

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

HEARD BEFORE THE INQUIRY PANEL
ON THURSDAY, 12TH OCTOBER 2023 - DAY 67

67

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1 THE INQUIRY RESUMED ON THURSDAY, 12TH OCTOBER 2023 AS
2 FOLLOWS:

3
4 MR. DORAN: Chair, members of the Panel, this is the
5 final day of the patient experience phase of the 10:21
6 Inquiry. We are going to begin with the reading of the
7 statement of P116's mother by Mr. McEvoy. Following
8 that, Ms. Briggs will be making a summary presentation
9 of the statements of witnesses whose experience do not
10 fall directly within the Terms of Reference. I will 10:21
11 then address the Panel very briefly at the conclusion
12 of Ms. Briggs presentation.

13 CHAIRPERSON: Thank you.

14 MR McEVOY: Good morning Chair, morning Panel. Can I
15 begin by for thanking all those present for your 10:21
16 forbearance, it is greatly appreciated. I have an
17 application first of all, Chair, for a Restriction
18 Order, if that could be dealt with in what has become
19 the normal way under restriction.

20 CHAIRPERSON: All right. I'll make a temporary 10:22
21 Restriction Order in relation to the application so
22 that if I do end up making a Restriction Order in
23 relation to any part of this statement, that will be
24 effective, so for the moment I am going to ask for the
25 feed to Room B please to be cut. 10:22

26 CHAIRPERSON: Yes.
27
28
29

1 RESTRICTED SESSION

2
3 OPEN SESSION

4
5 CHAIRPERSON: Just to make it clear to anyone 10:25
6 listening, an application has been made for a
7 restriction order in relation to certain paragraphs in
8 relation to the statement which I have acceded to but
9 the great majority of the statement can be read in open
10 session. Are we using any names or is it all going to 10:25
11 be ciphers?

12 MR. McEVOY: It is going to be ciphered, Chair.

13 CHAIRPERSON: There was some discussion there, what was
14 that.

15 MR. McEVOY: It has been indicated to me that the 10:25
16 statement maker is on the link.

17 CHAIRPERSON: Oh good. That is fine, thank you.
18

19 STATEMENT OF P116'S MOTHER:

20 10:25
21 MR. McEVOY: "I, P116's mother make the following
22 statement for the purpose of the Muckamore Abbey
23 Hospital Inquiry. In exhibiting any documents I will
24 number each document so my first document will be
25 Exhibit 1. 10:25

26
27 My connection with Muckamore is that I am a relative of
28 a patient who was at Muckamore. I am the mother of
29 P116 who was a patient at Muckamore between 2015 and

1 2017. The relevant time period that I can speak about
2 is between 2015 and 2017. I am the mother of P116.
3 P116's father passed away in May 2018. P116 has two
4 brothers, [who are named]. P116 is the middle child.
5 P116 was a patient at Muckamore between 2015 and 2017. 10:26
6 I believe he was largely treated as a voluntary patient
7 throughout his time in Muckamore. He was however
8 detained on 23rd March 2016 for a period.

9
10 P116 was originally diagnosed with a learning 10:26
11 disability and unstable epilepsy. He has since
12 suffered from tuberculosis contracted whilst he was a
13 patient at Muckamore, the diagnosis of which was very
14 delayed and associated strokes. P116 is now 40 years
15 old and is very severely disabled. 10:27

16
17 P116 had what I understand was febrile convulsions when
18 he was about eight or nine months old. When he was
19 about a year old P116 had a severe epileptic fit
20 following which he received a diagnosis of epilepsy. 10:27
21 Despite that P116 had a rich and full family life. He
22 has his two brothers together with a large extended
23 family of aunts, uncles and cousins. P116 was never
24 away from his family until he went he into Muckamore.
25 He enjoyed being outdoors when growing up. His father 10:27
26 would have included him in all activities with his
27 siblings when they were children and P116 could and
28 would participate fully.

1 P116 attended a nursery where the head mistress
2 suggested that he should be statemented. P116 started
3 in mainstream primary school at P1 at primary school
4 [named]. He reached his developmental markers and was
5 doing well.

10:28

6
7 By the time P116 was in P3 his seizures were very bad.
8 On one occasion when he was seven years old he had 19
9 seizures while at home. These seizures were taking a
10 toll on him and his progress at school. I was going to
11 send P116 to a clinic in Dublin however before he
12 attended the clinic in Dublin I asked for P116's
13 medical records. It was only when I received those
14 records that I realised that P116 had lesions on his
15 brain and a learning disability. Prior to that, I had
16 only been told that he had had epilepsy. Our family
17 did not then go to Dublin because it was a specialist
18 clinic for people with epilepsy and it was not for
19 people with a learning disability.

10:28

10:28

20
21 This was the first time that I thought that P116 might
22 have developmental issues due to the significant
23 scarring. At around this time P116 got quite behind in
24 his school work. He would have had seizures in school.
25 He had a Classroom Assistant, however, when P116 was
26 aged about eight years old the school said he needed to
27 change school to a school in Belfast which, although
28 not a special needs school, was for children who had
29 medical issues. P116 transferred to that school and I

10:28

10:29

1 arranged private tuition for P116 which enabled him to
2 read, write and count. P116 is literate and numerate.

3
4 As time went on our family noticed that P116 did have a
5 sort of compulsive nature. For example, if you gave 10:29
6 him a pen he would want to accumulate as many as he
7 could. That tendency was more acute as he got older
8 and he became a compulsive collector.

9
10 P116 left that school when he was 16 years old. An 10:29
11 educational psychologist arranged by P116's social
12 worker came out to the house to suggest that P116 might
13 go to an adult resource centre which was a day centre.
14 I was very cross at this suggestion and protested.
15 This was the first time we had any involvement with a 10:30
16 social worker. I considered it a wholly inappropriate
17 facility for P116 at 16 years.

18
19 The educational psychologist ultimately accepted that
20 because P116 had a learning disability he could remain 10:30
21 in school until he was 19 years old and that he was too
22 young to go to a day centre.

23
24 P116 went from [named] to another special school
25 [named]. He enjoyed this school and stayed there until 10:30
26 he finished at age 19 years. He was one of the most
27 advanced there. He got to help around the school which
28 made him feel responsible and valued.

29

1 Although P116 did not attend the adult resource centre,
2 as I refused, I was so struck by its condition that I
3 subsequently fought for funding for it which was
4 eventually secured.

5
6 When P116 was 19 years old and leaving school, I
7 started going to the Carer's Forum on Learning
8 disability.

9
10 P116 would access eBay and Gumtree through his computer
11 which he would use compulsively. He occasionally
12 ordered strange and random things. I recall on one
13 occasion a man arrived with a donkey what P116 had
14 apparently ordered. As a result it was important to
15 restrict P116's access to his computer and the
16 internet.

17
18 After school, P116 went to a resource centre which is a
19 day centre. He loved it. He was particularly attached
20 to a member of staff who was excellent. Unfortunately
21 that member of staff died quite suddenly. This was a
22 significant loss for P116.

23
24 On or about the 4th November 2013 there was an incident
25 at home with P116 when he lifted an empty petrol can
26 and said that he would set the house on fire. I did
27 not feel that P116 would really do this. It is hard to
28 explain but you know your own child and what they are
29 likely to do. However, the neighbours overheard P116

1 and telephoned the police. P116 was admitted to
2 hospital on the 4th November 2013 when he was detained
3 for a period and then kept as a voluntary patient until
4 being discharged on 14th November 2013.

5
6 There was also an admission to another hospital for a
7 week in the context of a crisis. I believe that they
8 just adjusted his medication after which P116 was
9 discharged home.

10
11 There had been previous crises in 2000 and 2011 when
12 the police were contacted.

13
14 In or around the summer of 2015, I got a call from the
15 resource centre to say that P116 had thrown a Chair and
16 would not get off the computer. I had a heated
17 exchange with management in the resource centre about
18 how this situation had arisen and had been managed.
19 Unfortunately, they suspended P116 from the resource
20 centre and then they put him out completely. As a
21 result P116 was at home full-time. He was in his early
22 thirties with no organised activities.

23
24 P116's behaviour deteriorated. He started to have
25 tantrums. He broke things. He hit out at people, but
26 he never hurt himself during these episodes. It became
27 difficult to manage the worst of his tantrums. P116,
28 who had always been a good sleeper, got to a stage when
29 he would not or could not sleep for prolonged periods.

1 Matters deteriorated. P116 could not understand why he
2 could not go back to the day centre which was part of
3 his routine and where he had a good relationship with
4 many people. When P116 left the day centre I felt that
5 the South Eastern health and Social Care Trust should 10:34
6 have put something in place to occupy him and structure
7 his day at that stage. I believe that part of where it
8 all went wrong was what he was very used to structure.
9

10 P116 was on medication at this time. Dr. Morrow at 10:34
11 Belfast City Hospital had prescribed P116 seizure
12 medication. I think it was Dr. Morrow who oversaw
13 this. Once P116 had a vagal nerve stimulator implant
14 in or about 1998, he reviewed him every three months.
15 I think that P116 was around 17 or 18 years old at 10:34
16 this stage.
17

18 P116 father's had been in care as a child and was
19 determined that P116 would not be put into an
20 institution. P116's father would have done anything to 10:35
21 avoid P116 being in a care-type situation. I did all
22 that I could to help and support P116 at home and
23 manage his crises that were often directed towards me
24 and which seemed to be triggered by the way his
25 epilepsy was being managed. There was little to no 10:35
26 support for the family.
27

28 On 20th December 2015 P116 was shouting in his room. I
29 do not know what triggered it. P116's father tried to

1 intervene and P116 punched his father very hard in the
2 stomach. P116 was a big man by this stage. This was
3 the first intentional violence against the family,
4 indeed against anyone. The neighbours again called the
5 police who, with my agreement, took P116 to the police 10:35
6 station. No force was used by the police when taking
7 P116 into custody. P116 was assessed at the police
8 station by the Forensic Medical Officer. He was then
9 admitted to Muckamore and voluntarily detained.

10
11 The family did not appreciate the implications of P116 10:36
12 being detained in Muckamore. It is my recollection
13 that when P116 was brought to Muckamore we agreed to
14 him being detained but we did not understand the
15 implications of his detention. No-one explained 10:36
16 detention to us.

17
18 P116 was taken into Muckamore on 20th December 2015 and
19 admitted to Cranfield 1 as a voluntary patient. Our
20 family remembers it very clearly because it was so 10:36
21 close to Christmas.

22
23 We were not provided with any adequate information
24 about what was happening and what we could expect of
25 Muckamore. My husband and I went up the day after 10:36
26 P116's admission to try and see him. We were told that
27 we could not see him for a few days until staff got him
28 settled. This again was massively distressing for us.
29 Both my husband and I cried our eyes out in the car

1 park. P116 could not see his family over Christmas,
2 which was the first Christmas that our family had not
3 been together.

4
5 Dr. H40, P116's consultant psychiatrist at Muckamore, 10:37
6 told our family that P116 was in for assessment for six
7 weeks. After our first meeting with Dr. H40 my husband
8 said he would not go back to see Dr. H40 as he had no
9 confidence in him. He did not trust him or believe
10 him. My husband and I argued about this. After that I 10:37
11 went to all meetings that I was able to attend.

12
13 With P116 being in Muckamore and the circumstances that
14 had given rise to it, it was a major trauma for our
15 family. I still find that it is very difficult to talk 10:37
16 about. For my own emotional self-preservation there
17 are times when I cannot allow myself to think or talk
18 about P116's time at Muckamore. It was a really big
19 thing for P116 and for us as parents for him not to be
20 at home. Our family rang every morning and every night 10:38
21 for updates.

22
23 My husband and I first saw P116 about a week after he
24 had been admitted to Cranfield 1. I was hugely
25 relieved to find that P116 was in a newly constructed 10:38
26 part of Muckamore which was not at all like the old
27 Victorian hospital environment that I had dreaded. I
28 recall that my first time visiting P116 at Muckamore he
29 appeared bewildered and sad. He did not understand

1 what was going on and would ask if he could come home.
2 He promised not to hit his daddy again. He thought he
3 was in Muckamore as a punishment. At one stage P116
4 said "at least they did not send me to Muckamore. I am
5 in Cranfield." Muckamore was the bogey man of the 10:38
6 learning disability community in Northern Ireland,
7 something I believe P116 learned from being at the
8 resource centre.

9
10 After P116 had been in Muckamore for about six weeks I 10:39
11 was told that P116 needed to stay a bit longer and was
12 not ready to come home yet. I was not overly worried
13 at that stage about the delay because P116 was in the
14 new part of Muckamore.

15 10:39
16 Less than two months after his admission P116 was
17 considered medically fit for discharge and it was
18 agreed by medical experts and us as a family that he
19 would be resettled in a supported living accommodation.
20 Although he was ready and wanting to go, his discharge 10:39
21 and resettlement into the community had to be delayed
22 because the supported living accommodation was not
23 ready and on 23rd February 2016, P116 was included on
24 the delayed discharge list sent to the Department of
25 Health. No one suggested that him remaining in 10:40
26 Muckamore would have a detrimental effect on him. I
27 discussed bringing P116 home with Dr. H40 but Dr. H40
28 told me that it would be too traumatic to bring him
29 back home and then leave him again. We wanted what was

1 best for P116.

2

3 In October 2016 I was informed that the supported
4 living accommodation would not open until April 2017
5 and P116's discharge was postponed. P116 knew that he 10:40
6 was due to go to the supported living accommodation.
7 He was frustrated by the delay which manifested itself
8 in his behaviour. He blamed his father and I who he
9 considers brought him to Muckamore for not making his
10 discharge happen. 10:40

11

12 P116's epilepsy was an ongoing problem and he
13 experienced regular seizures in Muckamore. I was
14 concerned that the medication regime prescribed for
15 P116 might be exacerbating matters, increasing his 10:41
16 seizure activity and instances of aggression. P116's
17 neurologist accepted that the Keppra medication might
18 be contributing to P116's behaviour. His epilepsy
19 medication regime was reviewed in May 2016 and changes
20 were made to his medication and his vagus nerve 10:41
21 stimulation settings were increased.

22

23 P116 had a therapy dog who was trained to anticipate
24 his seizures. This dog was called Ciara and would have
25 stayed with P116 when he had seizures. P116 was not 10:41
26 allowed to have his dog in Muckamore and all the time
27 he was in Muckamore P116 really missed his dog. Even
28 the Royal Victoria Hospital had allowed the dog in with
29 P116 when he was admitted there but Muckamore never

1 indicated that we could even bring the dog when we took
2 P116 out for walks in the Muckamore grounds. I do not
3 recall if we ever asked if we could bring the dog with
4 us but staff knew about Ciara and never suggested we
5 could bring her to see P116. I am concerned that the 10:42
6 focus of Muckamore did not always appear to be on the
7 quality of the patient's lives and what might be done
8 in an individual patient-centred way.

9
10 I first considered that something might be wrong with 10:42
11 P116 in 2016 about nine months he had been admitted to
12 Muckamore. The Carer's Forum had their AGM and all
13 those with learning disabilities attended and they had
14 a party for them in September 2016. This was attended
15 by local politicians such as Jeffrey Donaldson, Edwin 10:42
16 Poots, Paul Given and Amanda Gresham along with some of
17 the councillors and members of the South Eastern Health
18 and Social Care Trust such as Carol Beech, Margaret
19 O'Kane and Bryan Mangan.

20 10:43
21 When I looked at P116 I noticed that he seemed to have
22 lost a bit of weight and was not a good colour. I
23 sensed that something was not right. P116 had been
24 brought out of Muckamore to attend this party. P116
25 said he did not want to sit where he was sitting. P116 10:43
26 had been sitting at the table with his friends. He did
27 not want to sit there because stuff was dripping off
28 the roof. There was nothing coming off the roof but
29 P116 insisted he wanted to be with me. I felt that he

1 may have felt unwell and he just wanted to be close to
2 me.

3
4 P116 continued to lose weight and I informed Muckamore
5 staff but they assured me that he was eating better and 10:43
6 taking more exercise by walking the grounds in
7 Muckamore, however I knew he was unwell. Before this
8 P116 was a big, healthy boy. He liked manual things
9 and being outside. He was a very capable young man,
10 even with his difficulties. He taught himself to write 10:44
11 with his other hand due to difficulties he faced with
12 his hand after having tuberculosis, which I will
13 mention below.

14
15 In and around October 2016 P116 had a sore eye which 10:44
16 was very red. I had to push for this to be looked at
17 in Muckamore. A GP was brought in who advised that it
18 was hayfever and prescribed hayfever medication. I was
19 so dissatisfied with the locum GP in Muckamore as P116
20 did not have a history of hayfever and it was obvious 10:44
21 that this was not hayfever, and the general delay by
22 Muckamore in getting the matter resolved that I took
23 matters into my own hands and took P116 to a local
24 optician one weekend when he was at home. The optician
25 sent us to the Royal Victoria Hospital, (The Royal) 10:44
26 where the inflammation was diagnosed as being caused by
27 a viral infection, herpes simplex, and medication was
28 prescribed. During a review at The Royal in mid
29 December 2016 the consultant ophthalmologist advised

1 that P116's eye problem have been developing since
2 October 2016. In fact P116's eye problems returned in
3 2017 and the explanations that I received from
4 Muckamore continued to differ from The Royal where they
5 also found interocular pressure. I felt that I had to 10:45
6 continually be on my guard to ensure that P116's health
7 needs were being properly addressed as I could not
8 trust Muckamore to do that. I consider there was no
9 proper physical healthcare provision in Muckamore.

10
11 My experience in relation to P116's eye problem
12 heightened my concern about the overall standard of
13 medical care in Muckamore. I said to Dr. H40 I was
14 concerned about how his eye could have been left the
15 way it was. Dr. H40 brought me into a small room with 10:45
16 a man called H12. Dr. H40 told me that H12 was in
17 charge of the nurses and said that some of them were
18 not medically trained as they were learning disability
19 nurses. I was not told that they were care assistants.
20 I later found out H12 was not in charge. 10:46

21
22 In or about December 2016 P116 told me that he was
23 bleeding from his bottom. I asked him to leave the
24 toilet so I could see. I noticed blood in the bowl and
25 on his clothing, I also noticed that P116 was sleeping 10:46
26 much more. I informed Muckamore and insisted that P116
27 was unwell. Dr. H40 said that he thought P116 was
28 depressed and that the bleeding could be because of
29 piles.

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P116 came home most weekends and I noticed he was getting sicker and sicker in Muckamore. My family has a history of bowel cancer, I have lost three aunts, two uncles and my mother to bowel cancer. I was afraid that the bleeding from P116's back passage indicated that he had bowel cancer. I was desperate for P116 to be seen by a doctor because of the bleeding and his weight loss. Dr. H40 rang me and said there was a time when he could just ring the regular hospital but he could not do that anymore. He suggested that the family go private to get P116 seen sooner. I continued to complain about his weight loss and the bleeding, I knew something was very wrong. My complaints were ignored as always.

By Christmas 2016 P116 was off his food and he even gave his sweets away was unusual. However, the staff at Muckamore continued to tell me that P116's eating was fine but that did not accord with my experience of him at home.

What I could not understand was that while P116 was getting thinner, weaker and sicker he got no treatment. I had to fight to get appropriate food for him while he was sick. I believe that P116 was dying at this time. P116 had lost six stone in weight, he looked like he had cancer.

1 H40 said that they could not do bloods in Muckamore and
2 suggested a private option for assessment, treatment.
3 However before that could be arranged P116 managed to
4 get an appointment at Antrim Area Hospital where his
5 bloods were taken. When the results came back our 10:48
6 family was told that P116's bloods were all wrong, more
7 like something they would expect from an old person and
8 it could be very bad. Even at this stage however
9 Muckamore still seemed unconcerned and I had to
10 continue to push to get P116 seen. 10:48

11
12 Ultimately Muckamore sent P116 back to Antrim Hospital
13 who sent him to the Oncology Department. This was very
14 scary for our family as we then thought he was dying of
15 cancer. The doctor in Antrim Area Hospital thought 10:49
16 that P116 had lymphoma and he was admitted. All the
17 chasing and pressing for P116's medical care was done
18 by us, P116's parents, and not by Muckamore.
19 Tuberculosis was never mentioned or considered at this
20 stage. I now realise P116 was developing symptoms of 10:49
21 tuberculosis from at the very latest December 2016 but
22 he was not diagnosed until August 2017 and they seemed
23 to be looking for everything but tuberculosis. I did
24 not feel Muckamore was interested in P116's physical
25 health and his evident decline. 10:49

26
27 One weekend in August 2017 when P116 was at home, I
28 telephoned The Royal and begged the secretary to get
29 P116 an appointment to be seen because I was so

1 concerned about his health. The secretary got P116 an
2 appointment for the Monday morning. At this stage P116
3 was having terrible night sweats. Our family were
4 keeping watch over him during the night that weekend
5 when he had stroke like symptoms. We phoned 999 and he 10:50
6 was taken to The Royal in an ambulance.

7
8 Initially The Royal treated him for cancer. After some
9 weeks they did a lumbar puncture following which the
10 consultant told me that P116 had tuberculosis. A woman 10:50
11 who used to come to my house said her sister had died
12 of tuberculosis in Muckamore. She said it had happened
13 two or three years before P116 had it.

14
15 The scans they did The Royal showed lymph node and 10:50
16 spleen issues. P116 was crying with the pain and he
17 was immediately given morphine. Muckamore had not
18 given P116 any pain relief except for paracetamol. Our
19 family were concerned that P116 had to endure
20 unnecessary pain due to the approach of Muckamore. 10:51

21
22 Muckamore did not organise treatment for P116. I
23 organised the appointments because Muckamore would not.
24 I was pushing as much as I could to get P116 seen. He
25 went to scans and he got a biopsy on his nose. However 10:51
26 I believe that because Antrim Hospital suspected
27 lymphoma they did not pick up on the tuberculosis.
28 Even before P116 was diagnosed with tuberculosis I
29 conveyed my concerns about the standard of medical care

1 to Muckamore. Dr. H40 set up a meeting between me and
2 H12 who oversaw the clinicians at Muckamore according
3 to Dr. H40. I wanted Muckamore to properly take
4 control of P116's medical care. I was frustrated
5 because I thought he was in a hospital and so there
6 ought to be appropriate access to medical treatment.

10:51

7
8 Dr. H40 sought to defend staff by saying that the
9 nursing staff in Muckamore were not the same as
10 ordinary nurses. He said they were mental health
11 nurses and had not been trained in the medical side of
12 things. I have a niece that was a mental health nurse.
13 She was working in Maghaberry prison at the time. Her
14 name [named]. I explained to her what Dr. H40 had said
15 about the nurses in Muckamore and my niece said that it
16 was untrue because all nurses get medical training. In
17 my view Dr. H40 was simply lying to me.

10:52

10:52

18
19 I was told and understood that the process of discharge
20 was that when it was thought a patient was getting
21 ready to be discharged they would gradually be
22 transitioned into Cranfield 2 which was known as the
23 discharge ward. Dr. H40 asked me how I felt about P116
24 being moved into Cranfield 2 which I thought meant that
25 P116 would be coming home soon and I said that I was
26 content with this but I would have to ask P116, who was
27 very ill at the time.

10:52

10:52

28
29 When my husband brought P116 back to his ward at

1 Cranfield 1 after the weekend P116's belongings were in
2 black bin bags and the decision had already been made
3 to move him to Cranfield 2. There was no consultation
4 with P116 and no preparation for the move. I
5 considered this not only contradicted what I had been 10:53
6 told but was so disrespectful to P116 and unnecessary.
7 P116 had his own bags. I asked Dr. H40 about this and
8 he said he had told someone else to tell me. I asked
9 that member of staff but they said no-one had told them
10 about it. I believe they moved P116 out of Cranfield 1 10:53
11 simply to get him off their hands because he was so
12 ill.

13
14 55. I told the staff that the only reason P116 was
15 patient was because his father had told him to do it if 10:53
16 he was touched inappropriately. I did not know about
17 the seclusion room. Instead his father was told by Dr.
18 H40 that there was a specialist area and that the most
19 highly trained staff were there to deal with his
20 outbursts, I believe this was a large room with 10:54
21 specialist staff. I was never told there was a policy
22 document to govern the use of a seclusion room.

23
24 I had seen a seclusion room in the old part of
25 Muckamore, this was in or around 1999 when I visited 10:54
26 with Jeffrey Donaldson, MP, and Valerie Martin who was
27 also from the Carer's Forum. I would describe it as a
28 padded cell. This old room was covered by a dark navy
29 wipeable material, some of which had been ripped and

1 taped up. There was a very small window of glass with
2 reinforcements in it which I understood was a viewing
3 panel for staff to look in. There was nothing in the
4 room, it was bare. I believe there must be minutes for
5 this visit with Mr. Donaldson as the reason for the 10:54
6 visit was because one of the parents in the Carer's
7 Forum had said her son had been raped in Muckamore.
8 The man showing us around made it clear that the room
9 was still in use at that time.

10
11 At the time when I was so worried about P116's health I
12 was also in touch with my own GP at the time seeking
13 help. My GP said she also thought that P116 might be
14 dying. I was of the view that Muckamore staff did not
15 care. At one point staff told me what since P116 was 10:55
16 already in hospital he could not be transferred to
17 another hospital.

18
19 It is my view the staff used intimidation. I felt very
20 intimidated the day I went up to take P116 out to try 10:55
21 and get some food into him as I was aware that he had
22 not eaten for three days. I told staff that he had not
23 eaten for three days and they replied to me, "he is an
24 adult, if he doesn't want to eat he does not have to."
25 I felt intimidated by the nurse I was dealing with. I 10:55
26 felt that the whole atmosphere of the place was
27 oppressive. It was not the type of place where parents
28 of patients could easily meet one another as I had
29 originally thought might happen to provide support. At

1 the time I did not know about other parents' concerns
2 and suspicions.

3
4 I can recall a time when I took P116 to the Cosy Corner
5 cafe, another patient came in with three nurses. This 10:56
6 patient was given a can of Coke and left alone while
7 the nurses were on their phones. Since he was clearly
8 being ignored, I asked the wee fella if he wanted to
9 come over and sit with me and P116. This was met with
10 the nurse telling me to "mind my own fucking business." 10:56
11 I never complained because I knew at this stage there
12 was no point.

13
14 Staff constantly told me that I could not see P116's
15 room. Eventually I insisted and told staff they could 10:56
16 call the police but I was going to see his room. I
17 went in and saw staff lying on the settee with their
18 feet up watching television.

19
20 When P116 was at home I knew all of his medications. I 10:57
21 know that he went on different medications in Muckamore
22 but I do not know the details. They did not keep me
23 fully informed so I did not know. P116 was so sick I
24 could not tell if he was overmedicated. I believe
25 that, given the level of emotion and pressure that I 10:57
26 and many relatives were under, Muckamore staff should
27 be careful to ensure that matters are carefully
28 explained and, where appropriate, paperwork is provided
29 so that we can properly understand.

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When P116 was losing weight I went and bought him new clothes. I took two bags of clothes up to Muckamore, all brand new with labels still on them. Subsequently when I queried why P116 was not wearing the clothes that I had bought for him, no-one could tell me why. They said that they had no record of it and that was that. There was nothing I could do.

10:57

The same thing happened with some expensive aftershave that my sister bought for P116, it went missing and was never found.

10:58

I would also have seen P116 wearing other people's clothes.

10:58

No one ever explained the system to me, there was nothing like that. I felt that they treated me as though I could not look after my own son and that I should be grateful to them for looking after my child.

10:58

I felt that there was a bad atmosphere in Muckamore. This is something which was difficult for me to put my finger on. I found that staff never had anything positive to say. They never commented when P116 had had a good day. They only commented on negative things. They also did not contact me, it was always me who had to ring Muckamore.

10:58

1 In my experience if you want to know how staff are
2 treating people with learning disabilities, you do not
3 watch the staff, you watch how the people with learning
4 disabilities react to the staff. For me, the whole
5 vibe of the place was bad.

10:59

6
7 I once had to go to Maghaberry for a visit. I saw that
8 the prisoners kept chickens and had a garden area to
9 look after. I thought to myself that they had more
10 than the patients in Muckamore.

10:59

11
12 P116 was discharged from Muckamore on 14th November
13 2017 whilst he was in The Royal and he remained in The
14 Royal until his discharge to the supported living
15 facility in August 2018. In May 2018 shortly before
16 P116's discharge my husband, P116's father, passed away
17 suddenly. This was a terrible shock and loss for the
18 entire family, including P116. P116 and his father
19 were very close. P116 could not comprehend his dad
20 dying. I do not believe that any work was done with
21 P116 before his discharge related to his father's
22 sudden death. I have struggled to continue to support
23 P116 whilst also trying to find out what happened to
24 him in Muckamore, all the while having to deal with my
25 own grief at the loss of my husband.

10:59

10:59

11:00

26
27 The delay in the diagnosis of his tuberculosis and the
28 way in which my complaint in 2008 was handled by
29 Belfast Trust was the subject of an Independent Serious

1 Adverse Incident Review Level 3 Report in June 2021. I
2 refer to the SAI report in June 2021 at Exhibit 1 and
3 wish to reiterate my the concerns and criticisms as
4 outlined at appendix 3 to this report. In particular
5 my notes that the SAI Panel did not have the requisite 11:00
6 expertise to consider the clinical care provided to
7 P116 and so made further recommendation, 16, to the
8 effect that a further focused review was required.

9
10 I met with Richard Pengelly, the top civil servant for 11:00
11 health, about the failures and he sent me an apology
12 which I include at Exhibit 2. I also received a letter
13 of apology from Teresa Villiers who was the Secretary
14 of State for Northern Ireland at the time at Exhibit 3.

15 11:01
16 I attended a meeting with Margaret O'Kane, Assistant
17 Director, and Edna McConville, Team Leader, both of the
18 South Eastern Trust on the 2nd October 2017 in Thompson
19 House Hospital, Lisburn, to raise my concerns about
20 P116's medical treatment, I attach minutes of this 11:01
21 meeting at Exhibit 4.

22
23 I feel strongly that additional independent expert
24 support, whether in the form of therapeutic
25 intervention, is required for patients who had been 11:01
26 abused and/or neglected in Muckamore. The same goes
27 for the families as well, many of whom have been
28 traumatised by the experiences of their loved ones.
29 Specialist counselling or therapy appropriate to

1 patients and families should be provided.

2
3 I received a letter at the Carer's Forum which
4 contained a whole series of records related to
5 Muckamore. It was clear to me that this material 11:02
6 related to adverse incidents that had taken place in
7 Muckamore. At that time I considered that the most
8 appropriate thing to do with this material was to bring
9 it to the attention of Carol Veitch in the South
10 Eastern Trust. There was a spreadsheet in the envelope 11:02
11 all about Muckamore detailing incidents and people
12 being attacked. I did not know why I was getting this.
13 Only one person saw it, Valerie Martin, who is also
14 part of the Carer's Forum and then I gave it to Carol
15 Veitch and told her it was sent to me by mistake. 11:02
16 Looking back on it now I realise in hindsight that it
17 was not sent to me by mistake and someone wanted me to
18 know what was going on at Muckamore but at that time I
19 did not feel comfortable having the private
20 information. I do not know whatever happened with the 11:02
21 documents and nobody ever told me. I include a copy of
22 these documents at Exhibit 4."

23
24 Pausing there, Chair, Panel, I should indicate that
25 that document has not in fact been exhibited so it may 11:03
26 be that that is something the Inquiry feels appropriate
27 to follow up in correspondence with P116's mother's
28 solicitors.

29 CHAIRPERSON: Yes.

1 MR. McEVROY: "I want compensation to secure P116's
2 future should anything happen to me because he has been
3 left paralysed on his right side and blind in the right
4 eye because of the lack of medical care provided to
5 him. This is my key concern. I do not want P116 to be 11:03
6 sitting in a nursing home all his life. I want to know
7 that P116 will be cared for properly. I am very angry
8 that after the family put so much effort into giving
9 P116 as normal a life as possible, Muckamore, Antrim
10 Area Hospital, South Eastern Trust and Belfast Trust 11:03
11 took all of that away from our family and from P116."
12

13 That concludes the open section.

14 CHAIRPERSON: we will then go into closed session, it
15 won't be a very long period, because there are not many 11:04
16 paragraphs that the Restriction Order applies to. Can
17 we cut the feed to Room B.

18

19 RESTRICTED SESSION

20

11:04

21 THE HEARING ADJOURNED FOR A SHORT PERIOD

22

23 THE HEARING RESUMED AS FOLLOWS:

24

25 OPEN SESSION

11:24

26

27 CHAIRPERSON: Thank you very much.

28 CHAIRPERSON: Ms. Briggs.

29 MS. BRIGGS: Good morning Chair, members of the Panel.

1 The Inquiry Panel has been assisted by a considerable
2 body of oral and written evidence relating to the
3 patient experience. The Inquiry has also been
4 contacted by and has received the accounts of other
5 individuals about their own experiences or the 11:31
6 experiences of their loved ones relating to Muckamore.
7 Some of those individuals have provided accounts of
8 experiences that do not fall directly within the
9 Inquiry's term of reference. Others have provided
10 information which is too limited to require oral 11:31
11 evidence or to be read into the record.
12 The purpose of this morning's session, Panel, is to
13 present a summary of the accounts of these individuals
14 and to acknowledge the contributions that they have
15 made to the Inquiry by sharing their experiences. 11:31
16 Some of those individuals and their family members are
17 present in the hearing room today. I'm told, Chair,
18 members of the Panel, we have Linda and Noleen in
19 attendance.
20 CHAIRPERSON: welcome to them and also to anybody who 11:31
21 is watching on-line.
22 MS. BRIGGS: Yes, we do have Charlene, Margaret and
23 Peter on-line I'm told, Chair.
24
25 It is important to record that the individual accounts 11:32
26 which I will present today relate to the patient
27 experience phase of the Inquiry's work. It should be
28 noted that the Inquiry has also received statements and
29 accounts from some staff speaking of their experience

1 at the hospital, but also not falling within the Terms
2 of Reference. The counsel team propose to address
3 those accounts at a later stage when the staff evidence
4 is being received by the Inquiry.

5
6 Before I begin the presentation of individual accounts
7 I want to draw attention to one other matter.
8 Unsurprisingly, Panel, given the scale of the Inquiry
9 and the outreach work that the Inquiry has conducted to
10 encourage engagement with it its work, the Inquiry has 11:32
11 also been contacted by others offering to assist the
12 Inquiry. In most cases, those contacts have not
13 resulted in formal accounts being taken by the Inquiry
14 and the information provided is not reasonably capable
15 of assisting the Inquiry Panel in its work. 11:33

16
17 Nonetheless, we do think it is important to record the
18 Inquiry's thanks to all those who have made contact,
19 even though their information will not ultimately
20 feature in the Panel's consideration of the issues. 11:33

21
22 There are 16 individuals who came forward whose
23 accounts will be addressed as part of this round up
24 session. The order in which they have been presented
25 is generally chronological starting with the oldest 11:33
26 account first. Of course some of the patients will
27 have been under the care of Muckamore for longer
28 periods than others.
29

1 All of these accounts have been given by way of
2 statement to the Inquiry. While today's session is a
3 summary of some of the evidence contained in those
4 statements, it is important to point out, Panel, that
5 those statements are all available to the Panel and
6 Core Participants to read in full. 11:33

7 CHAIRPERSON: I can indicate I have read them in full
8 and I know that my colleagues either have or will be
9 doing that in the next couple of days. So, everybody
10 who has produced a signed statement will have their
11 statement read by the Panel. 11:34

12 MS. BRIGGS: Thank you, Chair. To assist the Panel,
13 the Core Participants and others in attendance, the
14 running order of witnesses involved in today's
15 presentation will be displayed on the screen and
16 hopefully that's coming up now, there it is. All
17 witnesses were asked whether they wish names of ciphers
18 to be used or their names. For ease of reference all
19 cipher numbers and MAH statement numbers are included
20 in that list which is on the screen there. 11:34

21 CHAIRPERSON: That is very helpful.

22 MS. BRIGGS: Okay I am going to start with the first on
23 that list, it is Debbie, Olive and Michael.

24 CHAIRPERSON: Just give me a second each time, thank
25 you. Yes. 11:34

26
27 PRESENTATION OF SUMMARY ACCOUNTS:

28
29 MS. BRIGGS: Thank you, Chair. Debbie, Olive and

1 Michael all gave accounts about their late aunt, P74,
2 who I can call Nancy who was a patient at Muckamore.
3 Debbie, Olive, and Michael gave accounts ranging from
4 approximately the 1960s through to the late 1980s.
5 Debbie and Michael are siblings and Olive is their
6 cousin. 11:35

7
8 "Nancy was born in 1926 and died in 2015. Debbie told
9 the Inquiry that Nancy was placed in Muckamore as
10 respite, sometimes for weekends or sometimes for full 11:35
11 weeks at a time. Michael told the Inquiry that his
12 mother and father had full-time care of Nancy and
13 during that time Muckamore was used as respite.
14 Debbie told the Inquiry about physical injuries
15 sustained by Nancy while she was at Muckamore. She 11:35
16 said that Nancy was once taken to hospital with a
17 broken nose. Debbie was about ten or 12 when this
18 happened so it is thought that this would have been
19 around 1973 to 1975. Staff from Muckamore advised that
20 Nancy had fallen out of bed but the doctor at the 11:35
21 hospital told Debbie's father that the injury was not
22 as a result of a fall, but in fact Nancy had been
23 punched on the nose twice. Debbie said that at the
24 time her dad questioned why the sides of the bed were
25 not up to prevent Nancy falling out but Debbie doesn't 11:36
26 recall that her father ever received a proper
27 explanation.

28
29 Debbie recalled another incident about one year later

1 when her aunt split her head open from front to back.
2 Muckamore staff told the family that Nancy had tripped
3 and fallen. However, another visitor told Debbie's
4 father that they had witnessed a male carer smash a
5 wooden Chair over Nancy's head. Nancy was left with a 11:36
6 very bad scar.

7
8 Debbie said that about 11 years later Muckamore advised
9 the family that Nancy had fallen out of bed and had a
10 broken leg. However Debbie's father told her that the 11:36
11 doctor at the hospital had shown him a very clear boot
12 mark on Nancy's thigh.

13
14 Michael also told the Inquiry about this injury and
15 said that he was there in the room with his dad and the 11:37
16 doctor when the doctor said that the injury was caused
17 by blunt trauma on the bone and that Nancy had been
18 kicked. Michael said that there was a family
19 discussion about reporting this to the police but they
20 decided not to because Michael's mother was afraid of 11:37
21 what might happen to Nancy if she went back to
22 Muckamore again.

23
24 Michael said this was in 1987 or '88. After that
25 injury was sustained, Debbie and Michael told the 11:37
26 Inquiry that their aunt Nancy was never placed back
27 into Muckamore. Debbie said that their aunt Nancy
28 moved into her home with her mum and dad.

29

1 Olive also told the Inquiry about her aunt Nancy having
2 a large scar down the front of her nose. Olive said
3 that her mum told her that Nancy got the scar in
4 Muckamore. Olive also said that her aunt had a large
5 bump on her head but she doesn't know where she got
6 that from. 11:38

7
8 Michael's statement also addressed other injuries to
9 Nancy while she was at Muckamore. He said that he
10 visited his aunt on his own from around the age of 18. 11:38
11 In 1984 he went to visit Nancy with his now wife and on
12 arrival at Muckamore he was ushered into a side office
13 by the sister who told him that Nancy had fallen and
14 hit her head on a TV stand. He got the strong
15 impression that the sister did not want him to see his 11:38
16 aunt. He insisted on seeing her and when he did see
17 her he described severe swelling and bruising to both
18 of her eyes and said that Nancy looked like she had
19 been in a boxing match and that she appeared very
20 distressed. 11:38

21
22 He said that Nancy was non-verbal so could not tell him
23 what happened. The ward sister would only let him call
24 his parents when he threatened to call the police. He
25 said that it was clear that Nancy had been given a 11:38
26 beating. He said that he said this to the sister and
27 the sister was horrified and continued to claim that it
28 was a fall.
29

1 Michael recalled another incident, he doesn't remember
2 what date it was, when Muckamore advised that Nancy had
3 been punched in the face by another patient because
4 Nancy had allegedly snatched sweets from that patient.
5 He said it looked like his aunt had been hit with some 11:39
6 force. He questioned this account with Muckamore staff
7 as it was not like Nancy to snatch anything but nothing
8 further came of it.
9
10 Michael said that there were various reports from 11:39
11 Muckamore that Nancy had fallen out of bed and
12 sustained injuries but he said that she never fell out
13 of bed at home and she slept very still.
14
15 Michael said that his mum told him that Nancy broke her 11:39
16 nose two or three times in Muckamore and you could see
17 that her nosed been broken numerous times by looking at
18 her.
19
20 Debbie also told the Inquiry about another incident of 11:39
21 non-physical abuse. She recalled visiting Muckamore
22 herself with her granny and grandad when she was six or
23 seven which would have been in and around 1970.
24 Debbie's grandparents had bought a watch for Nancy.
25 Debbie said that a male member of staff snatched the 11:40
26 watch off Nancy, threw it on the floor and stood on it.
27 Her grandfather was annoyed and asked the staff member
28 why he did that. The staff member said that patients
29 were not allowed watches.

1
2 Debbie did also tell the Inquiry about a number of
3 visits when everything was fine, including one
4 Christmas visit which she said was nice. Olive also
5 told the Inquiry about visits generally. She said that 11:40
6 Muckamore wasn't a nice place, that it was "grim" and
7 "like visiting a prison." She remembered on one visit
8 in particular where a patient with Down Syndrome took
9 off her clothes and ripped the curtains from the
10 window, placing them around herself. Olive said that 11:40
11 she did not recall any staff being present.

12
13 Michael also talked in negative terms about the
14 environment at Muckamore. He said that he could hear
15 squealing and shouting from patients in other parts of 11:41
16 the ward and that staff were very rough with their
17 handling of other patients. He also described visits
18 moved from a communal room to a side room. He felt
19 that this was to avoid visitors witnessing the
20 treatment of other patients during visits. Michael 11:41
21 also said that when Nancy was taken back to Muckamore
22 she never wanted to get out of the car and when she did
23 she would hold back as if she didn't want to go in."

24
25 I move onto the second person on the agenda that, it's 11:41
26 Noeleen.

27
28 "Noeleen told the Inquiry about her late brother,
29 Pierce. Pierce was born in 1960 and was a patient at

1 Muckamore for around 40 years between approximately
2 1966, when he was six years old, and around 2006, when
3 he was 46 years old. He passed away in March 2020 due
4 to sudden illness from food aspiration at which point
5 he was residing in a care home where he had been living 11:42
6 since his discharge from Muckamore. Noleen said that
7 the care provided at that care home was very good.

8
9 Pierce was Noleen's older brother by two years. Their
10 parents had seven children. Pierce would come home 11:42
11 from Muckamore over holidays like Easter, summer and
12 Christmas. The family would collect Pierce in a
13 taxi. Noleen said that it was a very long journey and
14 that her mother never received financial help for the
15 taxi and would have to save all of her money to afford 11:42
16 the journey.

17
18 Noleen recalled that her mother did not like Muckamore
19 and that her mother wanted Pierce moved as she had
20 heard stories about Muckamore from others. She also 11:42
21 recalled that her brother would be sad when he was
22 going back to Muckamore and his family would have to
23 hold his good hand to stop him hurting himself. Pierce
24 would be angry at his mother during these times.
25 Noleen said that she did not ever recall witnessing 11:43
26 any injuries to her brother and she did not recall her
27 siblings or her mother ever discussing anything that
28 happened to Pierce with her. However, she did say that
29 when Pierce came home and the family were changing his

1 nappy he would have hit out and got very angry,
2 thumping and hitting his siblings. This was unlike
3 Pierce as he was always so pleasant. He would
4 repeatedly say "Leave Willie John alone" which was a
5 phrase his family never taught him. Noleen thinks it 11:43
6 was taught to him by the staff at Muckamore. She said
7 that her siblings were all very innocent and would not
8 have known what sexual abuse was.

9
10 Noleen said that before her mother passed away in 11:43
11 October 2020, her mother had asked her to contact the
12 Inquiry about Pierce and what he would say while he was
13 being changed. Her mother thought that something could
14 have happened to Pierce while he was at Muckamore. The
15 family believe something happened to Pierce. 11:44

16
17 Noleen also said that when Pierce got excited he would
18 use bad language and other expressions that he did not
19 learn at home and that she suspects he picked up at
20 Muckamore. Noleen also said that Muckamore provided 11:44
21 clothes for Pierce as far as she could remember as her
22 mother could not have afforded it. She said that
23 Pierce's clothes were never sent home dirty from
24 Muckamore but she did remember on one occasion other
25 names being on Pierce's clothes. 11:44

26
27 Noleen also told the Inquiry about the good care
28 provided to Pierce by a female physiotherapist at
29 Muckamore and said that Pierce's walking improved over

1 a time. However by the time he left Muckamore, Pierce
2 was permanently in a wheel chair."

3
4 Number 3 then is Clarke. Clarke gave a statement to
5 the Inquiry about his late sister, Barbara.

11:45

6
7 "Clarke told the Inquiry that Barbara was born in 1959
8 and had Down Syndrome. She was a patient in Muckamore
9 for occasional respite care. This was for about one
10 week at a time a few times per year from in and around
11 the late 1960s. Barbara passed away in April 1976.

11:45

12
13 Clarke told the Inquiry that his parents noticed that
14 Barbara started to become very agitated when she was
15 being driven in the direction of Muckamore. He said
16 that although she was unable to articulate her fears,
17 her reaction made it abundantly clear that she did not
18 want to go there. As a result Clarke and Barbara's
19 parents stopped taking her there for respite and
20 avoided taking journeys in that direction. Clarke said
21 that Barbara had a good sense of direction and that
22 when she travelled to other places and other respite
23 places she did not become unsettled. When travelling
24 to his house Barbara was enthusiastic.

11:45

11:45

25
26 Clarke said that Barbara was normally a happy child but
27 his parents realised she became unhappy at Muckamore
28 but they never knew why as she was unable to articulate
29 her feelings."

11:46

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Moving on then to Sarah. Sarah provided a statement to the Inquiry about her sister, Olive, Oggy who was a patient in Muckamore for periods between the late 1960s and 1993.

11:46

"Olive was born in the 1930s and suffered a head trauma as a result of a fall. She died in Muckamore in 1993. Sarah said that Olive's first admission was in the late 1960s. Sarah told the Inquiry that she believes that Olive received what the witness described as shock treatment at Muckamore during her first stay there which the family believed made her condition worse.

11:46

Sarah described how this first stay was to provide respite for Sarah and Oggy's mother who was looking after their ill father. Sarah that her mother did not like Muckamore and so after their father passed away in 1969 her mother brought Olive home and was firm that Olive was never to go into Muckamore again.

11:47

11:47

Sarah said that her mother told her that Olive had been treated badly and abused during her first stay at Muckamore. Sarah's mother said that the staff had been cruel to Olive. Sarah said that Olive was taken back to Muckamore in 1978 by another sibling against their late mother's wishes and Olive had to be forced into the car. She did not want to go and was yelling.

11:47

1 Regarding Olive's admissions, Sarah said that there was
2 nothing wrong with Olive other than a lack of
3 communication skills. Sarah said that she believed
4 that Olive could have continued to live in the
5 community with appropriate support rather than have 11:48
6 gone to Muckamore.

7
8 Regarding the environment at Muckamore, Sarah described
9 how Olive was kept under lock and key. Sarah said that
10 she wasn't allowed to see where Olive lived. She said 11:48
11 that Olive always seemed hungry on visits. Sarah
12 described how she was never able to speak to Olive on
13 the phone or call to ask for an update as to how she
14 was getting on. Sarah described a lack of activities
15 at Muckamore and said that Olive's book would be taken 11:48
16 away from her if she was bad. Sarah described that
17 Olive used bad language and referred to genitalia
18 leading Sarah to believe that something had happened to
19 Olive in Muckamore.

20 11:48
21 Regarding restraint, Sarah said that Olive was
22 restrained in a chair by turning the tray upside down
23 which Sarah seemed to have been normal practice.

24
25 On the topic of personal care, Sarah said that Olive's 11:48
26 hair was not cut or brushed, her teeth were dirty and
27 she would be dressed in other people's clothes. Olive
28 did not like this. Sarah described how on one visit
29 the clothes Olive was dressed in were inside out.

1 Olive would also tell her family that Muckamore was
2 dirty. Sarah said that Olive often looked "frightened,
3 pale, unhappy and like an old woman" at Muckamore and
4 she said that Olive became depressed there.

11:49

5
6 On her second admission Olive would say to Sarah, when
7 Sarah visited, "me go home" and would count the
8 duration of her stay at Muckamore.

9
10 Regarding injuries, Sarah said that on several
11 occasions Olive complained to her about having a sore
12 back saying that she had been hit and referred to a
13 man. Sarah also referred to being pushed and would say
14 "girl push lock door." Sarah said it was not clear if
15 Olive was referring to a staff member or another
16 patient. Sarah also said that Olive had bruises from
17 other patients. Olive would also sometimes say "nurse
18 hit" and "arm sore" or "Oggy hit, sore back."

11:49

11:49

19
20 On the topic of complaints Sarah described complaining
21 to the family GP and also told the Inquiry the
22 difficulties she and her family faced trying to make a
23 complaint about Olive's care to a consultant at
24 Musgrave Park Hospital and also to a social worker.
25 Sarah said that the family's concerns were not listened
26 to.

11:50

11:50

27
28 Sarah described how staff knew that Olive was unhappy
29 and would have known that Sarah wanted to bring Olive

1 home. Sarah said that when she tried to meet with
2 staff to discuss Olive they blocked her.

3
4 Sarah told the Inquiry about the circumstances of
5 Olive's death in 1993. Sarah told the Inquiry about 11:50
6 how she went to visit Olive, having been told that
7 Olive was unwell. Sarah said that she was shown to
8 Olive's room by a nurse and described how she saw Olive
9 covered in a sheet up to her chest. Sarah had not been
10 informed beforehand that Olive had passed away. This 11:51
11 was a complete shock to Sarah. Olive had died of bowel
12 cancer at Muckamore aged 61. Sarah said her family
13 were not aware that Olive was sick. Sarah is concerned
14 about the care and treatment or lack of care and
15 treatment that Olive received at Muckamore for her 11:51
16 bowel cancer. She is also concerned that neither she
17 nor her family were told about Sarah's condition."

18
19 Next then is Samuel. Samuel told the Inquiry about his
20 younger sister, Ruth, who was given the Inquiry cipher 11:51
21 P152 as appears there.

22
23 "Ruth was born in 1952 and Samuel was born in 1950.
24 Samuel said that Ruth had special needs. He said that
25 Ruth liked her special care school and that she tried 11:52
26 do things around the house.

27
28 Around 1970 Ruth was admitted to Fintona 7 Ward.
29 Samuel said that he recalls Ruth was in Muckamore most

1 during the 1970s and he doesn't recall her being there
2 much in the 1980s or 1990s. Samuel said that in the
3 early 1970s, Ruth was in Muckamore two or three times
4 for two to three months each time. Samuel also has it
5 in his diary that Ruth was in Muckamore in 1977. 11:52
6 Samuel said that there were times when Ruth would come
7 home from Muckamore with physical injuries, in
8 particular black marks on her arms and legs and marks
9 on her toes and feet as if she had been kicking things.
10 In the mid 1970s, Samuel and Ruth's mother noticed a 11:52
11 scar on Ruth's side and stomach which was wide and
12 lengthy. Samuel said his mother was concerned and so
13 she contacted Muckamore. Muckamore said that they had
14 no records of any incidents. The social worker said
15 that it was out of their jurisdiction and that if their 11:53
16 mother had any issues or complaints she should contact
17 the consultants in charge of Muckamore. Samuel said
18 that his mother always wanted to know what had happened
19 until she died.
20 11:53
21 Samuel gave information to the Inquiry about staff
22 members, both positive and negative. He recalled on
23 one occasion that his mother was very upset because one
24 of the consultants at Muckamore said "a good slap on
25 the arse would do her good." Samuel said that this 11:53
26 consultant was very nasty and that his mother dreaded
27 seeing him. Samuel said that the other consultant was
28 very different and would not have said anything like
29 that. Samuel said some staff took good care of Ruth

1 and also told the Inquiry about a particular staff
2 member that Ruth didn't like.

3
4 Samuel said that they never saw the matron and it was
5 always an auxiliary nurse who brought Ruth out when 11:54
6 they visited.

7
8 Regarding supervision, Samuel told the Inquiry he
9 believed that Ruth was not being properly supervised in
10 Muckamore. He recalled Ruth telling the family that 11:54
11 she had drunk washing up liquid and undiluted Ribena
12 and said that she had done that on a number of
13 occasions over the years. Samuel said that the family
14 were never told anything about that by Muckamore.

15 11:54
16 Regarding the environment at Muckamore Samuel said that
17 visiting Muckamore was a horrible experience. There
18 was no freedom and each area was controlled and locked.
19 Samuel would hear people crying and lamenting. He said
20 that Ruth looked perfectly normal by was surrounded by 11:54
21 people with real learning difficulties. He said that
22 the family were kept out of view of where Ruth slept
23 and usually Muckamore staff would want Ruth to come out
24 to the car rather than be inside the building.

25 11:55
26 Samuel said that Ruth always hated Muckamore and she
27 appreciated being at home. Samuel said that the family
28 noticed that when Ruth returned home her hair never
29 looked as if it had been looked after. The clothes the

1 family had given her were gone and she was wearing
2 other less nice clothing. Ruth loved style, make up,
3 clothes, colours and jewellery. She had a great
4 knowledge of people and things and loved Coronation
5 Street and Emmerdale. Samuel said that Ruth always 11:55
6 wanted to be treated like a normal person.

7
8 Samuel told the Inquiry about Ruth's medication. He
9 said that Ruth was given sedative medication and
10 medication that made her drowsy. He said that the 11:55
11 medication did not agree with Ruth. During home visits
12 the family reduced Ruth's medication as she did not
13 seem to need it.

14
15 Ruth was eventually resettled out of Muckamore. Samuel 11:55
16 said that if he had his life to live over again he
17 wishes he had got Ruth out of Muckamore."

18
19 The next is Linda.

20 11:56
21 "Linda gave a statement to the Inquiry about her late
22 sister Caroline. Caroline was born in 1962 and died
23 aged 10 in Muckamore. Linda's statement says that
24 Caroline was admitted to Muckamore for around nine to
25 10 weeks in late 1972 when she was 10 years old. Linda 11:56
26 was 12 at this time. Linda told the Inquiry about
27 physical injuries to Caroline during her time at
28 Muckamore. Linda said that during her family's regular
29 visits they noticed that Caroline had bite marks on her

1 neck and scratches on her shoulders. On one occasion
2 there was a bite on Caroline's finger so severe that
3 you could see the bone. On another occasion Caroline
4 had a broken tooth. Linda said that her father
5 complained to the manager at Muckamore who said that 11:56
6 the bite marks and injuries were caused by other
7 children at the hospital and that there was nothing
8 that the hospital could do about it. Linda said that
9 her father was not surprised by this as he had said
10 that he had witnessed children banging their heads off 11:57
11 walls during his visits. Nevertheless, Linda's parents
12 were not happy about it.

13
14 Caroline died in Muckamore aged just 10. Linda told
15 the Inquiry about how the family received this news 11:57
16 from a neighbour as they did not have a telephone. The
17 family were told by a Muckamore staff member that
18 Caroline had been left alone while having her breakfast
19 and had taken an epileptic fit, choked on her food and
20 died. Linda said that the family never received any 11:57
21 support or counselling. They do not know who found
22 Caroline, where she was in the hospital when she died
23 or whether anyone tried to resuscitate her. Linda's
24 father told Linda that they never received the
25 post-mortem report despite the fact that there was a 11:57
26 post-mortem carried out. The family do not recall ever
27 receiving a report of any police investigation and they
28 never heard anything further from the hospital. Linda
29 provided a copy of Caroline's death certificate to the

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Inquiry.

Linda said that Caroline should never have been left alone whilst eating as she could not feed herself properly. Linda said that her parents never got over the guilt of letting Caroline be placed in Muckamore." 11:58

Next is Olive.

"Olive gave a statement to the Inquiry about her uncle Campbell. Campbell was a patient at Muckamore from approximately 1972 until he died in 1981. Olive told the Inquiry about physical abuse suffered by her uncle. She said she would visit her uncle with her mother every Sunday and that every time they visited Campbell always had a black eye or had different cuts and bruises. She said that he would repeat "they hit me." Olive said that this wasn't reported to anyone as "In those days you didn't really ask any questions." 11:58

Olive said that she didn't think that her uncle Campbell was ever happy in Muckamore and she described how he kept escaping. Olive described how Campbell died in Muckamore in 1981. Staff reported that he had choked on fish and was found in the toilet but the police had told the family that Campbell was found dead in the grounds of Muckamore. Olive believed that there was neglect involved in Campbell's death. The family could not understand how Campbell got fish as the death happened around 8 pm at night. Olive said that the 11:59

1 autopsy report said something about fish being on the
2 ground. Olive said that no inquest took place and it
3 seemed that there was an uncertainty around the
4 circumstances of Campbell's death because there was a
5 nine month delay in having the death certificate
6 signed. Olive provided the Inquiry with Campbell's
7 autopsy report and e-mails to the Coroner's office.

11:59

8
9 Olive described how there was always a grey area around
10 Campbell's death but she said in those days you
11 believed what you were told and didn't question it.
12 She also said how people didn't really talk about it as
13 in those days she said that people were "nearly ashamed
14 of people with disabilities".

12:00

15
16 Next is Gerald.

12:00

17
18 "Gerald provided a statement to the Inquiry about his
19 brother, Trevor. Trevor was born in 1961 and has
20 intellectual disabilities. He is non-verbal and blind.
21 Gerald told the Inquiry that his brother attended
22 Muckamore for respite care for periods of two to three
23 weeks at a time, at most, a couple of times per year.

12:00

24
25 Gerald was able to tell the Inquiry about Trevor's time
26 at Muckamore between 1972 and 1982. When Trevor wasn't
27 at Muckamore he was cared for full-time at home by
28 Trevor and Gerald's late parents who felt pressurised
29 to admit Trevor to Muckamore full-time.

12:00

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Gerald said that his brother would come home from Muckamore either bruised, very upset or heavily drugged. Gerald recalled his brother returning from Muckamore on at least two occasions with physical injuries, in particular bruising to his face and upper body. Gerald understood that his father would have complained to the ward sister when he was collecting Trevor. His father would say that he was told that another patient had caused these injuries. Gerald said that his brother was not violent towards others, only himself.

12:01

12:01

Gerald also recalled his parents often telling him that when they went to leave Trevor off at Muckamore he became extremely distressed and would go berserk when he saw the building.

12:01

Regarding medication, Gerald said that his brother what come home heavily drugged, in a much more drugged state than what was normal. The medication would have been left at Muckamore, Gerald said. Gerald's father told Gerald that when he challenged the medication being given to Trevor he was told that there was increased medication given to calm Trevor down. Gerald told the Inquiry that his brother was admitted full-time to another centre in and around 1995 and he receives a fantastic level of care there and is extremely settled."

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Next is Margaret.

"Margaret gave a statement to the Inquiry about her brother, Kevin. Kevin was a patient at Muckamore for 17 years. Margaret told the Inquiry that Kevin was born in 1955 and he died in June 2023. Kevin was in Muckamore on different occasions between 1973 and 1990 when he was aged 18 through to 34. 12:02

Margaret told the Inquiry about her and her siblings being taken into care at a young age after their mother left home and her father struggled to care for the family. Margaret said that Kevin was abused while in different care homes. She described how, although Kevin had left school unable to fully read, write, tell the time or tie his shoelaces, he subsequently learnt how to read, count and form some letters. Margaret said that after leaving school Kevin was able to work, travel independently and learn to drive. He had worked in a hotel and a bar and in a picture framers. He had had a relationship and had gotten engaged. He also learned how to drive and for a time had a car and a motorbike. Margaret and her sister both believed that with support Kevin could have lived an independent life in the community. 12:03

Margaret said that Kevin was initially admitted to Muckamore under hospital orders after he was charged

1 with the theft of a bicycle and then a motorcycle.
2 Margaret said that Kevin should not have been in
3 Muckamore and what it really pains her that no one
4 tried to understand his history. She questions the
5 extent to which his experiences in care should have 12:04
6 been factored into his treatment and care at Muckamore.
7 Margaret said it really pains her that no-one tried to
8 understand Kevin's history and the abuse and pain he
9 suffered while he was in care.

10 12:04

11 Margaret described that the nuns in her children's home
12 would have threatened the children with admission to
13 Muckamore.

14

15 Margaret said that Kevin regularly absconded from 12:04
16 Muckamore and he was determined to get out of Muckamore
17 throughout his time there. She described how Kevin
18 continually sought independence such as through his
19 desire to buy a bicycle or a motorcycle. When Kevin
20 succeeded in obtaining a driving licence in August 1984 12:05
21 a doctor sought to have his licence withdrawn.

22

23 Margaret told the Inquiry about a time in 1982 when
24 Kevin was out on a permitted town parole when he was
25 struck by a motorcycle. Kevin had to have surgery and 12:05
26 he stayed in hospital for approximately eight weeks.
27 After this, Kevin was transferred to Movilla A ward
28 because of his mental state and violent outbursts.
29 Margaret said that there seemed to be no attempt to

1 discover the cause of Kevin's behaviour or consider
2 that it might be linked to the effect of his accident
3 or his injuries. She said that Kevin said to her that
4 he was a lot happier in hospital than he was in
5 Muckamore.

12:05

6
7 Margaret said what struck her the most at the time was
8 that if Kevin was able to go into the town on his own
9 then why didn't the Trust find a fitting place in the
10 community for Kevin to dwell.

12:05

11
12 Regarding medication Margaret said that Kevin seemed
13 drug or doped much of the time when her sister or
14 Margaret visited him. This was in contrast to the
15 Kevin that Margaret knew before Muckamore. Margaret
16 said that Kevin would talk about staff drugging him and
17 he complained about drowsiness as a result of which his
18 medication was reviewed.

12:06

19
20 Margaret said what when later discharged from Muckamore
21 Kevin would have flashbacks about being drugged up and
22 doped. Margaret said that there was little effort made
23 to link Kevin's behaviour to his large amounts of
24 psychotropic medication.

12:06

25 Margaret also expressed concern that little was done to
26 investigate or resolve the various medical issues from
27 which Kevin suffered during his time in Muckamore,
28 including asthma, eczema and severe rectal bleeding.

12:06

29

1 Margaret also said what Kevin would report being locked
2 up all the time in Muckamore and would say that the
3 staff were bad to him.
4
5 Margaret also said that she knows from Kevin's records 12:06
6 and Kevin telling her in his later years, that he was
7 subject to electroconvulsive therapy whilst at
8 Muckamore in 1974 and 1975. Margaret said that this
9 seemed to have an adverse effect on Kevin as on the
10 second session the doctor advised against any further 12:07
11 sessions.
12
13 Margaret described Kevin as being like a zombie when
14 their sister went to visit and said that Kevin would
15 alternate between being a zombie and then going into an 12:07
16 anger and rage. Margaret said that Kevin stopped
17 eating. Margaret expressed concern that there appears
18 to have been no effort to understand the context of
19 Kevin's background of desertion and abuse suffered as a
20 child with a learning disability. 12:07
21
22 Margaret noted that Kevin was reprimanded and punished
23 for anything described as homosexual behaviour, even
24 after it was decriminalised. She said that Kevin was
25 not a homosexual but would have suffered sexual abuse 12:07
26 from other male patients and believes that he was
27 blamed for this rather than being a victim of assault.
28
29 Margaret also described how Muckamore would deny

1 privileges and impose controls on Kevin.

2
3 Regarding resettlement, Margaret describes how in 1982
4 Kevin was no longer liable to be detained in hospital
5 but a place could not be found for him at a proposed 12:08
6 placement which she said was unacceptable. She said
7 that in 1984 his name was put forward for a hostel in
8 Belfast without response. As a result, Kevin was
9 repeatedly told it was not possible for him to leave
10 Muckamore. Margaret said that Muckamore had Kevin's 12:08
11 hopes built up on many occasions and then his hope was
12 destroyed leading to more trauma. Margaret said that
13 Kevin was ultimately placed on the rehabilitation
14 assessment program in 1989 and he was ultimately
15 discharged in February 1990, aged 34. " 12:08

16
17 Next is P106.

18
19 "P106 was a patient at Muckamore between 1974 to 1975.
20 P106 told the Inquiry about his background growing up 12:09
21 in children's homes and that he suffered abuse from an
22 early age. He said that the nuns would threaten the
23 children with being sent to Muckamore if they
24 misbehaved.

25
26 P106 said that when he was first admitted to Muckamore
27 in 1974 the reason for his admission was not properly
28 explained to him. He had tests carried out in RVH
29 whilst he was under the care of Muckamore which did not 12:09

1 find anything of concern and his IQ was assessed to be
2 109. He said that the reason for and significance of
3 the tests were not explained to him. P106 said he
4 would be admitted, discharged and then readmitted. He
5 said that his records showed a pattern of admission and 12:09
6 readmission for aggressive behaviour. He said that he
7 was never given any diagnosis while at Muckamore and
8 that the purpose of his admissions was never explained
9 to him. His view was that he was sent to Muckamore by
10 his other institution when his behaviour could not be 12:10
11 managed and he was punished in Muckamore if his
12 behaviour continued, but he would be discharged if his
13 behaviour improved.

14
15 He told the Inquiry about the environment at Muckamore. 12:10
16 He said that his first memory was that it was a
17 frightening place. He was admitted on to Movilla Ward
18 which he said was very noisy and he said that there
19 were people being hurt there. He remembered some
20 patients would have been very violent but he didn't 12:10
21 remember attacks between patients.

22
23 On his second admission to Ward 7A, P106 said that
24 Muckamore was again a very frightening place with
25 violent and hardened patients. He said that on his 12:10
26 second admission he recalled playing cards with some of
27 the patients and staff but described how he was always
28 aware that the staff were in control and could abuse
29 you and put you in a cell if they wanted to.

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P106 said that he was beaten up by staff a couple of times on his first admission for not taking his tablets or misbehaving. He recalled being put in an isolation cell. He also said that on his second admission he remembers being dragged down and put into what he considered was a cell when he wouldn't take his tablets or he misbehaved. 12:11

He described on his third admission being placed in a side room because of his behaviour with the instruction that he should be sent to bed early if his behaviour did not improve. He said "I recall that if I did not behave I would be locked up." 12:11

He told the Inquiry about his medication at Muckamore and that he felt livelier and his head felt clearer when he wasn't on it. He said that the purpose of his medication was never explained to him. He told the Inquiry he has been off this medication, Ospolot, for very many years now and although it was difficult at first he feels he did not need it and is better off without it. P106 said that he believed that medication was used as a means to control him and keep him quiet without trying to understand the underlying cause of his behaviour. 12:12

P106 said that he has not been in trouble for 30 to 40 years now. He told the Inquiry that he now has five

1 adult children, holds down a full-time job, owns his
2 own house and a car and is trying to teach himself to
3 read."

4
5 The next is Peter. Peter gave a statement to the 12:12
6 Inquiry about his late mother who I can call Jean.

7
8 "Jean was admitted to Muckamore as an in-patient in
9 periods between 1979 and her death in 1982. She had
10 been diagnosed with paranoid schizophrenia following 12:12
11 the death of Peter's father. Peter was not aware of
12 his mother having a learning disability or any mental
13 health problems when he was growing up. Peter said he
14 had been given the choice of either committing his
15 mother as a detained patient or that she go to 12:13
16 Muckamore voluntarily. His mother agreed to go
17 voluntarily in 1979. The family GP said that he had
18 researched Jean's diagnosis and he thought the purpose
19 of her admission was to allow her to recover so that
20 she could live independently in the community. 12:13

21
22 Peter said that he was never given any information
23 about the treatment his mother received either verbally
24 or in writing and, if he asked, he was always told it
25 was private and confidential. Being his mother's next 12:13
26 of kin he says he should have been kept informed.

27
28 Peter said that his mother later informed him what she
29 had received electric shock treatment whilst at

1 Muckamore which surprised and upset Peter. He felt
2 that there was nothing he could do because his mother
3 was a voluntary patient and had agreed to the
4 procedure.

5
6 Peter also told the Inquiry about the environment at
7 Muckamore. He said that when he travelled from England
8 to see his mother he did not see where she lived or
9 slept as they met in a common room. He recalled
10 telephoning the ward to speak to his mum and sometimes 12:14
11 the nurse would say that his mum didn't want to speak
12 to him which he felt was unusual. He said that on one
13 visit his mother was in good form and on the other two
14 visits she was withdrawn and there was no conversation
15 and she seemed disinterested in her granddaughter, 12:14
16 which was not normal. Peter said that his mum later
17 obtained a placement in sheltered accommodation as the
18 family had sold their home. Peter said it was a
19 wonderful place. He said that his mother would go back
20 and forth to Muckamore for treatment or effectively 12:14
21 respite for between one to four weeks at a time about
22 three to four times per year. Peter said that when his
23 mother was in Muckamore she seemed "depressed,
24 withdrawn, unwilling to speak, dishevelled and seemed
25 sedated much of the time." 12:15

26
27 Peter described how his mother died in 1982 by suicide.
28 Peter believes it was a deliberately planned suicide.
29 His cousin had heard of a suicide pact between three

1 patients at Muckamore. Peter has since learned
2 information that suggests there were two other suicide
3 attempts by Muckamore patients all to be carried out in
4 the same way."

12:15

5
6 The next is Charlene. Charlene provided a statement
7 about her sister, Valerie, who was born in 1966.

8
9 "Valerie was 19 when she was admitted to Muckamore in
10 January through to February 1986, being taken in what
11 Charlene described "the big white van." Charlene said
12 that Valerie has never been given a formal diagnosis
13 but at the time of her admission she had started to
14 wobble and lash out at family members.

12:15

15
16 Charlene told the Inquiry about the environment at
17 Muckamore. She said that the entrance to Muckamore was
18 dungeon like in the shape of a hexagon. On their first
19 visit to Muckamore after the birth of Charlene's
20 daughter and a few weeks after Valerie's admission the
21 family saw Valerie lying curled up on mattress, with no
22 bedding wearing a hospital gown which seemed to be too
23 small with her with no underwear. Valerie did not hug
24 her family and she batted her mother away which was
25 unusual. Their mother had a barney with the staff.
26 She asked where Valerie's clothes were and why she was
27 not in a proper bed. The staff said that they did not
28 know Valerie's state of mind and said that they needed
29 to assess her. Charlene described how Valerie's room

12:16

12:16

12:16

1 was extremely cold but yet she had no bedding or
2 blankets. Charlene heard and saw a patient outside in
3 the snow. The patient was wearing a dressing gown,
4 nightie and a pair of slippers and was knocking trying
5 to get in. She was saying "I'll be good, let me in." 12:17

6
7 Charlene said that the room was like a small dungeon
8 room and it was concrete coloured with a small high
9 window that you couldn't see out of. She said on the
10 next visit her sister had a bed with a small wardrobe. 12:17

11 Charlene said that on subsequent visits her sister
12 seemed estranged. Charlene said there was nothing much
13 in her sister's wardrobe. Valerie was able to say that
14 they kept taking her clothes out of the room and
15 Charlene said it was not clear if this was staff or 12:17
16 patients. When Charlene's mother raised it with the
17 staff the staff's excuse was that the items were in the
18 laundry.

19
20 Charlene described another visit where she saw the 12:17
21 dining hall and said that the residents were climbing
22 up and down the curtains, rocking and shouting from
23 their seats and dancing on the tables where the food
24 was. Charlene said she could not see any staff and
25 there did not appear to be anyone to control the 12:18
26 patients.

27
28 Charlene also talked about her mother's concerns that
29 her sister was not eating enough at Muckamore. She

1 also told the Inquiry that when Valerie left Muckamore
2 she was on a lot more medication and her mother has
3 tried to wean her off this since she left Muckamore.

4
5 Charlene also described how Valerie suffered from a 12:18
6 loss of skills while at Muckamore. She said that
7 Valerie had to be retrained in how to wash and shower
8 herself and that she seemed to lose the ability to eat
9 with a knife and fork.

10 12:18
11 Charlene said that her mother thought that Valerie was
12 sexually abused in Muckamore, given how she behaved at
13 bath time.

14
15 On Valerie's discharge Charlene said she was distant. 12:18
16 Charlene described how Valerie wanted locks on her
17 bedroom door and bathroom door. Valerie also became
18 very possessive about her property and became a
19 hoarder. Valerie would panic when you went into her
20 bedroom during the day and would panic when she 12:19
21 couldn't open various items of food. There were
22 occasions where Charlene's father had to kick the door
23 down to get in.

24
25 Charlene said that her sister has not been the same 12:19
26 since she left Muckamore. She says that her sister has
27 deteriorated over the years. She now claws and marks
28 herself. Charlene wrote in her statement that Valerie
29 has always said that she was not like the other people

1 in Muckamore. Valerie does not like to talk about
2 Muckamore and Charlene says that when Muckamore is
3 brought up Valerie shuts down."
4

5 **Next is P125's Father.**

12:19

6
7 "P125 is the eldest of three siblings and he was born
8 in 1974. He had a traumatic birth. P125's Father
9 described the family's ongoing attempts to get a proper
10 diagnosis for P125 and the difficulties that they had
11 faced in that regard. P125 attended Muckamore and was
12 under Muckamore's care for periods from approximately
13 1986 until around 1992. P125's Father describes him as
14 having severe learning disabilities and is largely
15 non-verbal but says he can manage the odd word. P125
16 would be admitted for respite purposes to Muckamore.
17

12:20

12:20

18 P125's Father told the Inquiry about the environment at
19 Muckamore. P125's Father described going to see
20 Muckamore before P125's first attendance. He said that
21 the place made him cry. He said that he felt it was
22 not a place for treatment but a place to contain
23 people. He said that there was a large dormitory with
24 beds that resembled old army beds placed close together
25 with small cabinets in between with no flowers or
26 pictures of family members.
27

12:21

28 P125's Father also described some years later that he
29 would leave P125 with a staff member at doors to

1 recreation rooms which were full of people. He said
2 that the room was extremely noisy and chaotic. He said
3 that patients would try to get out of the door and that
4 staff members dressed in short white jackets and white
5 trousers would push them back.

12:21

6
7 P125's Father described how P125 was admitted in 1989
8 between the 3rd July and 5th August as there was no
9 other respite option made available. P125's Father
10 said that neither he nor his wife were provided with
11 any literature of information about this admission. He
12 has since learned that P125 was booked on to Cushendall
13 Ward but on the occasions that there was a bed in
14 Cushendun he could sleep there too. P125 said, "Both
15 are adult wards and P125 was only 14 or 15 at the
16 time."

12:21

12:22

17
18 P125's Father described that throughout all of P125's
19 time at Muckamore neither he nor his wife received any
20 information about what Muckamore were doing with him,
21 other than caring for him as no other placement was
22 suitable for him.

12:22

23
24 P125's Father described another admission during the
25 school holidays in 1992 and said that the only reason
26 P125 was admitted was because his family needed support
27 and were provided with no other options.

12:22

28
29 P125's Father also described how when he returned P125

1 to Muckamore a male nurse would take P125 for a shower.
2 The nurse said it was required by the rules. P125's
3 Father said that he was told that this was to protect
4 the hospital in relation to injuries that could have
5 happened outside of the hospital. P125's Father said 12:23
6 that he felt it was inappropriate for a male nurse to
7 take his 15 year old son for a shower to check for
8 marks, particularly since P125 does not have the verbal
9 capacity to tell him about anything untoward. He said
10 that he felt at the time he could not challenge the 12:23
11 staff authority.

12
13 P125's Father said that P125 stopped going to Muckamore
14 in or around 1992. P125's Father said that he felt
15 that P125 became more disabled after being in 12:23
16 Muckamore. He described how P125's compulsive
17 behaviour became more intensified afterwards. He told
18 the Inquiry about where P125 went after Muckamore and
19 described how due to lack of availability and two
20 failed placements, P125 resided at home from 2008 to 12:23
21 2016.

22
23 P125's Father said that the family refused to ever let
24 P125 attend back at Muckamore. "

25
26 Next is Gregory. Gregory gave a statement to the
27 Inquiry about his late mother, Pamela.

28
29 "Pamela told Gregory that she was a patient at

1 Muckamore around the late 1990s or early 2000s, when
2 she was in her late 40s.

3
4 Gregory told the Inquiry about one incident that his
5 mum remembered and told him about relating to her time 12:24
6 at Muckamore. He said that his mum recalled being
7 dragged out of her room by a few members of staff. She
8 said that she was hosed down with a fire hose. She
9 told Gregory, his brother and his sister about this.
10 She did not say whether she was wearing clothes and she 12:24
11 didn't say who did it or how many people were there.

12
13 Gregory said that his mum spoke about this experience
14 regularly. He said that the fact that she remembered
15 this experience and spoke about it makes him believe 12:24
16 that the experience had a big impact on her as she did
17 not remember other things that happened to her during
18 her life because of her health difficulties.

19
20 Gregory said that he did not like what he heard and he 12:25
21 does not think this should have happened."

22
23 That finalised the list Panel. By way of conclusion,
24 although this summary of evidence focuses on what the
25 Inquiry was told about experiences relating to 12:25
26 Muckamore, it is important to acknowledge that, like
27 many other witnesses, some of these individuals also
28 provided the Inquiry with very detailed accounts about
29 their own and their loved one's individual

1 circumstances and other life experiences that they and
2 their loved ones had away from Muckamore.

3
4 All of this material, despite being outside the Terms
5 of Reference, provides a broader context to the 12:25
6 evidence that the Panel has already heard. The counsel
7 team trusts that this material will assist the Panel in
8 its work. That concludes my summary presentation.

9 CHAIRPERSON: Thank you very much indeed, thank you.
10 Yes, Mr. Doran. 12:26

11 MR DORAN: Panel, at the conclusion of the patient
12 experience phase of the Inquiry's work it is worth
13 reflecting very briefly on the significant volume of
14 evidence that has been presented to the Panel. In
15 total across all hearings since the commencement of the 12:26
16 evidence in June of last year, the Panel has heard the
17 oral evidence of 62 witnesses relating to the patient
18 experience. A further 28 statements have been read to
19 the Panel. Today, the Panel has also heard a summary
20 presentation in respect of 16 others who provided 12:26
21 statements to the Inquiry.

22
23 On behalf of the Inquiry team I would like to thank all
24 of those witnesses for coming forward to assist the
25 Inquiry. The Inquiry has heard deeply personal 12:27
26 accounts of the experience of patients and their
27 relatives. We acknowledge how difficult the experience
28 has been for them. They have greatly assisted the work
29 of the Inquiry and we sincerely hope that their

1 participation in the Inquiry has also assisted them.
2 Panel, that concludes the patient experience phase of
3 the Inquiry's work.

4 CHAIRPERSON: Could I thank you very much and also to
5 Ms. Briggs and the work that I know was put into that 12:27
6 summary. And on behalf of the Panel, I also want to
7 thank and pay tribute to all those who have assisted
8 the Inquiry through providing statements in this part
9 of the Inquiry. We heard, as Mr. Doran has said,
10 directly, either in person giving evidence before the 12:28
11 Panel, or through having their statements read, some 90
12 witnesses. We have also just heard further evidence in
13 the form of 16 statements which were very fully
14 summarised which we, the Panel, can take into account
15 in providing a background to some of the more 12:28
16 contemporaneous accounts.

17
18 The journey of many of these witnesses to this Inquiry
19 has, I know, been difficult for them. I hope, however,
20 that many, if not all, were able to get a degree of 12:28
21 satisfaction and comfort from knowing that their
22 account has been heard and has been listened to with
23 great care.

24
25 And, as Mr. Doran has said, often the evidence has been 12:29
26 very personal and very emotional. And whilst we remain
27 objective and with an open mind, I think everyone in
28 the room must have been touched emotionally by some of
29 the accounts given here.

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I also want to thank all the CP representatives who have worked to assist the Inquiry to complete this section of evidence and have also had to deal with the late service of material which they have done with I can say I think little complaint so thanks to all the representatives in the room and those not present today.

12:29

Now, apart from thanking the witnesses I should also thank all the Inquiry staff who have made this possible. Many in this room will not have realised that members of the Inquiry staff have quite often recently been working late into the night and at weekends to ensure that these statements and exhibits were properly redacted and presented and I want to thank all members of the Inquiry team who have been involved in dealing with these witnesses, taking their statements, and preparing them for presentation. I should say I think the care taken with witnesses when they have attended has also been exceptional.

12:29

12:30

12:30

I also want to mention briefly the counsel team. I know from personal experience that they have made a difficult job look easy. The seamless presentation of evidence in fact means a lot of hard work in the background in preparation and the presentation has indeed been seamless.

12:30

1 In the meantime work has been going on in the
2 background to get the next phase of evidence ready.
3 Many staff members to whom the Inquiry wishes to speak
4 have been identified and written to. I hope all will
5 cooperate and I hope that many will want to come and 12:31
6 give their accounts. It is important that they do so
7 because we need to see all parts of the picture in
8 order to get a full understanding of life within the
9 hospital. If people are uncooperative, as everyone
10 knows, I do have certain powers to compel witnesses but 12:31
11 we will always hope to persuade, if persuasion is
12 necessary, rather than to compel.

13
14 Before the end of the year we will also be writing to
15 the relevant public authorities and organisations to 12:31
16 inform them of what is required for the purposes of
17 providing their evidence to the Inquiry.

18
19 So, the next sitting date is expected to be the 6th of
20 November at 10 o'clock in the morning and that is the 12:31
21 date we will all be working towards. A schedule of
22 witnesses will be provided as soon as we possibly can.

23
24 In the meantime, can I thank everybody for their
25 attendance today. It is slightly early but I hope 12:32
26 everybody has a good and slightly more relaxed weekend
27 than perhaps they have up to this point, so thank you
28 all.

29

THE HEARING ADJOURNED UNTIL THE 6TH NOVEMBER 2023 AT
10:00 A.M

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