STM-043-1. This is a shorter second 10:36
11 statement.

12

13 Chair, I should also say, before I begin to read this
14 second statement, that Lorinda has notified the Inquiry
15 that her sister, known to the Inquiry as Mavis, passed 10:36
16 away in June, and of course the whole Inquiry team and
17 the Panel wishes to pass its condolences to Mavis's
18 family.

19 CHAIRPERSON: Yes indeed. Thank you for mentioning
20 that. As you say, the Panel wants to pass on our 10:36
21 condolences.

22

23 Is there very much of this to deal with because in fact
24 it reproduces some further exhibits, doesn't it?

25 MS. BRIGGS: That's right, Chair. The statement is 10:37
26 very short and the purpose of the statement is to
27 exhibit 15 exhibits. Chair, it wasn't my intention to
28 read each and every one of those exhibits to the Panel
29 but instead to read passages of some where it is

1 appropriate, and relevant matters.

2
3 CHAIRPERSON: okay. well, draw our attention to that
4 which you think is relevant.

5 MS. BRIGGS: Yes, thank you, Chair. I'll read the 10:37
6 statement into the record formally, Chair, at this
7 stage.

8
9 "I, Lorinda, make the following statement for the
10 purpose of the Muckamore Abbey Hospital Inquiry. 10:37
11 In exhibiting any documents, I will number each
12 document, so my first document will be exhibit 1.

13
14 This is my second statement to the Inquiry. My first
15 statement to the Inquiry is dated 26th July 2022, 10:37
16 hereinafter referred to as my first statement.

17
18 My connection with MAH is that I am a relative of a
19 patient who was at MAH. My sister P30, known as Mavis,
20 was a patient at MAH. The relevant time period that I 10:37
21 can speak is from the late 1960s to 14th October 2016.

22
23 In addition to the information and documentation I
24 provided to the Inquiry in my first statement, I wish
25 to provide the following additional documentation. I 10:38
26 gave oral evidence to the Inquiry on 10th October 2022.
27 During the course of my oral evidence, it occurred to
28 me that I am in possession of several additional
29 documents which may be relevant to the Inquiry. I have

1 attached these documents at exhibits 1 to 15".

2
3 Thereafter, the witness gives the declaration of truth
4 that the contents of this witness statement are true to
5 the best of her knowledge and belief. She has produced 10:38
6 all the documents which she has had access to and which
7 she believes are relevant to the Inquiry terms of
8 reference. It is signed P30's sister, dated 26th
9 January 2023.

10
11 Chair, over the page then is the list of the 15 10:38
12 exhibits. The first three then, Panel. You can see
13 the first is a copy of Mavis's financial account held
14 by MAH dated 2009-2013. The second is a copy of the
15 PRN record for Mavis. The third is a copy list of 10:39
16 medications for Mavis while at MAH. Panel, I don't
17 propose to turn to those at this stage but you have
18 those.

19
20 Thereafter is a series of correspondence, mostly from 10:39
21 and to MLAs and MPs regarding Mavis. Also, there is
22 some correspondence from Trust officials. The topic
23 that that correspondence relates to, Panel, is
24 resettlement. The correspondence is dated mostly
25 between 2012 and 2014. 10:39

26 CHAIRPERSON: Just slow down a bit and let us have a
27 quick look at these.

28 Yes.

29 MS. BRIGGS: Chair, I wasn't intending to read all of

1 that correspondence into the record but I am going to
2 read, subject to the Panel, a portion from a couple of
3 those letters.

4 CHAIRPERSON: Yes.

5 MS. BRIGGS: Exhibit 4 touches upon resettlement 10:40
6 issues, and that's internal page 25. It's
7 correspondence given to Mitchell McLaughlin MLA and
8 Edwin Poots MLA, dated November 2012. It also attaches
9 another update about Mavis dated 11th March 2014. I am
10 going to read the portion that is dated November 2012. 10:40

11 CHAIRPERSON: Hang on a second. The copy that we have
12 got - it may show better on the screen; no, it doesn't
13 really - we want to put into the top of this November
14 2012?

15 MS. BRIGGS: Yes, that's right. It seems to be written 10:40
16 there but it is quite faded the text at top of page 25
17 "November 2012". That's exhibit 4, Chair. The letter
18 starts:

19
20 "I am writing regarding the closure of long-stay beds 10:41
21 in Muckamore Abbey in 2015. My sister's ward is
22 closing in March 2013". I am going to skip then to the
23 second paragraph.

24
25 "H445 has confirmed that there is no back-up plan in 10:41
26 place if someone in Muckamore does not settle in the
27 community. Surely there must be a plan which is being
28 withheld from us. I assume that wherever a person is
29 placed in the community, the people with that placement

1 are asking the same question and must have been given
2 some reassurance that they will not be left with a
3 disruptive person who makes all the other residents
4 unsettled. My sister needs 24-hours nursing care
5 according to her medical report written this year, and 10:41
6 the one place we have been offered was totally
7 unsuitable. It being (A) too far away from family; (B)
8 the manager told her that is where she will do her
9 cooking and washing. When we told him she couldn't do
10 these tasks, he said "What do you mean she can't do 10:41
11 these things?" No communication between Muckamore and
12 the placement people. (C) Perhaps the most important,
13 no nursing care.

14
15 We have been taken to other places with no vacancies in 10:42
16 order to let us see what is out there, one of these
17 being like a fold with the tenants doing their own
18 cooking, washing, ironing et cetera themselves. This
19 was a total waste of our time and also that of the
20 Northern Trust who, at that point, advised that they 10:42
21 hadn't been to this place before, and saw right away
22 that it was totally unsuitable for our sister. How
23 could this happen when a social worker told us that
24 until resettlement is completed, that all other work
25 has been taken off them so that they can meet their 10:42
26 target. In fact, they feel sorry for the other Trusts
27 who have to do their normal job plus resettlement."

28
29 Chair, I am going to leave that exhibit there, having

1 read a portion of it.

2

3 The next portion of that series of correspondence I
4 propose to read is Exhibit 6, starting at page 28.

5 That is a letter from the then Health Minister, Edwin 10:43
6 Poots MLA, to Pam Brown MLA. It is dated 30th November
7 2012, and it relates to Mavis's resettlement. I am
8 going to pick up at the second paragraph. Mr Poots
9 writes:

10

10:43

11 "Let me firstly assure, Lorinda, that I do recognise
12 the genuine concerns of families who have had loved
13 ones in long-stay wards for many years. I fully
14 appreciate that those families greatly value the care
15 provided there and are understandably anxious about 10:43
16 proposals to now provide for their loved ones in a
17 different setting".

18

19 Mr Poots then refers to the Bamford Review, Equal
20 Lives, at the next paragraph. In the paragraph 10:43
21 thereafter, he says:

22

23 "In implementing that policy, I must assure you that
24 resettlement is based on a comprehensive assessment of
25 individual needs. That includes assessment of the most 10:44
26 appropriate accommodation and the range of support
27 which will be needed to ensure that any resettlement is
28 successful and sustainable. That process should fully
29 involve and take account of the views of family and

1 carers.

2
3 In addition and most importantly, Health and Social
4 Care Trusts must pay very particular attention to
5 ensure that resettlement provides some degree of
6 betterment to the quality of life of the person being
7 resettled.

10:44

8
9 With regard to the specifics issues raised in the note
10 from Lorinda, I am advised that staff will seek to
11 avoid internal moves, recognising that this can be
12 unsettling for patients and a concern to families.
13 Unfortunately, as resettlement progresses, some moves
14 will be unavoidable but they will be approached with
15 the greatest possible care to ensure the safety of
16 residents at all times".

10:44

10:44

17
18 I am going to leave that exhibit there, Chair, if you
19 are content at this stage. The next exhibit in this
20 series of correspondence I am going to read a small
21 part of is exhibit 9. It starts at page 32. This is a
22 letter from the Director of Mental Health and
23 Disability Services at the Northern Trust to Jim
24 Shannon MP, dated 16th January 2013. There is a
25 section there entitled "Background" and I am going to
26 read that into the record.

10:45

10:45

27
28 "The Northern Health and Social Care Trust are
29 currently engaged in delivering the Minister's stated

1 intention to resettle everyone living in Muckamore
2 Abbey who does not need treatment or care in hospital.
3 The Health and Social Care Board's Transforming Your
4 Care clearly indicates the plan that no one with a
5 Learning Disability should have a hospital ward as
6 their permanent address, and that the associated
7 resettlement process should be completed by 2015. The
8 wards prioritised for this year's resettlement for
9 Muckamore Abbey are Erne and Ennis. Mavis is currently
10 living in one of these wards. However, the actual
11 timeframe for the resettlement of each individual
12 person is determined by their individual needs and the
13 careful and detailed individual assessment and service
14 planning and commissioning processes put in place to
15 meet those needs. Clients are normally introduced
16 slowly to their new homes in the community, and regular
17 reviews of progress take place. There will be
18 individual contingencies developed for each client
19 should there be delays to the process."

10:45

10:46

10:46

20
21 Then there is a section entitled "Communication" and
22 then a further section entitled, over the page,
23 "Resettlement process regarding Mavis". I am going to
24 read that the first two paragraphs of that section in,
25 Chair.

10:46

10:46

26
27 "The Trust can advise that Mavis's needs are being
28 carefully assessed by the Learning Disability
29 Multi-disciplinary Team from within the hospital and

1 community. This includes professionals such as
2 doctors, nurses, occupational therapists, and special
3 practitioners when necessary. Mavis's eventual
4 transition into the community will be planned
5 explicitly to meet her needs and at a pace she can 10:47
6 cope. This is constantly reviewed by the teams
7 involved in her care and support. Staff in conjunction
8 with families, carers and those providing the care,
9 develop and agree detailed care and support plans.
10 Clients are carefully monitored and reviewed, and plans 10:47
11 may need to be amended as a result. People moving into
12 the community will have a named worker from the
13 Specialist Community Learning Disability Services
14 provided by the Northern Trust. This is normally a
15 social worker or learning disability nurse, depending 10:47
16 on the needs identified."

17
18 The letter goes on to state the indication of needs,
19 Mavis's particular needs, and the Panel has that
20 correspondence. I don't propose to read any more of 10:47
21 that exhibit into the record.

22
23 The final exhibit related to this topic that I am going
24 to read into the record, Chair, is Exhibit 12. It
25 starts on page 39. 10:48

26 CHAIRPERSON: Hold on.

27 MS. BRIGGS: This, Chair, is minutes of a meeting with
28 Edwin Poots MLA and Friends of Muckamore dated 1st May
29 2014. I should say, Chair, before I read this in that

1 Lorinda described in her original statement engaging
2 with the Society of Parents and Friends of Muckamore,
3 so that should give some context to this exhibit,
4 Chair.

5
6 The notes start out:

7
8 "Firstly, may we thank the Minister for affording us
9 the opportunity to present some of our concerns around
10 the process of resettling vulnerable adults from 10:48
11 Muckamore Abbey into the community. We as a society
12 are not against resettlement per se, but feel very
13 strongly that the process as well as the outcome must
14 provide betterment for the individuals involved. To
15 this end, we have worked tirelessly with the Health 10:49
16 Trusts and Board, spending many hours working out the
17 community integration pathway. It was felt by all
18 involved that this would cause least disruption to the
19 lives of these vulnerable people and least worry for
20 their relatives. Unfortunately, as the programme has 10:49
21 progressed we have become aware of some instances where
22 the agreed process has not been adhered to. The
23 following is a brief outline of the main points of
24 concern which have been raised by various relatives and
25 patients." 10:49

26
27 Panel, I am going to read just some of those concerns
28 that are raised there, were appropriate. The first I
29 am going to read is point 1:

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"Relatives report being put under pressure to accept placements even if they are not happy or if they feel it is not the most appropriate. Threats such as "If you don't accept this place there might not be anything as good and you would have to take what is left" have been left to frail, elderly relatives. Many are also fearful about what happens in the post-resettlement period if their relative does not settle. There is supposed to be a six-week cooling off period but some relatives report that they have been told that if required, their relative would be returned to Cranfield, not back to their original place in Muckamore. This needs to be clarified."

10:49
10:50

The second point, Chair, deals with non-compliance with the community integration pathway that was agreed at the outset of the programme. There is a description of that pathway there, Chair, and how it is not being complied with.

10:50
10:50

The third point, Chair, reads as follows:

"We have very real concerns around the psychological impact that this process is having on the patients in Muckamore. Many of these people have been living in that facility for up to 50 or 60 years. They regard it as their home and the staff and other patients as part of their family. There has been a noted change in

10:50

1 their behaviour since the inception of this programme,
2 and some of those who can are telling us that they feel
3 scared. A few have been desperate enough to self-harm.
4 Many are saying that they want to stay in Muckamore.
5 Also, there have been instances of multiple
6 unsuccessful resettlements. In one case the patient
7 has been unsuccessfully resettled four times. On the
8 fourth occasion he had to be returned to Muckamore
9 under police escort as he was so badly disturbed".

10:51

10
11 There is further description of that, Chair,
12 thereafter, and the family that are involved.

10:51

13
14 At point 4 over the page:

15
16 "Some patients with higher levels of capacity had been
17 previously told that they could, if they wished, be
18 given a tenancy and have a home for life in Oldstone
19 (Abbey Gardens). More recently this has been revoked
20 and these patients have been told they will have to
21 move on. A number of these patients have expressed a
22 wish to stay there but have been told this is not
23 possible."

10:51

10:51

24
25 Point 5:

10:52

26
27 "Previously the Minister had assured us that no one
28 would be forced out of Muckamore but in recent days a
29 patient has been reported that he was called to a

1 resettlement meeting. He advised the Panel that he
2 wanted the meeting rescheduled as his advocate was
3 unavailable. This was refused."

4
5 There is a further description there of what happened 10:52
6 thereafter, Chair.

7
8 Point 6:

9
10 "The society has grave concerns for the health and 10:52
11 well-being of a number of patients who are still in
12 Muckamore and awaiting resettlement. We believe that
13 there is core of patients with severe disabilities and
14 challenging behaviour for whom integration into the
15 community would not provide betterment. They are at 10:52
16 present safe and well-cared for by the wonderful staff
17 within Muckamore and we feel it would be nigh
18 impossible to replicate this environment and care for
19 them in care in the community."

20
21 That paragraph goes on. I will not read that into the
22 record, but that's a summary of what's in those six
23 points.

24 CHAIRPERSON: This is obviously from SPFN. The copy
25 we have isn't signed by any individual. Do we know who 10:53
26 actually wrote this?

27 MS. BRIGGS: we don't, Chair. There is no description
28 given by the witness as to who authored that particular
29 note.

1
2 Chair, then at this stage there are three more
3 exhibits, and I don't propose reading those into the
4 record. Exhibit 13 is an email chain between
5 Councillor Neil Kelly and Lorinda dated September 2014. 10:53
6 Exhibit 14 is MAH minutes of a meeting regarding Mavis
7 dated 17th September 2015. Exhibit 15 is email
8 correspondence to Jenny at The Triangle from Lorinda,
9 dated 12th May 2018, regarding the issue of stimming,
10 which is a behavioural pattern that Mavis had advised 10:54
11 displayed.
12
13 Unless there is anything further in relation to that
14 statement and its exhibits, Chair, I propose moving
15 onto the next statement. 10:54
16 CHAIRPERSON: Okay. We might give you a bit of a
17 break.
18 MS. BRIGGS: Thank you.
19 CHAIRPERSON: You have been speaking for about an hour,
20 and it will give somebody a chance to clear up the 10:54
21 water I have spilled. How many more are there to read
22 this morning? I think the next one, P24's mother, is
23 not being read, is it?
24 MS. BRIGGS: That's right, Chair, that is a statement
25 that has previously been read in. The next statement 10:54
26 that I would be reading is extremely short. It is
27 P23's mother's statement.
28 CHAIRPERSON: Is that the last one you are dealing
29 with?

1 MS. BRIGGS: That is the last one I am dealing with.
2 CHAIRPERSON: Do you want to deal with that and then we
3 can let you go.
4 MS. BRIGGS: Yes. Thank you, Chair. This statement
5 reference is at STM-077-1. It is the statement of 10:55
6 P23's mother. P23's mother is known as Margaret by the
7 Inquiry. Margaret previously gave evidence on 22nd
8 September 2022 about her daughter, P23, who the Inquiry
9 called Roberta. She is known as Roberta to the
10 Inquiry. 10:55
11 CHAIRPERSON: Her first statement was dated 28th June,
12 I think.
13 MS. BRIGGS: That's right, 28th June '22. Its
14 reference is STM-029-1. In terms of this statement
15 then, I'll read it as follows: 10:55
16
17 "I, Margaret, make the following statement for the
18 purpose of the Muckamore Abbey Hospital Inquiry. There
19 are no documents exhibited to my statement.
20 10:55
21 This is my second statement to the MAH Inquiry. My
22 first statement to the MAH Inquiry is dated 28th June
23 2022, hereinafter referred to as my first statement. I
24 gave oral evidence to the MAH Inquiry on 22nd September
25 2022. 10:56
26
27 My connection with MAH is that I am a relative of a
28 patient who was at MAH. My daughter Roberta was a
29 patient at MAH. The relevant time period that I can

1 speak about is around the mid 1990s to the early 2000s.

2
3 In addition to the information and documentation I
4 provided to the MAH Inquiry in my first statement, I
5 wish to provide the following additional information. 10:56

6 In paragraph 15 of my first statement, I refer to my
7 daughter Roberta attending behavioural therapy, BNT, at
8 MAH. At the time of giving my first statement I could
9 not recall the full name of the behavioural therapy
10 nurse who she attended, and I refer to her as H46 in my 10:56
11 first statement. I have since recalled that Roberta
12 was also under the care of a doctor, H366, who was a
13 male behavioural therapy doctor.

14
15 In paragraph 19 of my first statement, I refer to 10:56
16 Roberta telling me that someone was hitting her in MAH.
17 At the time of giving my first statement, I did not
18 recall the name of this person. I have since recalled
19 the first name of the person who Roberta told me was
20 assaulting her at MAH. It was a female called", and 10:57
21 the name is provided. "I do not know if this person
22 was a patient or MAH staff member but that is the name
23 Roberta gave to me at the time. Roberta has also
24 mentioned this name to me on several other occasions.

25 10:57
26 The contents of this witness statement are true to the
27 best of my knowledge and belief. I have produced all
28 the documents which I have access to and which I
29 believe are relevant to the Inquiry's terms of

1 reference. "

2

3 It is signed then P23's mother, dated 15th November
4 2022.

5

10:57

6 CHAIRPERSON: okay.

7 MS BRIGGS: Chair, Ms. Kiley is the next counsel to
8 read a statement into the record. I am not sure,
9 Chair, if you need a moment to clear the table.

10 CHAIRPERSON: I think we will take a short break
11 anyway. Just we will take a 10-minute break. There is
12 not that much more to deal with, is there?

10:57

13 MS. KILEY: Chair, I will be less than five minutes.

14 CHAIRPERSON: Is that an indication that you want to
15 carry on? Okay, all right.

10:58

16 MS. KILEY: Chair, the last statement to be read
17 then, the reference is STM-099-1. This is a second
18 statement. The witness gave evidence previously on
19 28th September 22. At that time she confirmed she
20 wished to be known by her first name Helen, and her
21 son, a former patient of Muckamore, was known as Danny.
22 You may recall that when Helen gave evidence, her
23 husband also gave evidence and he was known as Robert.
24 So, I'll adopt that same approach today to names.

10:58

25

10:59

26 The second statement you can see is dated 21st March
27 23. It reads:

28

29 "I, Helen, make the following statement for the purpose

1 of the Muckamore Abbey Hospital Inquiry. This is my
2 second statement to the Inquiry. My first statement is
3 dated 4th May 2022 and was signed by me on 22nd July
4 2022, hereinafter referred to as my first statement."

10:59

5
6 I pause there just to note the Inquiry's reference
7 number for that first witness statement STM-037-1.
8 Returning to the statement, it says:

9
10 "My connection with MAH is that I am a relative of a
11 patient who was at MAH. My son Danny was a patient at
12 MAH. The relevant time period that I can speak about
13 is between January 2017 and 18th February 2019.

10:59

14
15 In addition to the information and documentation I
16 provided to the Inquiry in my first statement, I wish
17 to provide additional documentation. I gave oral
18 evidence to the Inquiry on 28th September 2022. During
19 the course of my oral evidence, I referred to
20 correspondence which my husband Robert and I received
21 from MAH. The correspondence was in respect of Danny's
22 status as a detained patient under the Mental Health
23 (NI) Order 1986, and regarding the disciplinary
24 processes involving those staff alleged to have been
25 involved in the abuse of patients at MAH, including
26 Danny. I attach a copy of this documentation at
27 Exhibit 1 to Exhibit 6."

10:59

11:00

11:00

28
29 You can see the declaration of truth on this statement

1 is signed and dated 21st March 23. You will see there
2 are six exhibits to the statement. The first five are
3 letters from the Belfast Trust to Danny's parents,
4 which range between 15th February 2017 and 22nd
5 September 2017. Those relate to Danny's status as a 11:01
6 detained or voluntary patient at that time. The
7 witness did refer to those in detail in her earlier
8 evidence, and we see that at pages 75 to 77 of the
9 transcript of her first evidence session.

10
11 You will see the last letter then, the sixth exhibit,
12 is a letter dated 30th September 2020 from the Chief
13 Executive of the Belfast Trust to Danny's parents,
14 updating them about the progression of disciplinary
15 investigations. 11:01

16
17 Given that the witness referred to these extensively in
18 her earlier oral evidence, Chair, I don't propose to
19 read out any portions of those exhibits, they stand for
20 themselves. I would ask you just to accept that as it 11:01
21 stands.

22
23 That is the end of that statement, Chair, and of all
24 the reading this morning.

25 CHAIRPERSON: This is really a system to formally admit 11:01
26 these into evidence if anybody needs to refer to them?

27 MS. KILEY: Yes, the witness had them but hadn't
28 attached them to her earlier statement, so it is just
29 to formalise that process.

1 CHAIRPERSON: okay. There are no other statements to
2 be read?
3 MS. KILEY: Not this morning, Chair.
4 CHAIRPERSON: okay, that's fine.
5 MS. KILEY: So we resume with a live witness at 2:00 11:02
6 p.m.
7 CHAIRPERSON: we will resume at 2.00. Thank you.
8
9 THE HEARING THEN ADJOURNED UNTIL 2:00 P. M.
10 11:04
11
12 THE HEARING RESUMED AT 2:00 P. M. AS FOLLOWS:
13
14 MS. TANG: Good afternoon, Chair, Panel. This
15 afternoon the Inquiry will hear evidence from the 14:07
16 mother of a former patient at Muckamore. The witness
17 has elected to use a cipher code rather than her name
18 or that of her son. So, the cipher code of P101 will
19 be used to refer to the witness's son. There is one
20 exhibit witness statement; it is a photograph of P101 14:08
21 and it has been redacted.
22 CHAIRPERSON: okay. So we are not going to see it on
23 the screen?
24 MS. TANG: It won't be on the screen, that's correct.
25 CHAIRPERSON: okay. 14:08
26 MS. TANG: If there are no other issues, we will call
27 the witness, please.
28
29

1 P101'S MOTHER, HAVING BEEN SWORN WAS EXAMINED BY
2 MS. TANG AS FOLLOWS:

3
4 CHAIRPERSON: Can I just welcome you to the Inquiry and
5 thank you very much for coming along. I did come to 14:09
6 see you but you were in conflagration, I think, with your
7 solicitors so I couldn't get to see you.

8
9 It is always slightly difficult giving evidence to an
10 Inquiry. If at any stage you need to stop, have a 14:09
11 think or you don't understand, will you just let me
12 know and if we need to pause and stop for a bit, we can
13 do so. The first thing that's going to happen, I
14 think, is Ms. Tang is going to read your statement to
15 you and you will, of course, listen carefully but I 14:10
16 expect you know it very well. All right. Thank you.
17 We'll see how we go.

18 MS. TANG: Thank you.

19 CHAIRPERSON: Sitting next to you is?

20 WITNESS: This is my daughter. 14:10

21 CHAIRPERSON: Hello, and you're welcome as well.

22 1 Q. MS. TANG: Hello again. We met a short time ago. Just
23 to remind you I am Shirley Tang and I am one of the
24 barristers on the Inquiry team. I am going to be
25 taking you through your evidence today. As the Chair 14:10
26 has said, I am going to read your statement through and
27 then I have some questions for you afterwards. If at
28 any time you need me to repeat a question, please don't
29 be afraid to say.

1 A. Okay.

2 2 Q. Right.

3

4 "Statement of P101's mother dated 29th of August 2023.

5

14:10

6 I, P101's mother, make the following statement for the

7 purpose of the Muckamore Abbey Hospital, or MAH,

8 Inquiry. My connection with Muckamore is that my son

9 P101 was a patient at MAH. I attached a photograph of

10 my son at exhibit 1.

14:11

11

12 The relevant time period I can speak about is 2009 to

13 2017. My son P101, who is currently 44 years old, was

14 a patient at MAH periodically within the period of 2009

15 to 2017."

14:11

16 CHAIRPERSON: Sorry, I just want to make sure this

17 isn't being shown in room B, is it? No, okay.

18 MS. TANG:

19

20 "P101 is my first child. He was born in Ballymoney

14:11

21 Hospital. It was a long and difficult delivery during

22 which P101 appeared to get struck and showed signs of

23 foetal distress. I was initially sent to Dalriada

24 Hospital in Ballycastle but then was sent to Ballymoney

25 Hospital, where he was delivered by an emergency

14:11

26 caesarian section. He was slightly over full term and

27 jaundiced.

28

29 P101 spent his entire childhood living with our family.

1 He has a sister", name is redacted, 101's sister, "who
2 is four years younger than him, and a half brother, his
3 father's son. P101 played a full role in family life
4 as he was growing up. He loved parties and he got on
5 well with extended family though he preferred adult 14:12
6 company. P101 never wanted to be on his own had even
7 though he would have been quite capable, as he could
8 dress himself and wash, albeit not very well. He has
9 no concept of money. He would have a concept of his
10 own personal safety but would not always be careful. 14:12

11
12 On occasion P101 would have played games with his
13 sister. He adored singing and would sing with his
14 sister and loved music. P101 never liked sports
15 although he would have gone to summer schemes with his 14:12
16 sister and her friends. P101 has an phenomenal memory
17 and ability to recall accurately.

18
19 P101 was generally developmentally delayed. He never
20 crawled and he took longer to walk, which I attribute 14:13
21 had with his underactive thyroid that he was diagnosed
22 with as a young infant. It was obvious that P101 was
23 going to be that bit behind. P101 was very social as a
24 child and he liked spending time with adults. I taught
25 P101 how to read at the age of five and he is still a 14:13
26 great reader. He is, however, intellectually impaired.
27 He is high functioning autistic.

28
29 Since his time in MAH and the residential placement, he

1 has become very institutionalised. His mental health
2 condition is much more obvious now.

3
4 P101 went to a remedial class at a primary school in
5 Coleraine for a couple of years and then went to a 14:13
6 different primary school, again in Coleraine, which he
7 attended until he was about 12 or 13 years old. At
8 that stage I was asked to decide whether he would go to
9 Sandel ford School in Coleraine, which was a special
10 school, or to the local Ballymoney Tech. In my view 14:14
11 neither were suitable for him. There seemed to be no
12 obvious place for P101 to go.

13
14 P101 attended Sandel ford School from when he was
15 about 12 years old until he was around 18 years old. 14:14
16 P101 was never angry or cross as a child, these
17 behaviours came at puberty when he was about 10 or 11
18 years old. His room would have been meticulous with
19 his books and music, and carefully organised. P101 had
20 a degree of independence in his teenage years. He had 14:14
21 his own front door key and could have come home from
22 school and settled himself until his sister or I came
23 home.

24
25 A psychiatrist met with P101 around the time he went 14:14
26 either to Sandel ford or Ballymoney Tech. I had spent
27 so long trying to get P101 diagnosed that I cannot
28 recall when it was that a psychiatrist told me that he
29 was bipolar and autistic. It was the first I heard of

1 it, though I do not remember if this was a formal
2 diagnosis.

3
4 P101 would have moments of bad behaviour and he would
5 sometimes get aggressive. I believe it was because he 14:15
6 wanted attention due to his difficulties with
7 communicating. P101 is limited in the emotional
8 context of his speech. He loved communicating on his
9 own terms. He liked talking and playing with me, as I
10 understood him. When P101 was about 21 years old, he 14:15
11 was placed in Kilns Court, which is a residential
12 facility in Ballycastle. I wanted P101 to have more
13 independence. His sister", whose name is redacted,
14 "was heading to university and I thought it was a good
15 time for P101 to be tried to be more independent. I 14:15
16 would have been at Kilns Court all the time visiting
17 him.

18
19 At the same time P101 was attending Ballymoney Tech on
20 a programme for young people with special needs. The 14:16
21 plan was at Kilns Court P101 would learn life skills,
22 cooking, woodwork and things like that, and gradually
23 learn to be more independent. None of this happened in
24 reality.

25
26 Kilns Court had a gate but it was not secured and they
27 would not put a key pad on it because it would hinder
28 other residents. P101 would try to escape, and this
29 was a concern due to the facility being located on a

1 busy main road. P101 had started to get aggressive at
2 Kilns Court. I feel that the staff did not understand
3 his needs. The placement did not work out in the end.
4 I feel that none of the staff had any idea how to
5 manage P101 and this was part of the failing.

14:16

6
7 It was an accumulation of events that led to P101's
8 first admission to MAH. P101 was on antipsychotic
9 drugs and had attempted to leave Kilns Court on several
10 occasions. Also P101's sister had moved to Australia
11 and he missed her terribly. At one stage when P101's
12 behaviour was becoming more challenging, I had wanted
13 P101 to go to MAH because I thought it would help him.
14 I thought he could get treatment, and that MAH had
15 behavioural teams who would watch him and help me by
16 telling me how to work with him to keep his life happy.
17 The psychiatrist said no to him being admitted. They
18 said that he may have bad days but an admission was not
19 required. I wanted to know why he was having bad days
20 and I would have paid for him to go private to see if
21 they could have nipped it in the bud. I was worried
22 the behaviour would become entrenched and he would not
23 be able to change.

14:17

14:17

14:17

24
25 In or around December 2009, Kilns Court called me and
26 told me that they thought P101 needed to go to MAH for
27 respite. P101 had run on to the road and the PSNI had
28 been called. I spoke to P101 who asked me to come in
29 the ambulance with him to MAH, and I did. It was late

14:17

1 at night and P101 was admitted to Cranfield 1 by a
2 lovely Australian nurse called H454", the name is
3 redacted, "who worked at MAH. H454 appeared to develop
4 a good connection with P101. I cannot recall ever
5 being given any literature about MAH or how it 14:18
6 operated. My concern was to make sure that P101 was
7 settled.

8
9 In Cranfield 1, P101 had his own room, a nice bed and
10 his own shower. There was also a living area he could 14:18
11 go to. My initial impression of MAH was good, I
12 thought they would help P101. I was promised that
13 there would be lots of facilities at MAH and that staff
14 and that behavioural team would work with him. This
15 never happened. MAH staff told me that P101 was 14:18
16 detained the first night that he was admitted. They
17 then told me shortly afterwards that he was no longer
18 detained but was a voluntary patient. I believe that
19 this happened every time he was admitted to MAH. I
20 believe it may have been to do with the fact that there 14:19
21 were limited beds in MAH and a patient who was going to
22 be detained would have received a higher priority for a
23 bed than a voluntary patient.

24
25 I cannot recall if I was told how long P101 would 14:19
26 remain in MAH. I thought I would get him home
27 overnight at Christmas. I did not appreciate that
28 because he was a detained patient, he would only be
29 permitted to come home for Christmas Day. I got a

1 letter each time P101 was detained at MAH but I cannot
2 recall anyone explaining to me what detention under
3 the Mental Health (NI) Order 1986 meant and how it was
4 likely to impact P101.

5
6 P101 stayed in MAH for a few weeks on the first
7 admission after which he was discharged to Kilns Court.
8 P101 was subsequently readmitted to MAH on several
9 occasions for respite when his behaviour was too
10 challenging. By way of example, for 2016 to 2017 P101
11 admission dates where as follows", and you then go on
12 to provide six separate occasions in that timeframe
13 when P101 was admitted.

14
15 "I remember P101 was admitted on or about 28th November
16 2012 for approximately two months until about the
17 beginning of February 2013. He was 33 years old. The
18 reason for this admission seemed mostly to have been
19 for respite during aggressive behaviour.

20
21 I also recall P101 being in MAH in 2017, and attending
22 a meeting in about mid-May 2017. P101 had been very
23 anxious. During the meeting, the doctor told me that
24 they needed P101's bed because a patient had bit his
25 mother's finger off and needed to be admitted. P101
26 was discharged the next day.

27
28 It became such a normal part of life that I would get a
29 call from Kilns Court that they were concerned for

1 P101's safety, and tell me that P101 was being
2 readmitted to MAH. I went up to see P101 at MAH from
3 Ballycastle on a Tuesday, Thursday and Saturday. His
4 father would have visited on a Wednesday and Sunday and
5 other family members would also visit. This was to try 14:21
6 and ensure that P101 saw someone from his family every
7 day. P101 became reliant on these plans and would beg
8 me not to leave.

9
10 When I visited P101, he would be in his room and would 14:21
11 not get out of bed. The ward manager told us that
12 unless we attended for visits, he would not get out of
13 bed. I did not think this was good enough. The staff
14 did not seem to even try.

15 14:22
16 Every time we had a meeting, there were issues about
17 P101 not eating. P101 lost an atrocious amount of
18 weight every time he went to MAH. It was clear that he
19 was not eating. P101 would put weight on immediately
20 when he was discharged from MAH. My partner and I 14:22
21 brought food to MAH, trying to help him put on weight
22 as at one point he was skin and bone. The staff would
23 say they were monitoring this but nothing changed. I
24 do not recall ever being shown a diet or nutrition plan
25 for P101, or having it explained to me exactly what 14:22
26 they were doing about his weight loss. P101 went down
27 to 46 kilos, which is very skinny given that he is five
28 foot eight.

1 By the time P101 had been in MAH and changed wards, he
2 had learned behaviour of throwing objects and spitting
3 in people's faces there. There were some very
4 disturbed men in the place who made a lot of noise.
5 P101 hates loud noises. If disturbances occurred, P101 14:23
6 was sent to his room away from it all. He spent all
7 his time in his bedroom.

8
9 P101 did not say anything bad about anyone really.
10 However, on one occasion when he was getting home for a 14:23
11 visit, he told me "Mummy, I am so scared I won't get
12 out of this place". This was very difficult for me to
13 hear.

14
15 I felt that the staff at MAH had an attitude. You 14:23
16 could see that some of the staff had a good rapport
17 with P101 but generally he was just so unhappy and
18 ignored. On one occasion I went up to see P101, and I
19 asked a staff member called H457", the name is
20 redacted, "how P101 was. She replied "He is in my face 14:23
21 everywhere I go. He won't shut up". I replied to say
22 that he has autism and asked what she expected.

23
24 P101 and H457 generally got along okay, although P101
25 would have said she was bossy and angry. P101 always 14:24
26 called her Lindsay and this used to anger her and she
27 showed it in her attitude towards him.

28
29 I believe that the staff did not do anything with the

1 patients at MAH. If the staff had took time to get to
2 know P101, they would know that he had a great
3 knowl edge of musi c. P101 could be repeti tive. Nobody
4 sat wi th hi m, nobody had any time for hi m. P101 would
5 have told me "They are far too busy". P101 loves water 14:24
6 even though he cannot swim and he was only brought to
7 the pool on two occasi ons throughout hi s time at MAH.
8 I was told that thi s was because there were ei ther no
9 staff or the pool was closed.

10
11 I got the impressi on that P101 would be roughl y handl ed
12 by staff. The last time he spoke to me about MAH, he
13 said he threw a bottle of shampoo and it hi t a nurse
14 called H455", name redacted. "P101 said she took hi m
15 into the room and she sat on hi m. P101 told me that he 14:25
16 told her to get off and she said, "I can do whatever I
17 want, you hurt my fri end." P101 told me that H455 had
18 the door locked.

19
20 P101 also appeared to be afraid of some of the 14:25
21 patients. There was one patient who used to come into
22 hi s room and take hi s CDs and magazi nes. I raised thi s
23 wi th the staff and they then let hi m lock hi s room from
24 the i nside. My si ster, H453", name redacted, "was a
25 nurse in MAH on a women' s ward. She told me that MAH 14:25
26 was badly run. H453 had retired but she came in as
27 bank staff as they were so short-staffed. She would
28 visi t P101 when she was worki ng and check up on hi m,
29 but she passed away before Christmas 2022.

1 P101 was required to move from Cranfield 1, with which
2 he was familiar and settled, and to move to Cranfield
3 2. P101 did not want to move to Cranfield 2 but the
4 doctor told me that he would have to because another
5 patient needed his bed. I was not aware of any work 14:26
6 done to prepared P101 for the move, nor was I provided
7 with any paperwork or any documents explaining MAH's
8 policies and procedures around the location of patients
9 within MAH. P101 hated Cranfield 2. It was a much
10 more boisterous ward. He would tell me that patients 14:26
11 would steal his things. He was afraid of another
12 patient on the ward. The nurse promised me that he
13 would get him back to Cranfield 1 but that the bed was
14 needed for another patient.

15
16 P101 was put into seclusion one of the first times he 14:27
17 was admitted. He told me that he was put into
18 seclusion for being bold. MAH did not tell me about
19 this incident.

20
21 I did not know about seclusion but believed that it was 14:27
22 somewhere where P101 could not injury himself. I did
23 not see the seclusion room. I was never provided with
24 any MAH's guidance or policies on seclusion, nor did
25 MAH staff explain to me its purpose and any 14:27
26 restrictions on its use. P101 was put into seclusion
27 again in 2017 when I was in Australia. Once again, I
28 was not informed by the staff at MAH about this.
29

1 On one occasion P101's care worker, H456", name
2 redacted, "was with him at Cosy Corner and there was
3 someone standing outside PICU. P101 told her that he
4 had to be good, he can't be bad ever again "or I will
5 have to go back in there".

14:28

6
7 I also found that there were frequent mistakes with
8 P101's medication, including a failure to give him
9 certain important medication. On one occasion when I
10 was visiting P101, I noticed that his medication had
11 changed. I told the young nurse that it was not
12 correct. I told her that his dosage had changed. She
13 went and checked and came back and said I was correct
14 and his medication had changed. This was concerning
15 for me. Medication was never explained to me or P101.
16 There was no family input.

14:28

14:28

17
18 I feel that P101 was managed by medication rather than
19 being given proper care by behavioural specialists. I
20 always tried to stress the need for behavioural input
21 but I was invariably ignored. I was promised that a
22 behaviour team would work with P101 but this was never
23 followed up.

14:28

24
25 P101 was prescribed medication for his unstable moods
26 but it was tough on his liver. MAH were supposed to
27 reduce the dosage but they did not reduce it for over a
28 week. They then suddenly reduced it by half, which I
29 thought was potentially dangerous".

14:29

1 I am not going to read in paragraph 49 of the statement
2 or ask you questions about it, having regard for the
3 Memorandum of Understanding between the Inquiry, PSNI
4 and PPS.

5
6 Paragraph 50 begins: "The Women's Triangle Association
7 owned Kilns Court. They had a separate facility and
8 houses in Ballymoney but their ethos was against
9 locking residents in. MAH asked The Women's Triangle
10 to find a place for resettlement. It was then decided 14:29
11 that P101 would move to the Ballymoney facility. At
12 one of the last meetings, a manager of The Women's
13 Triangle had said to me that there was a place that
14 needed decorated. I then organised the painters to
15 paint his bedroom and living room at the facility. 14:30

16
17 In January 2020 P101 was discharged from MAH without
18 any period of adjustment. I did not know if the new
19 facility in Ballymoney were given documentation from
20 MAH but it was an ongoing issue that MAH did not 14:30
21 provide Kilns Court with documentation on discharge
22 periods. I felt that the Kilns Court facility was not
23 suitable for P101 because of his needs and tendency to
24 escape. He was previously nearly hit by a lorry.
25 There was a staff member at the Kilns Court facility 14:30
26 who said they could not stop P101 if he was trying to
27 escape because they could not touch him. They said he
28 was free to leave if he wanted to".
29

1 You then go on to describe P101's experience at
2 facilities after he left MAH which I am not going to
3 read, but I will move on to paragraph 55.

4
5 "P101 currently lives in [place] in Antrim, a 14:30
6 residential facility. He tells me he really likes it.
7 He still has his moments but I feel this is due to such
8 bad learned behaviour. P101 is very institutionalised.
9 He does not even try to feed himself. When he came out
10 of MAH, he was like a Zombie. P101 used to be active 14:31
11 and a good runner but he is not getting the exercise he
12 needs and he has become very hunched over. He does not
13 go anywhere as he does not like buses.

14
15 P101 one used to be trustful of everyone but he has now 14:31
16 lost this since his time in MAH. I fear that he does
17 not trust me either. He has also become more violent
18 and impatient since his time in MAH. I think he saw
19 that causing disruption was the only way to get any
20 attention. I am distressed that I allowed P101 to be 14:31
21 placed in MAH where I thought he would get good care
22 and respite as well as being helped. I thought MAH
23 would help him with his mental health. I thought they
24 would work with him, but he entered a place surrounded
25 by violence and anger, and where his needs were often 14:32
26 ignored unless he exhibited some of the challenging
27 behaviours others displayed. Such behaviour was not
28 typical of P101 but he learned what got you the
29 attention he so often needed. This learned behaviour

1 response troubles me greatly as it means that MAH not
2 only harmed him but had changed his behaviour,
3 potentially permanently".
4

5 You then go on to confirm the arrangements around 14:32
6 giving evidence, and provide a statement of truth to
7 the Inquiry.
8

9 You have heard me read your statement, can I confirm
10 that you are content to adopt that as your evidence to 14:32
11 the Inquiry?
12

12 A. Yes.

13 3 Q. Thank you. I have just a few questions for you. Like
14 yourself, I am going to try and continue to use the
15 P101 cipher code. 14:32

16 A. Okay, thank you.

17 4 Q. Can you tell me a little bit about P101? What sort of
18 man is he?

19 A. Now or?

20 5 Q. Now. 14:33

21 A. He's a good man but very anxious and very uncertain of
22 people and very... He is just broken over the past few
23 years. He is just not the same. He doesn't
24 communicate as well. He doesn't -- just he finds -- I
25 think he has found that there isn't anywhere right for 14:33
26 him in this world really. I would have thought that
27 Muckamore would have helped him, helped him sort of,
28 you know, because I thought that's what it was about,
29 it was about helping mentally ill patients with their

1 behaviour, with their independence, with their looking
2 after themselves. But basically they have just -- they
3 have turned him into somebody... I mean, he is still
4 my son and I adore him, and him and I, I still go and
5 visit where he is now and take him out in the car 14:34
6 because he doesn't like buses, but he is difficult to
7 deal with when he goes out, you know. Sometimes, not
8 very often now because I can handle him okay, he tries
9 to get out of the car. He gets angry very quickly, you
10 know, all of a sudden. You would be talking and the 14:34
11 next minute, it will just spring from him.

12
13 He is still kind and considerate, unless you are
14 wanting to take his sweets or something. But he's just
15 completely changed. I don't know how to get him back. 14:35
16 He's not... He got no exercise in MAH at all. They
17 promised him swimming, they promised him walks, they
18 promised him everything but I would go up there, and
19 because basically P101 was such a good person, unless
20 he had his outbursts, the psychotic outbursts because 14:35
21 of his bipolar and autism, he was initially easily
22 managed in MAH and other ones were just allowed to run
23 free. I am not saying -- you know, they are mentally
24 ill and it is completely right that... It just was the
25 wrong facility. And my son was just, because he was 14:35
26 okay, he was just sent to his bedroom and then he
27 learned if he went out and shouted like the rest of
28 them, he would get attention; that was the only time.
29 If he came out of his room, they just told him to go

1 back in again, so he came out of his room throwing a
2 shampoo bottle or all his CDs and then he got
3 attention, somebody gave him attention.
4

5 Mostly whenever I went up, he was lying in bed. If 14:36
6 not, he was hyper, anxious, you know just going from
7 leg to leg, waiting for me coming up.
8

9 He has autism and he was in a ward that was the loudest
10 I've ever, you know. He wouldn't go to the dining area 14:36
11 because of the noise. So, they wouldn't initially
12 bring his food to his room, they tried to get him --
13 which was fine, you know, which was good, it would have
14 been better if he had reason to leave his room, they
15 would have brought the food into him eventually. But 14:37
16 he just lost weight in atrocious amounts as soon as he
17 went in. Even if he was only in for a month, he would
18 come back out just skin and bone. It was only just
19 recently that I realised that weight loss and sleeping
20 is such a sign of really heavy depression, and that was 14:37
21 in the middle of a mental health ward, you know.
22

23 They did -- in Cranfield 2, they did try to maybe get a
24 drug that would suit him more, because they would try a
25 drug and they think it would work okay but it didn't 14:37
26 really change anything. Initially it just made him
27 like a zombie with dribbling. You know, then I would
28 have got calls to say that he had -- there had been an
29 incident, he had fallen off a chair, he had missed the

1 chair on the bedroom and he would have bruises. I
2 thought, well, it's probably quite, you know...
3 Sometimes it would be another patient who had hit him.
4 There was one who actually had a member of staff beside
5 him the whole time. But, you know, then I thought, 14:38
6 well, he is so heavily medicated maybe he got up to go
7 to the bathroom. I can't believe anything now,
8 anything that I remember that I've heard because, as I
9 say, he just deteriorated.
10
11 And the staff, you know, the staff would say he oh, he
12 has been very aggressive today and such and such, and I
13 would say what's the reason for it and they would just
14 say he's just having a bad period of time. I would ask
15 P101 about it, you know, what had happened -- 14:38
16 6 Q. Sorry, you just said his name there.
17 A. Sorry.
18 7 Q. It's okay, don't worry.
19 A. Sorry, sorry. Sorry.
20 8 Q. Don't worry. Don't worry. 14:39
21 CHAIRPERSON: Don't worry, it doesn't matter at all.
22 Everyone has done it, really. Not to worry if it
23 happens.
24 9 Q. MS. TANG: You were telling us about the way you
25 experienced 101 whenever you went to visit him and the 14:39
26 things that you noticed. I want to go back over the
27 weight loss particularly. You described how you
28 noticed how thin he was getting. What sort of
29 conversations did you have with the staff about what

1 you saw of his change in weight?

2 A. I just mentioned to them every time I came up. I said
3 is he not eating? "well, he had a bit today or..." An
4 awful lot of it to do with his anxiety at that stage
5 because he was very anxious and hated it being there. 14:40
6 So his movements were continuous, something that he can
7 hardly -- well, he can a bit now. They didn't really
8 seem to... They didn't just seem to take it seriously.
9 They just said we are monitoring and we are trying to
10 get him to eat. So I used to -- my partner made 14:40
11 sandwiches and I would take them up and put them in his
12 room, and leave him treats and stuff. I always took
13 him to the Cosy Corner whenever I was up. I always got
14 him a good meal for the three days I was up, and his
15 dad would have taken him as well whenever he was up. 14:41
16

17 But the anxiety and the fact he wasn't getting regular
18 meals, he wasn't getting up for breakfast or anything.
19 Even a member of the staff at Kilns Court, whenever he
20 would go back home, they would just be shocked and 14:41
21 hardly recognise him. He was just, he was just --
22 really, because P101 loves his food and his treats and
23 there is absolutely no way that I could have ever got
24 him to lose that amount of weight. It was always
25 something that sort of, you know, it puzzled me really. 14:41
26 Even the fact that I was taking up food, it still
27 puzzled me about how much weight he was losing. But I
28 never thought for one minute that the staff wouldn't be
29 trying their best to get him to eat, giving him extras.

1 They started to give him those wee protein drinks,
2 which just rot your teeth.

3 10 Q. Can I ask when you would have visited him, if you
4 brought him sandwiches would he have eaten those okay
5 for you? 14:42

6 A. Mhm-mhm.

7 11 Q. Are we saying that it was not his appetite had gone --

8 A. No.

9 12 Q. -- but, for whatever reason, at other times he didn't
10 eat? 14:42

11 A. It could very much have been because I was bringing him
12 up stuff, he was eating it gladly. But he might have
13 been on -- I don't mean a hunger strike but he might
14 just have been refusing to eat for the staff because of
15 the way he felt and the way he was being treated. I 14:42
16 sort of came to that conclusion, not necessarily while
17 he was there. Just part of me, you know, whenever he
18 first started to lose a bit of weight because he would
19 -- P101 would put on weight quite easily. Not easily,
20 he just loves his food. An awful lot of the medication 14:42
21 that he has been on has been, you know, what do you
22 call it, fridge medication; he is just never out of
23 looking for stuff and he would have ate all night
24 during the night and stuff. But they did tell me the
25 medication he was, that's what it caused, it just 14:43
26 caused you to eat all the time and you never felt full.

27

28 I thought at one stage, you know, he'd be healthier but
29 just every time the weight just dropped, and he was --

1 it just made me realise just unhappy he had been and
2 was. If I would have asked him about, you know,
3 incidents, about, you know, when he had fallen and
4 stuff or if something had happened, he would said no, I
5 just missed the chair or -- but he says the staff just 14:43
6 say "what's in the past stays in the past and we must
7 look to the future". He still says that.

8 13 Q. This is what P101 used to say to you?
9 A. Mhm-mhm. "What happens in the past stays in the past".
10 He was also talking about the fact that he had been 14:44
11 throwing stuff but it was always, you know, like, don't
12 talk about it. Yeah, yeah, that started definitely up
13 in Muckamore him talking about, you don't talk about
14 what's actually happening to you, you know, you let it
15 into the past and let it stay in the past, and you know 14:44
16 just make sure the next day is more positive and stuff.
17 They put up like positive Tuesday and positive
18 wednesday.

19 CHAIRPERSON: Sorry, can you keep your voice up a bit?
20 A. Sorry. 14:44
21 CHAIRPERSON: Could you speak a bit louder?
22 A. Do you want me to repeat anything.
23 CHAIRPERSON: No. I have got it on the transcript.
24 A. I don't know. Is there anything you want me to
25 elaborate on? 14:45

26 14 Q. MS. TANG: I am thinking about his mood. Whenever you
27 saw him up in MAH when you went to visit him, you have
28 used the phrase that you felt that he was unhappy.
29 what were the signs that he was unhappy apart from

1 potentially not eating?

2 A. The signs were that he would have said -- I would have
3 said well, what did you do today; nothing. The nurse
4 was supposed to come in and watch such and such with me
5 on the TV or listen to CDs but they are all far too 14:45
6 busy. Now, he wasn't lying, like, they were all
7 under-staffed probably a lot of the time, but it meant
8 he had no company. He would say can we go out, mum,
9 are we going out, please, please, are we going out?
10 I'd say yes, of course we're going out. I would have 14:45
11 taken him for a drive in round Antrim and stuff. Two
12 of his aunties -- three of his aunties lived in Antrim;
13 two of them used to. We would go a trip down memory
14 lane, we'd go down past their houses and go out and
15 about. I would take him down to -- there is a car park 14:46
16 at the bottom. That's where we would have the
17 sandwich, we would have had the picnic first and then
18 he would have wanted to go to the Cosy Corner. But it
19 was more the staff are in the Cosy Corner all loved him
20 and he loved them, and he loved chatting, he just 14:46
21 walked about. I had to actually feed him but that was
22 only because he wouldn't stop talking.

23

24 But I just knew. Then he would say "Just stay for
25 another wee while, just stay for another wee while", 14:46
26 and I'd say "Sure, I'll be up in a couple of days or
27 your dad will be up tomorrow"; "No, no, I don't want
28 you to go". And he would have got sometimes -- if he
29 had begged me, like I was just in bits but I knew I had

1 to go home. But he would sometimes then got aggressive
2 and said "If you go home, I will kick you" or "If you
3 don't stay with me I will do such and such". I says
4 well, son, I understand but I haven't any choice, I
5 can't stay here and this is where you are. And I says 14:47
6 we have you here to make sure that you get better and,
7 you know, that your head settles a bit and you have a
8 better life. You know, I said that's why you're here,
9 and the sooner that you get to that stage and try, you
10 know, to be better. Of course I was blaming him for 14:47
11 his aggression. He would say "Yes, mum, yes. I am. I
12 will, I will, but please just stay another while".
13

14 Sometimes he was okay. If maybe a certain staff member
15 was on or he was in better form, he would have went in 14:48
16 easier, but mostly -- and then I just wanted to get him
17 home. But there never was any -- there was never
18 anything like we are going to keep [P101] for this
19 period of time and we are going to do this with him.

20 15 Q. Sorry, we had another name. 14:48

21 CHAIRPERSON: Just pause for a second. Don't worry.
22 All that happens is that we stop the recording and it
23 comes out of the transcript.

24 16 Q. MS. TANG: Okay.

25 A. Could you ask tell me where I was? 14:48

26 17 Q. You had been talking a wee bit about P101 wanting to go
27 home, and the conversations you and he would have had,
28 and you explaining why he was there and what the hopes
29 were about his time there.

1 A. My hopes were enormous about Muckamore when he first
2 went in. I thought that's what would happen, he would
3 get his -- there was like a sauna bath or one of those
4 big baths, you know, to help with his movement because
5 he started to get bent over a bit because he would have 14:49
6 rocked with anxiety. There was a large swimming pool.
7 There was a bus that they said they would get out once
8 a week. But the bus never seemed to materialise, and
9 I'd say to [P101] and he'd say --

10 CHAIRPERSON: We are even getting quicker. 14:49

11 A. The bus never materialized much and my son would say he
12 didn't really like bus journeys, so I would have said
13 please get a taxi and we will pay for it, get him out
14 and about, get him out to a CD shop or do something.
15 And the behavioural team were to come in and monitor 14:50
16 him and give advice to watch his mood swings up and
17 down, but none of that ever happened.

18 Q. That's something I want to ask you about. In terms of
19 P101's aggression and these behaviours that you have
20 mentioned, was there any discussion with you at any 14:50
21 time about a care plan for him that would have at least
22 involved some psychology input or behavioural support?

23 A. No. I assumed that he was in the place that deal with
24 that. They never suggested that... They did bring in
25 the behavioural team. The behavioural team sometimes 14:51
26 came to the meetings. If my son was in, was admitted
27 to Muckamore, we would have had meetings and they would
28 have said we want to do this, we want to do that; the
29 behavioural team were there and said, yes, we will send

1 somebody over. They came over once or a couple of
2 times, and P101 was asleep and they just left it.

3
4 They seemed to be completely understaffed as well, up
5 to their eyes. They just said that... I don't know. 14:51
6 But no, they never explained anything to me. Initially
7 I used to think that it was P101's social environment
8 and how people reacted to him because of his autism,
9 and he takes things very literally. I thought well,
10 possibly, maybe, this won't happen up in Muckamore 14:52
11 because they are trained to deal with this sort of
12 behaviour, especially autism, you know, it's so -- I
13 mean not well-known but it is...

14
15 But no, they never. There was never anything. There 14:52
16 was never even giving me pointers. I saw the doctor at
17 a meeting and that was it, the psychiatrist, the
18 psychiatric doctor that was on. I never got speaking
19 to him at any other time.

20 19 Q. Did you have some contact with the behavioural team 14:52
21 about P101?

22 A. Just at the meeting and then they would say yes, they
23 are going to, they are going to come and they start
24 this week. I would ask and they would say, oh no, they
25 were there but they went away again because he was 14:53
26 asleep, or they were there. Then it just never
27 materialised and I just thought I have to get him out
28 of here. So every time...

29

1 But he'd learned so much aggression while he was in
2 Muckamore that whenever he went back to Kilns Court,
3 initially the Kilns Court they looked for respite with
4 Muckamore because if he had been aggressive, he would
5 have opened the front door and thrown like a Coke 14:53
6 bottle or something just to get attention because the
7 staff there as well were just "Stay in your house and
8 be safe". But that didn't work, then he just ran out
9 and ran out through the gate. I mean there was one
10 time a staff member said that he was -- he just missed 14:53
11 a lorry going up past. I spoke to the staff at Kilns
12 Court about that and one guy said "I was standing here
13 as he ran"; I says "Did you not stop him". He says
14 it's not worth my job; it's more than my job's worth,
15 we're not allowed to touch them." 14:54

16 20 Q. Can I ask you about the sort of interaction that you
17 had with the MAH staff around P101 generally? You've
18 mentioned autism and the things that maybe -- I guess
19 things that might trigger him. Did you get the chance
20 to talk to the staff whenever he was admitted the first 14:54
21 time to give them your understanding?

22 A. No. I sort of maybe assumed at that stage that they
23 were in contact with Kilns Court because the incidents
24 to lead him to Muckamore happened at Kilns Court
25 because he was -- they couldn't get him calmed down. 14:54
26 Now, the first time I -- or the second time I went
27 over, the police actually had driven in and were parked
28 at the gate, and as I walked past they said "where are
29 you going, there is a dangerous man down there" and I

1 said "It's okay, it's my son." I went down and he was
2 just - he'd been PRN to the hilt; He was full of
3 Lorazepam. He was walking like this trying here,
4 "Hello mum", trying to get into the staff -- sorry,
5 this is about Kilns Court, probably nothing to do with 14:55
6 this case.

7 21 Q. I was just going to clarify, you are talking about
8 Kilns Court at this time rather than --

9 A. Yeah. The staff anyway had locked themselves in the
10 staff room because -- and phoned the police. I assumed 14:55
11 then the communication would have been between them and
12 Muckamore. They never really asked me much about
13 [P101's] behaviour or what I thought.

14 CHAIRPERSON: Just give it a second. Are you okay to
15 keep going for the moment? 14:56

16 A. Yes, I'm okay.

17 22 Q. MS. TANG: I just have a few more questions for you, so
18 I won't detain you long. We were starting to talk
19 about the communication between the various facilities
20 and P101. Am I correct in understanding that you 14:56
21 weren't particularly involved in the communication then
22 between the various facilities and P101 and what he may
23 or may not have needed, or did you have some contact
24 with MAH?

25 A. I asked about them every time I went up. I asked -- I 14:56
26 bought him swim shorts for the swimming pool. I asked
27 about the behavioural team and the staff on would just
28 have said, we just can't get them, they are never
29 available. I asked about other things that had been

1 promised, I just got the same answer.

2

3 The other patient that had hit [P101] a couple of
4 times.

5 CHAIRPERSON: It is only because you are getting a bit 14:57
6 tired. Keep going? Okay.

7 23 Q. MS. TANG: It's fine, please. Don't worry.

8

9 I want to focus for a little time on his move from
10 Cranfield 1 to Cranfield 2. You refer to that in your 14:57
11 statement, and the fact that P101 was relatively
12 settled in Cranfield 1 and hated going to Cranfield 2.
13 Was there any discussion that you can recall with you
14 about that move from 1 to 2, and how they were
15 preparing him for it or how that was going to happen? 14:58

16 A. Cranfield 1 initially was the administration ward where
17 most patients started off in. Cranfield 2 would have
18 been a more, you know, not permanent but that type.
19 The staff nurse of Cranfield 1 had rang me and said
20 we're going to have to move your son to Cranfield 2. 14:58
21 It was sort of known that it was a very boisterous ward
22 and very, you know, sort of very ill patients. So I
23 said I don't want that and my son had been used to
24 this, he usually even got the same room every time he
25 went up and he knew the staff. I said I don't want 14:58
26 that. He said sorry, we have to, this is an admission
27 ward and we have to move your son to Cranfield 2.

28

29 I didn't have any -- he did not want to go. He was

1 very upset and very stressed about it, and again had to
2 get to know new staff and the patients and everything.
3 But I thought, no -- they just said no, he has to go
4 into Cranfield 2.

5 24 Q. Did you detect from the staff any sense that they were 14:59
6 planning for how P101 would be adjusted into the new
7 ward? Did you see anything in a care plan or any
8 discussions about that?

9 A. No, no, there was nothing like that. In fact, P101
10 missed the staff and the other patients. He was used 14:59
11 to it. He has got autism, you know, he hates change.
12 But they all said we'll come over, we'll come over and
13 visit you. One door was here, the other was there but
14 they never did. And he would -- if I took him to the
15 Cosy Corner, he maybe would have seen one of them. But 15:00
16 no, there was absolutely nothing. There was nothing
17 for the change over. They didn't take him in a few
18 days, you know, to meet staff or anything prior to it.
19 So no.

20 25 Q. Towards the end of your statement you tell us that P101 15:00
21 was discharged without any period of adjustment. You
22 indicated that there was an ongoing issue regarding
23 communication with Muckamore and where he was going to.
24 Does that mean that there was no kind of like a
25 sleeping-out arrangement or anything that would have 15:00
26 helped him get used to his new place that he was going
27 to after Muckamore?

28 A. No. But to be quite honest with you, I was so glad to
29 get him out because I just could see him going

1 downhill. I had told him that I had been trying to get
2 accommodation for him, independent living with staff
3 one-to-one and he did really enjoy it whenever he went.
4 He went out in January, then Covid hit in March and he
5 got nowhere again. Just he was -- from being able to 15:01
6 go out and about, go for a chippy and go for walks, all
7 of a sudden he was locked in again. And then that's he
8 ended up in Holywell because Muckamore had no beds.

9
10 But most of the time that he was in -- there never was 15:01
11 anything like we are going to keep him here for a few
12 weeks because we want to do this and do that, do the
13 other, the doctor would have asked the nurses what's
14 happening - at the meetings I'm talking about - and
15 then manager of Kilns Court would have come up to those 15:02
16 meetings as well. The doctor was always when can we
17 get him home because we need the beds, when is this
18 going to be? Are you sure that he's taking to this
19 medication? There never was 'we have concerns and he
20 would like to keep him for long time', which, you know, 15:02
21 if they had been doing working with him and stuff, I
22 would have ensured I'd have been up more often. I did
23 bring him home for a weekend every now and again,
24 mostly once a month. But it was hard to get him back
25 to Muckamore, I have to say, afterwards. 15:02

26 Q. Can I ask you just finally P101 is now living in a
27 residential facility; how's he getting on?

28 A. Other than his physical ability has got -- because he
29 left Ballymoney and went into Holywell who do not --

1 and made it very clear, do not cater for mentally ill
2 adults. So, they literally dosed him with diazepam.
3 whenever -- he was only there maybe a month maybe,
4 three weeks, then they brought him to [place] because
5 it was during Covid and they had to find somewhere 15:03
6 secure and safe for him. I wasn't allowed to visit,
7 but I was distressed at the amount of medication he was
8 on. Because of Covid, I didn't actually physically see
9 him for about six months until he took unwell, and I
10 thought he was -- I thought he had Parkinson's or MS; 15:03
11 he couldn't speak, he couldn't walk. Yes, he is
12 getting on fine in [place]. He doesn't get enough
13 exercise still but he is eating well. He's stopped,
14 completely stopped looking after himself. He doesn't
15 feed himself, he doesn't do anything for himself. He 15:04
16 has a one-to-one there continually, but he's just
17 settled down to just being this is it, this is my life,
18 watching DVDs.

19 27 Q. You used the word "institutionalised" in your
20 statement; is that what you mean? 15:04

21 A. He came out of an experience in Muckamore with anger
22 issues, with distress, with just total anxiety, and not
23 really -- he doesn't care any more if he gets into
24 trouble, he just, you know... He doesn't try to hold
25 his temper. [P101] being autistic... (Pause) 15:05

26 28 Q. Do you want to just finish what you were telling us?
27 CHAIRPERSON: You were saying he doesn't try and hold
28 his temper.

29 A. No, he doesn't. with P101 being autistic, everything

1 that comes into his head, like, you know, I could walk
2 out of here and want to kick a door because I think if
3 101 thinks that he wants to kick a door, he says it; or
4 "I was going to kick you there because you annoyed me".
5 He just says everything because he doesn't -- but I 15:05
6 have taught him to say "but I didn't do it so I was
7 able to think about it and hold back". But he has --
8 he is just obviously so mentally ill. You couldn't see
9 101 now and not know immediately that he was mentally
10 ill. He was just kept back so much in Muckamore. He 15:06
11 knew he was with doctors and nurses that were supposed
12 to look after him, and he couldn't understand why he
13 was just left and left by himself and nobody attending
14 to him and everybody ignoring him and telling him to go
15 to his room so that he didn't get hurt by other 15:06
16 patients.

17
18 And I know that there have been incidents involving
19 [P101]

20 CHAIRPERSON: Do you want -- we are almost finished, I 15:07
21 think. A few more questions. Are you able to carry
22 on?

23 A. No, I'm fine.

24 MS. TANG: Those are all my questions, Chair. I was
25 going to ask if the Panel had any. 15:07

26 CHAIRPERSON: I know Professor Murphy has a question.
27
28
29

1 THE WITNESS WAS QUESTIONED BY THE PANEL AS FOLLOWS:

2
3 PROFESSOR MURPHY: I have just a couple of questions
4 for you. Before P101 went to Muckamore, did you have
5 any kind of input from a community learning disability 15:07
6 team?

7 A. Sorry?

8 PROFESSOR MURPHY: Did you have any input, any help,
9 from a community learning disability team or an autism
10 team before he went into Muckamore? 15:08

11 A. Yes. It was them that -- it was a social worker, I'll
12 not say her name, from the behavioural team in
13 Coleraine. It was them that helped me place my son in
14 Kilns Court, they found this. They did support me
15 quite well and they supported my son but because of the 15:08
16 situation of it being too dangerous and the fact, you
17 know -- they were all lovely but none of them were
18 trained in autism; most of them wouldn't have known
19 what autism meant. So, in that way it didn't work out.

20 PROFESSOR MURPHY: But they didn't give you any 15:08
21 behavioural advice for you to manage him at home or for
22 him to manage his own behaviour at home?

23 A. I got advice while he lived with me. He lived with me
24 until he was 21 and my daughter and I managed him fine.
25 He had his times whenever he would have got angry. He 15:09
26 would have left the house a couple of times with you;
27 the time that she caught up with him he would be
28 sitting outside of the spar with a packet of sweets.
29 We managed him fine. He had autism, he did have his --

1 not so much aggression, outbursts. Sometimes they
2 lasted maybe for a couple of days, sometimes maybe just
3 for half a day but mostly, most of the time, he was
4 fine. We knew how to work with him. We knew how
5 everything was literal to him. 15:09

6 PROFESSOR MURPHY: So you felt you could manage him
7 pretty well?

8 A. Yeah.

9 PROFESSOR MURPHY: But did Kiln Court not ask you for
10 advice on how to manage him? 15:10

11 A. Yeah, continually, but it would have been after the
12 fact. They just -- literally, they used me "come on
13 round, [P101] is...

14 CHAIRPERSON: You were saying that Kiln Court came to
15 you continuously? 15:10

16 A. They rang me continuously if any sort of behaviour
17 whatsoever. I did visit him. I rang him every night,
18 every night, and I visited him on a Tuesday, Thursday,
19 and I took him out all day on a Saturday. I didn't
20 just leave him. My daughter was going to university 15:11
21 that year and I wanted my son to be independent as
22 well. And talking with the social worker and stuff, I
23 thought yes, this will be good. It is only five minute
24 drive from my house so I thought this is a good place
25 for him. 15:11

26

27 But yes, they did ring me continually. They would have
28 rang me in the middle of the night saying that he has
29 left the building; I nearly called him Elvis for a

1 while. He would have ran away. He didn't do it that
2 often, but he started to because it was the only way he
3 got, again, the staff to listen to him. He would have
4 asked the staff to do things or to get things and they
5 would have said "In a minute" or "we'll do that later". 15:11
6 Autistic children don't understand that, they don't get
7 it, you have to say a certain time. I got clocks put
8 up. As I say, [sister] and I had looked after him for
9 years between us and he was a very, very happy man.
10 CHAIRPERSON: You've just name of the sister which we 15:12
11 did originally. We are just going to take that out of
12 the transcript. You said you looked after him for
13 years.
14 PROFESSOR MURPHY: ... Muckamore basically Kiln Court
15 couldn't manage him and, as you say, they didn't know. 15:12
16 His admissions to Muckamore, from what you have said in
17 your statement, were very short; like they were
18 normally only about a month long?
19 A. It was basically I believe that Kilns Court started to
20 use Muckamore as respite, thinking that he needed a 15:13
21 calm environment, somewhere where he would be -- well,
22 all that anybody ever said to me was "well, at least
23 he's safe up there."
24 PROFESSOR MURPHY: But do you think that the only
25 treatments he was getting there, given how long -- how 15:13
26 short the admissions were, was medication?
27 A. Sorry?
28 PROFESSOR MURPHY: Given how short his admissions were,
29 I can only imagine that the thing that was happening

1 mostly was medication --

2 A. Yeah.

3 PROFESSOR MURPHY: -- by way of treatment. Is that

4 your understanding?

5 A. Yeah. 15:13

6 PROFESSOR MURPHY: Because you were saying that he

7 didn't have a positive behaviour support plan as far as

8 you knew?

9 A. No. He was supposed to and it was supposed to be

10 started in Muckamore and then continue to the 15:14

11 behavioural team in his own area.

12 PROFESSOR MURPHY: But he never actually got one?

13 A. He was never monitored once by the behavioural team up

14 there.

15 PROFESSOR MURPHY: From what you have described, he no 15:14

16 occupation during the day. Did he not have any day

17 activity sessions in the day activity place?

18 A. No. I can't even -- he doesn't do colouring in, he

19 doesn't do... He listens to his music. There was a

20 woman that came up and played a piano every week. Of 15:14

21 course I thought he'll love this, but no, it wasn't to

22 his taste I don't think. There was nothing. There was

23 the pool but it just seemed to never be open.

24 PROFESSOR MURPHY: Yes. My last question: Did he ever

25 have any help with anxiety management or anger 15:15

26 management? Usually it's from psychology.

27 A. No, not definitely not in Muckamore. They did try

28 their best in Kilns Court, working with the social

29 worker, things that would stop him actually feeling

1 anxious about things and, you know, this is what is
2 going to happen now, this is what is going to happen.
3 But again it never really took off; some of the staff
4 would forget to do it or... Anyway.

5 PROFESSOR MURPHY: Okay. Thank you very much. 15:15

6 CHAIRPERSON: Can you remember what the longest period
7 was that your son had in Muckamore? I am looking at
8 the respite periods that you set out in your statement.
9 They look like sort of four to five weeks. Was there
10 any period longer than that? 15:16

11 A. Yeah, there definitely was but I can't remember which.

12 CHAIRPERSON: When he was in Muckamore for a period,
13 did you have any sort of key member of staff that you
14 could phone and talk to? You told us about going there,
15 you would see various different members of staff, you 15:16
16 had worries about his medication, you had worries about
17 his weight, you had worries when he moved from
18 Cranfield 1 to 2.

19 A. Yeah.

20 CHAIRPERSON: Was there anybody who you were given as a 15:16
21 sort of key worker?

22 A. There was always a named staff.

23 CHAIRPERSON: There was?

24 A. Not always the same one. If I rang up to speak to my
25 son, it was just to whoever answered the phone and it 15:17
26 was usually the head nurse on the ward that I would
27 have spoke to about anything, any of my concerns. To
28 be quite honest with you, they never knew what was
29 happening with the behavioural team or anything. And

1 if they said that the pool was closed, they would just
2 say we don't know why. The place was understaffed,
3 there is no doubt about it. And I'm not making excuses
4 for anything.

5 CHAIRPERSON: Did you have anybody who you felt could 15:17
6 sort of advocate on your behalf, somebody who could
7 almost represent you and your son?

8 A. No, no.

9 CHAIRPERSON: One of the things you mentioned is that 15:18
10 lack of activity seems to have, perhaps understandably,
11 led him to behaving in a poorer way deliberately in
12 order to get attention. Was that a problem both at
13 Muckamore and at Kilns Court?

14 A. Much more at Muckamore. Kilns would have taken him 15:18
15 shopping and taken him out for walks; they didn't keep
16 him in the house the whole time. There were times and
17 there were certain staff that didn't walk and didn't do
18 shopping, so it depended who was on. But he did have
19 much more activity in Kilns Court than he ever had in
20 Muckamore. 15:19

21 CHAIRPERSON: And it was certainly your impression
22 that the lack of activity would lead him to try to get
23 attention?

24 A. Oh, yeah. Definitely, yeah. He had been used to 15:19
25 living with me and my daughter and he got attention, he
26 didn't have to fight to get attention with us but he
27 knew if he wanted it or needed attention, that we were
28 both there. And he was so much fun and a he was great
29 person. With his autism and his bipolar, there

1 definitely were occasions whenever he would be
2 challenging but other than that, other than that, he
3 was fine.

4 CHAIRPERSON: Yes, all right. Anything else? No.

5
6 Can I thank you very much for coming to help the
7 Inquiry and to tell us about your son. Just be
8 reassured that his name is not going to be out there at
9 all. I just want to thank you and your daughter for
10 coming along to assist the Inquiry and telling us about 15:19
11 your experience and also Patient 101's experience. So,
12 thank you very much indeed.

13 A. Okay. Thank you.

14 MS. TANG: Thank you, Chair.

15 CHAIRPERSON: Right. Tomorrow I think we are sitting 15:20
16 at 10 o'clock for more statement reading and then we've
17 got a live witness in the afternoon?

18 MS. TANG: That's correct.

19 CHAIRPERSON: Right.

20
21 THE INQUIRY ADJOURNED TO 10:00 A.M. ON THURSDAY 14TH
22 SEPTEMBER 2023
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