

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

HEARD BEFORE THE INQUIRY PANEL  
ON TUESDAY, 20TH SEPTEMBER 2022 - DAY 11  
P16' S MOTHER

Gwen Malone Stenography  
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1 THE HEARING RESUMED AS FOLLOWS ON TUESDAY, 20TH  
2 SEPTEMBER 2022

3  
4 CHAIRPERSON: Thank you very much. Right. Well, good  
5 morning everybody. And welcome back. Before - I think 10:07  
6 it is Ms. Kiley who is going to be calling the first  
7 witness - I'd like to welcome everybody back to the  
8 Public Inquiry and just make a few preliminary remarks  
9 to set the scene, if I may?

10 10:07  
11 First, it is perhaps obvious that we can no longer  
12 insist on face masks being worn and also testing for  
13 Coronavirus twice a week. Everyone is now at liberty  
14 to take such precautions as they wish to, but the  
15 Inquiry can't insist on rules which are not being 10:07  
16 observed in wider society. We do still have the HEPA  
17 filters working; obviously we will have to keep that  
18 under review if Covid rates increase and the rules  
19 change.

20 10:08  
21 In relation to masks, can I just mention this: Next  
22 Wednesday, not tomorrow but next Wednesday, the 28th,  
23 we have a witness attending who in fact has a serious  
24 phobia of masks, and indeed the sight of anyone in a  
25 mask may seriously disturb her. We'll remind everybody 10:08  
26 of that again. We'll try to ensure that when she  
27 arrives at the premises the public area is cleared, but  
28 should you wish to wear a mask - I don't see anyone  
29 wearing one, not surprisingly today - but should you

1 wish to wear a mask, you'll have to sit in Hearing Room  
2 B while that witness gives evidence.

3  
4 Can I make some more general remarks about the witness  
5 statement taking process and the progress of this 10:08  
6 Inquiry? As you will all appreciate, as the chair of  
7 this public Inquiry, I have a number of duties and  
8 functions. Part of my statutory duty is to ensure that  
9 this public Inquiry meets all of its terms of  
10 reference, while moving forward efficiently and at an 10:09  
11 appropriate speed. I also have a duty, of course, to  
12 be fair and a duty to control the costs of this  
13 Inquiry, which is funded out of the public purse.

14  
15 Now, it's always been my view that we needed to start 10:09  
16 this Inquiry by hearing as much relevant evidence as we  
17 could about the patients, either from them directly or  
18 from their relatives and carers about their experiences  
19 at MAH. And I wanted to start with that evidence so  
20 that we had a solid understanding of what had happened 10:09  
21 to the patients in terms of care, both good and bad, at  
22 the very beginning of the Inquiry. That evidence will  
23 give us a solid basis for questioning witnesses from  
24 organisations such as the Trust, the RQIA and many  
25 others, about what was done well and what was done 10:10  
26 badly.

27  
28 However, I've also said that we need to move the  
29 Inquiry forward, and so my intention is that we must

1 finish this part of the evidence of the Inquiry before  
2 the end of this year. That will take, I understand, a  
3 considerable effort, and I'm asking for the  
4 co-operation of everyone involved; core participants,  
5 potential witnesses and solicitors who are representing 10:10  
6 core participants.

7  
8 Now, I have said repeatedly that we cannot wait to  
9 gather every bit of documentation in relation to each  
10 complaint and each patient before we hear from the 10:10  
11 relevant witnesses. In my view, if we try to do that,  
12 we will not be successful in moving the Inquiry forward  
13 at an appropriate speed. We need to hear from the  
14 individuals on the basis of what is available to them  
15 now and, where necessary, we will follow that evidence 10:11  
16 up with document requests of the Trust or to the  
17 organisation involved who may hold relevant material.

18  
19 Now, in some cases, that may mean that we will have to  
20 go back to witnesses later for further information. 10:11  
21 But that, in my view, is the better course than trying  
22 to get all of the documentation in advance, a great  
23 deal of which may not assist the Inquiry at all. We  
24 will also be in a far better position to understand  
25 what we need to ask for once we've heard from the 10:11  
26 relevant witness.

27  
28 I do want to make this clear: That no one will be cut  
29 out from returning to make a further statement if, as a

1 result of documentation being discovered or retrieved  
2 after they've given evidence in this session, they have  
3 something more of relevance to tell us.  
4

5 Can I also return, once again, to the issue of the 10:12  
6 taking of statements? And I'm speaking now perhaps to  
7 most of the lawyers in the room, which is just about  
8 everybody, I think, at the moment. I have, myself,  
9 been involved in representing people for over 35 years,  
10 so I do understand the duties and the different 10:12  
11 tensions involved in representing individuals in a  
12 public Inquiry, and I'm not unsympathetic to the  
13 difficulties and the sensitivities of that task. But I  
14 have set down how I expect statements to be taken and I  
15 do expect that to be observed. I've said on more than 10:12  
16 one occasion that there is only one firm of solicitors  
17 who, at this stage of the Inquiry, is entitled and  
18 funded to take witness statements and that, of course,  
19 as everyone knows, is Cleaver Fulton Rankin. I do  
20 understand the inclination of solicitors firms to want 10:13  
21 to take full instructions from each and every client.  
22 It has to be remembered, though, that these are not  
23 adversarial proceedings in which witnesses require  
24 careful advice or protection lest they place themselves  
25 in jeopardy, at least not at this stage of the Inquiry. 10:13  
26 All we're seeking is each witness' account of what  
27 happened to them, or their loved ones, at MAH. The  
28 Inquiry will not authorise or fund the taking of what  
29 amounts to a preliminary statement prior to that to be



1 taken by CFR, and seeking to do that would  
2 significantly delay the making of the witness statement  
3 and potentially disrupt the flow of this Inquiry and,  
4 as before, I strongly discourage it.

10:14

5  
6 But can I say this: I do recognise that a solicitor may  
7 well wish to discuss the first draft of a witness  
8 statement of a person they're representing, once it's  
9 been taken by CFR, to ensure that their client has said  
10 everything that they intended or wanted to and, if  
11 necessary, assisting to ensure that the final draft is  
12 as complete as possible. But that should be a far  
13 shorter process than trying to seek full instructions  
14 prior to the first Cleaver Fulton Rankin draft being  
15 taken. And as chair, I have instructed my  
16 administrative team not to pay for work which has not  
17 been authorised in advance or is outside of the terms  
18 that I've set for work which may be done, and anyone  
19 undertaking such work does so at the risk of not being  
20 paid for it.

10:14

10:14

10:15

21  
22 Now let me then address, more directly, the core  
23 participants themselves, and especially the individuals  
24 granted that status, because I'm aware that there may  
25 be people watching this on live stream. There will  
26 come a time later in the Inquiry when, informed by the  
27 witness statements and by the core participants  
28 examining disclosed material, that all CPs will have a  
29 powerful and important role in suggesting questions to

10:15

1 counsel to the Inquiry to be put to the organisations  
2 responsible for the care and protection of patients at  
3 MAH. But at this stage what we need is the evidence of  
4 the patients and the relatives and their experience,  
5 and we need that to be done through immediate 10:15  
6 engagement with CFR. If that is to be arranged through  
7 your solicitors and that is your wish, then all well  
8 and good, and of course we're recognising that. But,  
9 please, that process must start now.

10  
11 I have, from the very beginning of this Inquiry, been  
12 willing to attend engagement sessions if that would  
13 assist any core participant and, of course, I'm still  
14 willing to do so in order to explain the work of the  
15 Inquiry and how we're going about our business, and you 10:16  
16 need only approach the Secretary to the Inquiry to  
17 organise that.

18  
19 Can I also say this: The Inquiry Secretary and  
20 solicitor are also available to anyone who has any 10:16  
21 gripes or concerns. Of course anyone is entitled to  
22 raise anything formally in writing if they choose to do  
23 so, but I hope that a simple approach to Jaclyn, as  
24 Secretary to the Inquiry, or Lorraine as solicitor to  
25 the Inquiry, will resolve most difficulties. And I 10:17  
26 hope that we can now move forward with this, what is  
27 undoubtedly a crucial part of the Inquiry, which is  
28 receiving the critical evidence from the patients and  
29 their loved ones as we move forward.

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29

So to that end, I see Mr. Doran sitting in his chair, but I think it's actually Ms. Kiley behind you who is going to call the first witness.

MR. DORAN: Yes, that's correct, chair. Chair, members of the panel, the Inquiry will hear from two witnesses today, and I just wanted to say a few things by way of introduction. 10:17

The first witness is the mother of a patient, P16. And as you've indicated, chair, Ms. Kiley will take the witness' evidence for the Inquiry. The witness this afternoon will be a former patient, P21, and Mr. McEvoy will deal with his evidence. 10:17

The first witness, as I've said, is the mother of P16. She is a core participant, represented by O'Reilly Stewart. Now, chair, the indication has been given to me that the witness has requested that her evidence be given only in the presence of the Inquiry panel, the Inquiry team and staff, and also her own representatives. So, chair, I would ask at this point if the arrangement could be made for others to observe the first witness' evidence from Hearing Room B next door. 10:18

CHAIRPERSON: Yeah. Well, I was aware that this was a possible application that you were going to make. As you know, we have tried to encourage every witness, where at all possible, to give evidence here in the 10:18

1 room with everyone present, if possible. But we've  
2 also said always that we will assist any witness who  
3 needs that sort of assistance. So I'm sorry that this  
4 has happened for the first witness of the new session,  
5 but could I therefore ask everybody who was not named - 10:19  
6 so I think that was ORS should remain?

7 MR. DORAN: Yes.

8 CHAIRPERSON: And the Inquiry staff.

9 MR. DORAN: Yes

10 CHAIRPERSON: But could I ask everyone else, and I do 10:19  
11 apologise, to move to Hearing Room B, to hear this  
12 witness? Thank you very much.

13 MR. DORAN: Yes, Chair. I should say that I had  
14 brought the request to the attention of the other  
15 representatives prior to the session. 10:19

16 CHAIRPERSON: Yeah, sure. I'm sure. Well, apologies,  
17 we've got to do what is necessary.

18  
19 [Short pause in proceedings]

20  
21 P16' S MOTHER, HAVING BEEN SWORN, WAS EXAMINED BY  
22 MS. KILEY AS FOLLOWS

23  
24 CHAIRPERSON: Can I just thank you very much for coming  
25 along to give your evidence. My name is Tom Kark and 10:24  
26 I'm the chair, and you probably recognise my two panel  
27 members.

28 THE WITNESS: Yeah.

29 CHAIRPERSON: So just relax. All we want to hear is

1 your story. And Ms. Kiley is going to ask you some  
2 questions. If you need a break at any stage, just say  
3 so and we'll probably break after about 45 minutes. Do  
4 you need a break straightaway?

5 THE WITNESS: No, no. 10:25

6 CHAIRPERSON: And we'll probably go for about 45  
7 minutes and then we'll stop and you can get a coffee or  
8 whatever you need, all right?

9 THE WITNESS: Yeah

10 CHAIRPERSON: Okay. Lovely. Thank you. 10:25

11 MS. KILEY: Thank you, Chair. Just for the record, the  
12 witness is accompanied at the witness table by a family  
13 liaison officer who is known to the Inquiry as SW1.

14 CHAIRPERSON: Indeed. welcome back.

15 MS. KILEY: Good morning. 10:25

16 A. Good morning.

17 1 Q. We met briefly this morning and I explained to you the  
18 procedure of giving your evidence today. So I'll just  
19 remind you of that very briefly, okay?

20 A. Yeah. 10:25

21 2 Q. So as you know, your son has been granted anonymity by  
22 the Inquiry and he is known to the Inquiry as P16, and  
23 so I'm going to refer to him as P16 and to you as P16's  
24 mum. Okay?

25 A. (Witness Nods). 10:26

26 3 Q. So I'd ask you do the same whenever you're referring to  
27 your son, to refer to him as P16 or "my son", if you  
28 you'd prefer, but to not say his name to protect that  
29 anonymity. Okay?

1 A. Yeah.

2 4 Q. And you will see in the statement that I see you have  
3 in front of you that your son's name has been replaced  
4 with the letter P16 throughout the statement.

5 A. Yeah. 10:26

6 5 Q. Now, you'll also see in the statement that some other  
7 names have been replaced with a cipher, and that  
8 ciphering is a letter H followed by a number. That is  
9 the ciphering that the Inquiry is using for staff  
10 members in Muckamore Abbey hospital. Okay? So some 10:26  
11 staff members' names have been redacted and you will  
12 see them replaced with the letter H and a number. So  
13 that's how I will refer to them whenever I'm reading  
14 your statement. And if you have to refer to them in  
15 evidence, if you could do the same, just refer to them 10:26  
16 by their cipher, not their name.

17 A. (Witness Nods).

18 6 Q. Now, to enable you to do that, you have a list of their  
19 names and ciphers in front of you. Okay?

20 A. Yeah. 10:27

21 CHAIRPERSON: Can I just say this though: It's almost  
22 inevitable that you'll make a mistake.

23 THE WITNESS: Yeah.

24 CHAIRPERSON: Every single witness has. So don't worry  
25 about it if you do. Don't get in a panic. Because we 10:27  
26 can take it out of the transcript and we can stop the  
27 recording to the other room. So please don't worry.  
28 If you get it wrong, don't panic, all right?

29 THE WITNESS: Yeah.

1 MS. KILEY: Okay? And the same goes for some other  
2 names and facilities in the statement - I explained  
3 this to you earlier - there are some names and the  
4 names of facilities that I won't be saying. But don't  
5 worry about it, we can deal with those as we go through 10:27  
6 them, I'll just be referring to them as a particular  
7 role of a person, okay?

8 A. (Witness Nods).

9 7 Q. And you can do the same. But this will become clearer  
10 whenever I read out the statement. So you have made a 10:27  
11 statement to the Inquiry dated 16th May. That's the  
12 statement you have in front of you, is that right?

13 A. Yeah.

14 8 Q. And you've had an opportunity to read that this  
15 morning? 10:28

16 A. (Witness Nods).

17 9 Q. Yeah. Okay. The first thing I'm going to do is read  
18 that aloud to the Inquiry panel and then I'll ask you  
19 some questions about it, okay?

20 A. Yeah. 10:28

21 10 Q. So I'll start reading that now: So this is the  
22 statement of P16's mother, dated 16th May 2002:

23  
24 "I, P16's mother, make the following statement for the  
25 purpose of the Muckamore Abbey hospital MAH Inquiry. 10:28  
26 In exhibiting any documents I will use P16's M and a  
27 number, so my first document will be P16's M1.

28  
29 My connection with MAH is that I am a parent of a

1 patient. My son, P16, has been an inpatient at MAH and  
2 continues to use MAH services. The relevant time  
3 period that I can speak about is between 2010 to the  
4 present date.

5  
6 I was working in a paintbrush factory when I had P16.  
7 My husband, P16's father, was working as a coal man.  
8 We have two sons, P16's brother and P16. P16's brother  
9 was eight years old when P16 was born. P16's brother  
10 has always been very good at dealing with P16. P16's  
11 father sometimes finds it difficult dealing with P16.

12  
13 When I had been expecting P16, I had been asked to come  
14 back the following week for another scan, as they  
15 thought there was something unusual about his neck.  
16 P16 was born at full term at 12:50a.m. at the Mater  
17 Maternity Hospital on a date in 1998, weighing 7 pounds  
18 and 2 ounces. We didn't know that P16 had Down  
19 Syndrome until the day after he was born. He had no  
20 heart problems and no other defects.

21  
22 P16 did not have any creasing on his hands, although I  
23 feel like the staff knew.

24  
25 The consultant came to me and lifted P16's arms and  
26 asked me if I noticed anything. I didn't, but he said  
27 that P16 had very floppy arms. The consultant told me  
28 that this was Down Syndrome and said "there's a wee  
29 booklet, you can take it home now and show him love".



1 I was distraught and couldn't believe it. I had to be  
2 moved into a side room. We didn't know anything about  
3 Down Syndrome. I had never come across anyone with  
4 Down Syndrome and I had only seen them on buses. I  
5 didn't know what people with Down Syndrome were capable 10:30  
6 of. I thought that I was taking this baby home and  
7 that he wouldn't be able to do anything.

8  
9 P16's father was a bit hurt and found it a bit  
10 difficult. P16 having Down Syndrome didn't phase P16's 10:30  
11 brother at all.

12  
13 I was contacted by someone at the Down Syndrome  
14 Association in October 1998 and they invited me to a  
15 kids party in West Belfast. I remember walking into 10:30  
16 the party and saw that it was just a normal children's  
17 party and I realised what P16 could be capable of.  
18 This gave me a little more hope when I saw all the kids  
19 enjoying themselves.

20 10:31  
21 Until P16 was four months old, he was doing well and  
22 was pulling himself up and starting to stand. Most  
23 children with Down Syndrome aren't able to do this, so  
24 this was good progress. P16 began to have episodes  
25 which were like little hiccups. I didn't think 10:31  
26 anything of them. I had taken P16 down to  
27 physiotherapy and the physiotherapist - who you name -  
28 was working with him. P16 did the hiccup thing and the  
29 physiotherapist asked me if he did this often. She got

1 me to see a paediatrician - who you name - and P16 was  
2 quickly diagnosed with a form of epilepsy, West  
3 Syndrome. The doctors tried a number of different  
4 types of medication, but the first ones didn't work and  
5 there was no change.

10:31

6  
7 P16 was put on Epilim and he improved.

8  
9 I remember one day in the Abbey Centre when P16 started  
10 to look around himself and it was like he had woken up.  
11 The epilepsy disappeared when P16 was about  
12 one-year-old, but I think it did something to his  
13 behaviour.

10:32

14  
15 As a toddler, P16 was happy and began walking at two  
16 years old. He went to Segal House Nursery and he was  
17 also statemented when he was around two years old. At  
18 school, he couldn't sit still. His teachers found him  
19 a bit of a handful, but they took additional care of  
20 him. P16 is quite bright, but was frustrated as he  
21 found it hard to communicate. P16 went to Oakwood when  
22 he had just turned three years old and was there until  
23 he was eight years old. He had two-to-one care and did  
24 well.

10:32

10:32

25  
26 While P16 was at Oakwood, we first got respite care for  
27 him. This took place at Lindsay House, Seymour Hill,  
28 Dunmurry. I loved it and he loved it. The people were  
29 very specialist and they used to keep us up to date.

10:32

1 At Glenveagh, P16 had two-to-one care and was also out  
2 in a mobile away from the others. This was better for  
3 him, as it meant that there was nothing to distract  
4 him. There were worse, more disabled children there.  
5 P16 was diagnosed as having autism and severe 10:33  
6 behavioural problems while at Glenveagh. There were  
7 two teachers - who you name - who were great. Both  
8 were very fond of P16. P16's time at Glenveagh was  
9 limited, as they could not cope with his behaviours.  
10 Nobody else seemed to want to work with him and I would 10:33  
11 have received telephone calls from them daily to ask  
12 for me to come to collect him, as they could not manage  
13 him. I was working in a separate school in the same  
14 grounds at the time.

15  
16 When P16 was 13 years old, he was admitted to the 10:33  
17 Glenveagh and was there between (a) 18th November 2011 to  
18 30th April 2012 and (b) 9th June 2015 to 11th April  
19 2016. This continued until P16 was around 18 years  
20 old. He continued to come home from time to time 10:34  
21 during that period.

22  
23 P16 also spent time in Willow Lodge for respite, so  
24 this broke up this time. Willow Lodge was a great  
25 place when P16 was there and he really liked it. There 10:34  
26 were only two beds in Willow Lodge, so it really suited  
27 him, as it was nice and peaceful.

28  
29 P16's education placement was changed when he was about

1 16 years old and he was moved from Glenveagh to  
2 Glencraig. There was a period between these placements  
3 when P16 did not have a school, as Glenveagh sent him  
4 home when they did not have enough staff.

5  
6 When P16 moved to Glencraig, he was travelling there  
7 from MAH. P16 likes cars and he doesn't like buses.  
8 P16 still loves cars and loves our car. P16 likes to  
9 go on Instant Street View and will also look up

10 addresses. He knows all round Northern Ireland and  
11 likes to go on virtual journeys. That would be his big  
12 interest. When at Glencraig, he would travel in a taxi  
13 with a member of education authority staff. He would

14 always have an escort. For example, at Glenveagh - and  
15 you name two people who were classroom assistants -  
16 nobody else would be able to go with P16. I recall one  
17 incident in 2008 when P16 was coming from school to

18 home in a taxi. I don't recall the name of the taxi  
19 driver, but a classroom assistant was accompanying P16.  
20 Another car collided with the taxi P16 was in and  
21 rammed it. Both cars stopped. The driver of the other

22 car pulled P16's taxi driver out of the car and pulled  
23 him to the ground and assaulted him. This happened on  
24 the Springfield Road. P16 saw this assault and the  
25 driver being punched. The taxi driver got back into

26 the car and drove P16 and the classroom assistant to  
27 our home. The classroom assistant handed P16 over to  
28 me and I didn't find out what had happened until the  
29 following Monday when the classroom assistant didn't

1 turn up. The other driver had followed P16's taxi  
2 driver to our home. I later became aware that the taxi  
3 driver was well known in the area, had a reputation and  
4 had been involved in a paramilitary feud with the other  
5 man. As a result of this, the classroom assistant put 10:36  
6 in a claim and she was off work for months. I  
7 complained about this incident and the impact that it  
8 had on P16. I queried why the taxi driver wasn't  
9 properly checked as he was working with vulnerable  
10 children. I sent a letter to the board and they 10:36  
11 rejected my complaint, saying that it wasn't anything  
12 to do with them. Glenveagh said the same. Glenveagh  
13 said that witnessing the assault wouldn't have done him  
14 any harm. I disagree with this outcome.

15  
16 Transport has been a difficult thing for me and for  
17 P16. He has been in taxis provided by the education  
18 authority with broken locks and the transport is not  
19 properly equipped for people with P16's needs. Some of  
20 the taxis didn't have accessibility ramps and just used 10:37  
21 planks of wood."

22  
23 CHAIRPERSON: If you just slow down a bit.

24 MS. KILEY:

25  
26 "When P16 was a child he went to an organisation called  
27 Kids Together. This is a club in West Belfast  
28 organised by a number of people, including - a person  
29 who you name - who also had a child with Down Syndrome.

1 It was brilliant for P16. At the beginning it was a  
2 smaller group and they were able to cope well with  
3 P16's learning difficulties. It was absolutely  
4 fantastic. The girls would have taken P16 out and I  
5 knew that he was in safe hands. However, the group 10:37  
6 became more and more popular. It took more children.  
7 These were children with more moderate needs and some  
8 with no needs at all. We ended up having to take P16  
9 out of Kids Together because they couldn't support him  
10 as well as before. 10:37

11  
12 When P16 reached 18 years old he could no longer go to  
13 the Iveagh Centre as it was just for under 18s. There  
14 were discussions with a social worker - who you name -  
15 and a nurse - who you name - a learning disability 10:38  
16 nurse and children's services about where P16 should  
17 go. There was a suggestion that a care home in  
18 Hollywood would be suitable for P16 and there was a  
19 push to get him in. I visited there and it wasn't  
20 finished, but the Iveagh Centre and the children's 10:38  
21 services moved him anyway.

22  
23 P16 was moved to a care home on his 18th birthday in  
24 2016. I don't think that they understood P16's  
25 behaviours and it seemed to me that there was a lack of 10:38  
26 support for the young people and their needs. I was at  
27 the care home every other day. Building work was  
28 supposed to be done, but I didn't know that it wasn't  
29 complete and it was still being wired and had no lift.

1 The lift was supposed to be a personal lift for P16 due  
2 to his mobility needs and behavioural issues. It went  
3 from the ground floor to the area that was designated  
4 for P16. There were plugs still hanging from the  
5 walls. This is a big thing with P16, as he has no  
6 impulse control whatsoever and he would pull on things  
7 that were hanging down.

10:39

8  
9 P16 was properly diagnosed with this and he would ask  
10 me to move things. This was one of the main things  
11 with P16 in moving to this place, as he was supposed to  
12 have a place to himself away from others where he would  
13 not be distracted by other people and their things. He  
14 would have to step over wires on the floor. This  
15 concerned me because of his mobility. There was an  
16 outside veranda which had to be kept locked, as it  
17 wasn't finished and it didn't have a safety rail. This  
18 home catered for older people and I don't think it was  
19 suitable for P16. I did not feel that the staff at the  
20 care home were equipped for P16's needs and behaviours.

10:39

10:39

10:40

21  
22 One Tuesday, I had been due to go to the care home to  
23 take P16 for a drive. I phoned in advance of going  
24 there to say I was coming over at 12:00p.m. and they  
25 said that was fine. When I arrived, one of the nurses  
26 opened the door and said to me that the manager wanted  
27 to talk to me. When I went to speak to him, he said  
28 that they couldn't cope with P16. The manager - who  
29 you name - told me that he hadn't been home for nine

10:40

1 nights because he had no trained night staff. I think  
2 that he had been up all night on most nights. I  
3 thought that this was awful and I couldn't believe it.  
4 I had been let down again.

10:40

5  
6 When I think about these little points, I become really  
7 upset. There was no apology, it was just "take him  
8 home, I can't cope". The staff at the care home had  
9 mentioned a few small things, but they had never said  
10 that they couldn't cope.

10:41

11  
12 P16 would have needed preparation for a change like  
13 moving house. He would have needed a social story for  
14 some time, maybe months in advance, so that P16 knew  
15 what to expect.

10:41

16  
17 I went round to his room and got P16. They had already  
18 packed P16's bags for me to take home. When I took P16  
19 from the care home, he had no idea where he was going,  
20 whether he was going to our house or whether he would  
21 be going back to the care home later that day. That  
22 first night P16 started throwing things around and  
23 breaking things. He broke a lamp and the television.  
24 He only ever does this when he's very agitated. He  
25 attacked me as well. He was hitting me and pulling  
26 hair out of me. I felt that I was at breaking point.

10:41

10:41

27  
28 I had P16 at home for a few days. He was unsettled and  
29 we found it hard to cope with his behaviours. His



1 behaviour was extremely difficult and I had to contact  
2 my general practitioner. Our general practitioner had  
3 an approved social worker, who we didn't know, visit us  
4 at home and P16 was detained under the Mental Health  
5 Order and I had to take P16 to MAH. The approved  
6 social worker and general practitioner followed me by  
7 car.

10:42

8  
9 It's difficult to remember much about that night. I  
10 went up the next day and was shown towards an old  
11 building. I think it was called Moylena. It was badly  
12 rundown and I think it was condemned. It was horrible,  
13 with old corridors and carpet. The ceilings were all  
14 falling down. It was filthy. I think there was only  
15 one other person in the place and he was crawling  
16 around on the floor. P16 was at the very end of the  
17 building and he was sitting naked. P16 only takes off  
18 all his clothes when he is really stressed and  
19 agitated.

10:42

10:42

20  
21 I marched over and told the staff to take him out of  
22 there, that they weren't going to leave him somewhere  
23 like that. They moved him over to ICU, but he was only  
24 in there for, at the most, at the very most, two weeks.  
25 P16 was then moved to Cranfield Ward. This was a new  
26 building, so it looked better. A lot of the staff  
27 were, I thought, at that stage very good. I thought  
28 that they were looking after him. When P16 doesn't  
29 like people, he will spit at them. Looking back, he

10:43

10:43

1 did this sometimes when on Cranfield. He wouldn't have  
2 wanted to go out with certain people. He rips his  
3 clothes when he is really agitated. I would have to  
4 send up loads of T-shirts and pants. I think there  
5 were weeks when I was spending over £50 on T-shirts. 10:43  
6 On one occasion I remember spending £90 on clothes in  
7 Primark. I was maybe buying him three pairs of pants  
8 per week.

9  
10 During this period I wasn't working due to my stress 10:44  
11 levels, so I was only getting half pay and then  
12 statutory sick pay. It was costing us a fortune and  
13 this was money that we didn't have. I didn't realise  
14 at the time that because P16 was in a hospital setting  
15 that I could have been reimbursed for that. I think 10:44  
16 that the social worker, who I didn't see very often,  
17 should have told me. It was always mentioned at the  
18 meetings with the social worker and other people that  
19 P16 was ripping his clothes.

20 10:44  
21 P16's behaviour was really heightened and he would  
22 bring this back home with him when he was back home for  
23 a visit. We would be able to calm him and his  
24 behaviours decreased, but then increased again when he  
25 knew he was going back. When I left him back to MAH, 10:44  
26 P16 would start pulling my hair and cursing. He would  
27 ramble off peoples' names. He would name everyone.  
28 When we got to MAH, sometimes P16 would get out of the  
29 car and sometimes he wouldn't. P16's reaction depended

1 on who came out for him. I think that P16 is a very  
2 good judge of character and he will like people who  
3 like him. It's like P16 knows. He's very perceptive.  
4

5 When P16 saw some of the staff, he would throw himself 10:45  
6 onto the ground and rip off all his clothes. He does  
7 this when he is distressed and has an aversion to  
8 people or what people are trying to get him to do.  
9 With other staff, he would just have seen them and  
10 walked in without any difficulty, not a backward look 10:45  
11 to me.

12  
13 I brought him up by car and then phoned to say that I  
14 was outside. A member of staff or maybe a couple of  
15 members of staff would come out. The staff who P16 10:45  
16 liked would have come out on their own. For example,  
17 H55, who was one of his favourites, H56 and H57. H121  
18 was great with him and H58 as well. He didn't mind  
19 H59.

20 10:46  
21 The staff who P16 didn't like would have come out with  
22 another person. For example, H60. There weren't many  
23 men who P16 liked, it was more the women he was  
24 comfortable with. I think he felt safer with them,  
25 they mothered him. I'm only thinking about this now, 10:46  
26 about the reasons why he didn't want to go in and what  
27 could have been happening. I feel guilty. At the time  
28 I thought that this behaviour was just because of the  
29 way P16 is, but now I think there was a reason for it

1 and he was trying to tell me something.

2

3 The mental health detention order was lifted, and when  
4 P16 settled in he remained there on a voluntary basis.  
5 There was no where else for P16 to go, as he couldn't  
6 come home and there was nowhere else that could meet  
7 his needs.

10:46

8

9 After some time the resettlement team suggested P16 was  
10 re-settled to another facility. There were visits to  
11 MAH from staff at the other facility. They came twice  
12 a week for around half an hour on each occasion. They  
13 sat in a room with him, but they didn't do anything  
14 practical with him, things like trying to get him on a  
15 bus, or even out for a walk in the grounds. The staff  
16 from the other facility were on the sidelines and even  
17 when P16 was doing his work, it was H61, his day care  
18 worker, who led this, not staff from the other  
19 facility.

10:47

10:47

20

21 The staff from the other facility always came at the  
22 same time of day. They never came in the morning to  
23 see how P16 was being showered and dressed. They  
24 didn't know P16's start of day routine. Looking back,  
25 this wasn't realistic. I think when he was doing his  
26 puzzles with H61 and being watched by the staff from  
27 the other facility that he was doing the puzzles faster  
28 because he knew that the staff from the other facility  
29 would leave when he had the puzzles done.

10:47

10:48

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His night-time routine is a whole hullabaloo. P16 needs structure and to be told what to do. They didn't know about his morning or evening routine, as they never were with him then and were just going on notes. 10:48

One of the biggest issues for P16 is transitioning from one place to another. For example, going from his room to the car for a journey. I think this is very important. I would need to prepare P16 for going somewhere and break it down into stages. For example, I would talk to P16, as the more I would be talking to him, the less he would be thinking about his surroundings. I would hold his hand. If he wasn't properly prepared for a journey, P16 will be distracted by everything and his behaviours will escalate and his lack of impulse control will mean he will break things and be destructive. 10:49

P16 was moved to the other facility in October 2019. I didn't rate it. It had been represented as somewhere with 24-hour care, one-to-one in his room and two-to-one outside. They told me that it was a super place and that it would have met all his needs. I think it would have been fine for some people with more independence, but not for P16 and his needs. 10:49

This was a crucial move for me and for P16 and nobody thought to mention there were serious staff problems

1 the weekend that P16 moved in. The manager and the  
2 deputy manager and some core staff left that weekend.  
3 I think there must have been ongoing problems before  
4 and after this, so I think that this was the start of  
5 P16's spiral. It started off like that and it just got 10:50  
6 worse.

7  
8 In the preceding year I had met three managers. I  
9 should have realised then that there were issues, but I  
10 kept being told that each person had left to go to a 10:50  
11 better job.

12  
13 The majority of staff working with P16 were agency  
14 staff, who did not have the training or familiarity  
15 with P16's complex needs to properly work with him. 10:50  
16 Staff from MAH had to continue to provide a high level  
17 of support through the day and night-time. I had  
18 provided them with a lot of information, but I feel, on  
19 reflection, the staff were not appropriate for P16. I  
20 think it wouldn't have mattered how much I told them, 10:50  
21 it just wasn't going in.

22  
23 P16 did not cope well and his behaviours became more  
24 extreme. He was ripping clothes and smearing poo and  
25 food all over the place. I recall one incident when he 10:50  
26 ripped his bed clothes and picked the buttons out of  
27 the mattress. I wonder how long he must have been on  
28 his own that he had time to do that. He broke five  
29 televisions and the table and chairs that I had moved

1 from our home to his room so that it would feel homely.  
2 I moved the sofa as well. He broke all of these. I  
3 paid for everything. I paid for his electric and gas.  
4 I remember on one occasion going in and the care worker  
5 was sitting on his phone to his friend using my 10:51  
6 electric and he didn't even look up at me.

7  
8 I recall the gas being left on for two days when I had  
9 P16 home with me. I remember the lights being left on.  
10 I think that as soon as I left, they closed the door 10:51  
11 and didn't do anything to check on the place or do any  
12 cleaning. This was a regular occurrence. The place  
13 was never cleaned.

14  
15 The resettlement team knew that P16 couldn't do 10:51  
16 anything for himself and that he needed someone on a  
17 24/7 basis. P16 went from one-to-one support to  
18 independent living. I was shocked, for example, that  
19 the facility didn't have any cleaners. I felt that the  
20 facility expected P16 to be more independent, including 10:52  
21 managing his personal care and doing his own cleaning.  
22 The staff were supposed to be cleaning as well, but  
23 when I complained - I do not recall exactly to whom I  
24 complained - they said that they spent so much time  
25 looking after P16 that they couldn't do the cleaning. 10:52  
26 The place was filthy. I had to clean his bedroom and I  
27 think that the manager didn't check it. I recall one  
28 member of agency staff - who you name - who was good  
29 with P16 and took time to clean. She was the only one

1 who brought P16 into the kitchen and included him in  
2 activities.

3  
4 The level of cleanliness was so bad that on occasion  
5 MAH people who were visiting had to clean it. I 10:52  
6 laminated signs about cleaning, housekeeping and food  
7 safety, but they were ignored by the staff from the  
8 facility. P16's things were all over the place and  
9 routine is important to him. I was annoyed that they  
10 took no care of the clothes that I was buying all the 10:53  
11 time. The staff were just throwing them all in  
12 together.

13  
14 I recall on one occasion, I do not remember the precise  
15 date, during that short stay in the facility, that I 10:53  
16 opened the washing machine and discovered faeces  
17 covered wipes. There was food all over the place and  
18 filth pushed into the corners of the room. On one  
19 other occasion I took P16 home for an overnight and  
20 when I returned P16 to his rooms, I opened the door and 10:53  
21 the strong smell of faeces hit me. A member of staff,  
22 who I don't know, had taken a bag of faeces covered  
23 wipes, tied the carrier bag and then set it in the  
24 kitchen.

25 10:53  
26 In reality, while P16 was at the facility, he spent  
27 more time at our home than at the facility. His  
28 behaviours were bad when he came home. I hated leaving  
29 him. When returning P16 to the facility, sometimes I



1 would bring him back home, as I could not leave him  
2 there. P16 was getting direct payments for two days a  
3 week. On these days a person would have taken him for  
4 drives or to her house. That person had difficulties  
5 with staff in the facility when returning P16, as there 10:54  
6 would be no staff available to accept him and they  
7 wouldn't answer the phone to her when she called.

8  
9 I regret not taking P16 out of the facility long before  
10 he left. I kept thinking everything was going to 10:54  
11 change and appropriate training would be provided for  
12 the staff. There was no management and I just had to  
13 speak to whatever staff were on that day. On some days  
14 I was so angry that I just lifted him and walked out.  
15 In total, P16 was only there for around ten weeks. 10:55

16  
17 I was asked to come into the office and speak with a  
18 member of staff called H62 and a psychiatrist. I  
19 recognised the psychiatrist from MAH and he was  
20 covering MAH and the facility. I do not recall his 10:55  
21 name, but he went by his first name and I think he  
22 was. . . "

23  
24 - and then there's some text that's redacted to avoid  
25 identifying that staff member. 10:55

26  
27 "They advised me that for around eight weeks P16 was  
28 supposed to be receiving set doses of four medicines  
29 but had only been given half the dose of two of those

1 medications prescribed but was receiving the correct  
2 dose when he was at home with me.

3  
4 The psychiatrist said that, in his opinion, it would  
5 not have done P16 any physical harm. However, I think 10:55  
6 that this had an impact on P16, as he had been showing  
7 behaviours he had not displayed before. I think this  
8 was a combination of P16 not having the right dose of  
9 medication and not being surrounded by familiar staff.

10 10:56  
11 I attended two to three meetings at MAH when we  
12 discussed P16's placement. Staff from the other  
13 facility, MAH, P16's patient advocate and my husband,  
14 P16's father, and I attended, along with the  
15 resettlement team. At each meeting they said that the 10:56  
16 placement was going well, but on each occasion I said  
17 that there were issues. At the final meeting we all  
18 sat down in the meeting and P16's father and I came in  
19 and sat down. I recall that P16's patient advocate  
20 from Bryson House stood up and said that she thought 10:56  
21 that she should take P16's father and me outside to  
22 tell us what the meeting was about. She was quite  
23 annoyed and she said she felt that it wasn't fair. We  
24 then found out that the purpose of the meeting was to  
25 tell us that this placement was no longer working. We 10:57  
26 didn't go back into the meeting again, as there was no  
27 point. I just went and took P16 home. I still feel  
28 guilty to this day for not taking him home sooner.  
29

1 I phoned MAH and told them that P16's placement had  
2 failed. P16 had not been discharged from MAH during  
3 the placement as there were concerns and his room was  
4 still available. They told me that I was to bring P16  
5 back up to MAH. When P16 returned there to his routine 10:57  
6 and familiar surroundings, he was happier after just a  
7 couple of days. I have since made a complaint to the  
8 Ombudsman in relation to P16's placement in the other  
9 facility. A copy of my complaint is attached at  
10 P16/M1. 10:58

11  
12 I have also met with members from the Board and Cedar  
13 who run the facility in relation to P16 being under  
14 medicated, the lack of cleanliness, staff not answering  
15 the phone and understaffing. They have accepted that 10:58  
16 P16 was failed and that the placement was not  
17 appropriate for him.

18  
19 P16 returned to Muckamore on 19th December 2019. He  
20 settled well, but on 23rd December 2019 I got a phone 10:58  
21 call from the PSNI about the alleged abuse of P16. I  
22 had not recovered from what had happened to P16 in the  
23 other facility and it was very upsetting to hear this.  
24 I tried to keep working, but it became too much, and in  
25 February 2020 I went on to long-term sick leave due to 10:58  
26 the stress. I was aiming to go back to work in  
27 September 2021, but it was too much. It was too  
28 difficult to concentrate when I was getting continual  
29 phone calls from the PSNI about abuse.

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P16 has always come home two nights a week and this continued when in MAH. P16 visited another facility on a phased basis and his placement to that other facility formally started on 9th September 2021. He moved in a little earlier than planned, as I was due to go on holiday, and P16 was enjoying himself and was settling well. P16's current move was well planned and I feel the resettlement team, family liaison social worker, community team, worked well with us and took everything at P16's pace. I feel that this facility is able to cater to P16's complex needs, as it is a nursing environment and the staff are better trained.

10:59

10:59

Day care was agreed by the MAH resettlement team and it was agreed MAH staff would attend him at the new facility three days per week. Unfortunately, this has never happened. Initially P16 received outreach for two days per week. This decreased to one day per week. It then stopped, and P16 currently does not have any day care at all. This has impacted on P16's behaviours, which have deteriorated as he does not have a routine with daycare input. However, he seems settled there and he is close to home.

11:00

11:00

P16 seems happy to be close to home and I am happy to have him close to home. While I don't think anything bad is happening to P16 at the new facility, because of what happened to him in MAH, I find it hard to trust

11:00

1 anyone. I recall finding out about the MAH historic  
2 team from rumours. I received a phone call from a  
3 policeman whose name I don't recall."

4  
5 Now, you then describe what you recall being told by 11:01  
6 the police about the first incident and I'm not going  
7 to read that out. As you know, there's an ongoing  
8 police investigation.

9 A. Yeah.

10 11 Q. And the Inquiry has taken a precautionary approach to 11:01  
11 that. So I'll resume at paragraph 64. And you say:

12  
13 "I have since had telephone calls from two PSNI  
14 officers - who you name - and they have also come out  
15 to our home. At the start, I received detailed report 11:01  
16 of a few incidents. However, afterwards, they became  
17 very matter of fact."

18  
19 And you then again describe a telephone call and  
20 conversations with police officers in relation to those 11:01  
21 incidents. So for the same reasons, I'm not going to  
22 read those out. And I resume...

23 CHAIRPERSON: Just to make it clear, when you don't  
24 read these out, because they're being effectively  
25 redacted for the reasons that you've explained, the 11:02  
26 panel will read them and will take them into account.  
27 There are other passages, of course, that you will say  
28 that this isn't relevant and, so, if you just give that  
29 indication we can ignore them.

1 MS. KILEY: Yes.

2 CHAIRPERSON: But it seems to me that we can take  
3 account of this evidence.

4 MS. KILEY: Yes. Yes. They're simply not being read  
5 into the public record, but the panel can see them... 11:02

6 CHAIRPERSON: So just so that you know it's not that  
7 we're ignoring it. Okay.

8 THE WITNESS: Yeah. Yeah.

9 MS. KILEY: So I'm going to resume around halfway down  
10 at paragraph 64, where you say: 11:02

11

12 "I feel they gave me limited information in relation to  
13 what happened to my son whilst in the care of MAH. We  
14 weren't provided with any names and so I don't know who  
15 was involved. This meant that I suspected everyone and 11:02  
16 I didn't know who to trust. I still don't know who was  
17 involved."

18

19 I'm not going to read the next three sentences, but  
20 resume in the penultimate sentence: 11:03

21

22 "After many attempts, I did eventually get a list of  
23 around 33 incidents."

24

25 Then moving to paragraph 65: 11:03

26

27 "In March 2020, our family liaison social worker  
28 changed to SW1. I now feel I can trust SW1 with  
29 information I share with her, but I still don't have

1 full trust in the system. I feel P16 is so vulnerable  
2 and he needs me to be his voice. I feel P16 doesn't  
3 understand all the mistreatment he has received and he  
4 has never been able to verbalise any of this to me.

11:03

5  
6 Thinking back, some of P16's behaviours make me wonder  
7 about him being abused."

8  
9 And then you describe something else which you were  
10 told by the PSNI, which, for the same reasons, I'm not  
11 going to read out, but the panel have.

11:03

12  
13 So resuming at paragraph 66, you say:

14  
15 "I can't remember anything physical marks on P16. I  
16 feel there were some indications that P16 was not happy  
17 returning to MAH and he disliked certain staff. I  
18 would have known, based on his behaviour, what staff  
19 P16 did not like. For example, he would hit out at me.  
20 He ripped his clothes off and lay on the ground. MAH  
21 would have to get another staff member to attempt to  
22 bring P16 in. P16 sometimes said that he didn't like a  
23 particular staff member. At the time, I didn't read  
24 much into this, as I thought that he just didn't want  
25 to give up the freedom and familiarity that he had at  
26 home. I remember when certain staff members came out  
27 that P16 spat at them. P16 knows this is a very bad  
28 thing to do and I would have said to them that P16  
29 doesn't want to go in.

11:04

11:04

11:04

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During P16's time at MAH, there were several phone calls about P16's behaviour, including ripping off his clothes and urinating on the floor. These usually happen when P16 is highly agitated.

11:05

I would like to refer to a very distressing incident which happened to P16 recently at MAH. Since the 9th September 2021, P16 is supposed to have been able to have swimming sessions at MAH. They are supposed to happen every Saturday. These had to stop because of Covid and there was an incident where P16 had pooped in the pool, which meant they had to clean the whole pool. During these sessions, P16 is to be accompanied by members of staff from..."

11:05

11:05

- you name the facility which he now lives in.

"One gets into the pool with him and one dresses and undresses him. P16 really loves being in the pool and it is important for movement for him, as he doesn't get much exercise. P16 gets a lot from trips to the swimming pool, as it is sensory stimulation and a big part of his week.

11:05

11:06

I was worried about P16 not getting this and it annoys me when these pool visits don't happen, especially as he has not been getting day care. Day care has not happened because of MAH staff shortages and swimming is



1 sometimes disrupted because the new facility which he  
2 lives in staff's shortages. Without swimming the only  
3 things that P16 can do are go for walks or I drive him  
4 around.

5  
6 On Saturday, 30th April 2022, P16 was due to go to MAH  
7 for swimming. His normal time in the pool is between  
8 10:00a.m. and 11:00a.m. He was accompanied by..."

9  
10 - and you name a carer:

11  
12 "...who is very good with him and I think the other  
13 person with him was called..."

14  
15 - and you also give the name of that person.

16  
17 "One of those people was in the pool with P16 and I  
18 understand P16 had a good time in the water. At the  
19 end of the session, the other person got P16 dressed  
20 and both of them transitioned P16 from the pool area to  
21 the bus. When they got to the bus, P16 got into the  
22 front and lay across the front two seats. He hit out  
23 at staff and refused to get out. There was a phone  
24 call to a person at the facility P16 now lives in, who  
25 is P16's full-time nurse, and she was able to coax him  
26 out via a video call. Then P16 wanted to walk around  
27 the car park, which was safe enough, as there were  
28 parked cars. The staff tried to get P16 back to the  
29 bus, but were unable to, as he was hitting out at them.

1 I understand that P16 then saw an open door and, having  
2 no impulse control, wanted to go into and see what was  
3 inside it. This was an estates office, which contained  
4 oil, hammers, coolants and tools. There was a fridge  
5 in the corner.

11:08

6  
7 P16 went into this room and started knocking things  
8 down and throwing things, including tools. The workman  
9 who was inside telephoned MAH and asked them to send  
10 over staff to help deal with P16. MAH staff arrived.

11:08

11 There were about three MAH care workers. I understand  
12 that the MAH staff couldn't control the situation, so a  
13 new nurse who was in charge of Cranfield 1 that day,  
14 telephoned the police. Four PSNI officers arrived. I  
15 received a telephone call from a nurse in the facility  
16 that P16 now lives in to say that the police had  
17 handcuffed P16. I subsequently received a telephone  
18 call from one of the PSNI officers, who advised that  
19 P16 had only one handcuff on for a short time and they  
20 were able to coax him out of the room. The PSNI  
21 officer advised me that there is body cam footage of  
22 the incident.

11:08

11:09

23  
24 This would have been very overwhelming for P16. P16  
25 has not mentioned this incident, but he did want to  
26 speak to..."

11:09

27  
28 - and you name one of the people he was with:  
29

1 "...to say sorry to her. P16 needs to be with staff  
2 who are familiar with his needs and are able to handle  
3 him. For example, when he goes to the dentist, he gets  
4 Lorazepam and is accompanied by - a person who you name  
5 - who he knows well and who is able to transition him  
6 safely. 11:09

7  
8 It is very small things that make a difference to P16's  
9 care. For example, a member of staff wearing a lanyard  
10 will make P16 grab at it because of impulse. 11:09

11  
12 I hope the Inquiry examines children disability  
13 services as well as adult disability services. I  
14 really hope they identify all failings for patients who  
15 resided at Muckamore. I don't want other families to 11:10  
16 go through what me, P16's father, P16's brother and P16  
17 have been through."

18  
19 Then if you look over the page to section 5, you'll see  
20 a declaration of truth, and you say: 11:10

21  
22 "The contents of this witness statement are true to the  
23 best of my knowledge and belief. I have produced all  
24 the documents which I have access to and which I  
25 believe are relevant to the Inquiry's terms of 11:10  
26 reference."

27  
28 And you sign that. And the date of this statement is  
29 15th June 2022.

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Now, having heard that read aloud and having had an opportunity this morning to look over your statement again, are you happy with the contents of the statement?

11:10

A. Yeah.

12 Q. And there's nothing you would like to change?

A. No.

13 Q. Okay. And would you like to formally adopt that as part of your evidence to this Inquiry?

11:11

A. Yes.

14 Q. Okay. I have, I told you earlier, a number of questions arising from the statement. How old is P16 now?

A. 24.

11:11

15 Q. 24. And he is one of two children, isn't that right?

A. Yeah.

16 Q. Two boys?

A. Yeah.

17 Q. And can you start by telling the panel a little about P16's personality, what he's like and what he likes to do?

11:11

A. Well, he's funny and he can be very witty. Behaviour holds P16 back a big bit or else he would have done very well at school and everything else, because he's quite bright. But with that comes the behaviour which outdoes his good behaviour, if you get what I mean? But he's very witty and funny, so he is.

11:11

18 Q. And you had explained in your statement he particularly

1 likes cars, is that right?

2 A. He loves driving, he loves out driving, mm-hmm. We  
3 would drive for hours just - we've drove to Donegal and  
4 back without stopping, so we have, just to get him out  
5 in the car. He loves it. 11:12

6 19 Q. Yeah.

7 A. And he knows everywhere. He's very good at instant  
8 street view. He goes from our house right over the top  
9 into Glengormley and around to his aunty's house and  
10 then down into Carrick and back again. He just - he 11:12  
11 loves it, so he does.

12 20 Q. And you refer to his behaviours there. Can you give  
13 the panel an impression of how P16's disability impacts  
14 him on his day-to-day life?

15 A. P16 can be very good and you can have a great time with 11:12  
16 him.

17 21 Q. I'll just pause you there, because you mentioned your  
18 son's name. So I'm just going to?

19 CHAIRPERSON: Just stop the feed.

20 THE WITNESS: Sorry. 11:12

21 MS. KILEY: Don't worry about it. What we're doing now  
22 is just stopping the feed so that the name that you  
23 mentioned isn't heard outside this room in another  
24 place.

25 11:13

26 [Short pause in proceedings]

27

28 MS. KILEY: You were explaining how P16's disabilities  
29 affect his day-to-day life.

1 A. with P16 having the impulse control -- did I say it  
2 again?  
3 CHAIRPERSON: Can we stop,  
4 MS. KILEY: I'm going to pause you again. we'll ask  
5 the feed to be stopped. Don't worry, it's a very 11:14  
6 natural thing to do. It may be easier if you go on to  
7 refer to him as "my son".  
8 A. I'll have to say "my son".  
9 22 Q. Instead of his name.  
10 11:14  
11 [Short pause in proceedings]  
12  
13 23 Q. MS. KILEY: Okay. So you were explaining how your  
14 son's disabilities affect his day-to-day life.  
15 A. Yeah. My son, with having the impulse control which he 11:14  
16 was diagnosed with, he would reach out everywhere he  
17 goes and swipe things off tables, so you just have to  
18 be very careful where you take P16 and move things away  
19 from him. So he can't really mix with people -- did I  
20 say it again there? 11:15  
21 24 Q. Yeah. we'll pause the feed again please, chair.  
22  
23 [Short pause in proceedings]  
24  
25 25 Q. MS. KILEY: You were explaining there that your son has 11:15  
26 been diagnosed with impulse control difficulties.  
27 A. Yes.  
28 26 Q. And that he has difficulties then interacting with  
29 other people, is that right?

1 A. Yes.

2 27 Q. And in your statement you described how, whenever he  
3 was born, you were told that he was diagnosed with Down  
4 Syndrome and then you say that it was later on that he  
5 was diagnosed with autism and severe behavioural 11:16  
6 problems, is that right?

7 A. Yes, he was about two when he was diagnosed with even  
8 the impulse control then because of the way he was.  
9 And then the ADHD and autism came later as he got  
10 older, because they don't diagnose that until a certain 11:16  
11 age.

12 28 Q. That was whenever he attended school that that was...

13 A. Uh-huh. Yeah.

14 29 Q. -- officially diagnosed, is that right?

15 A. Yes. 11:16

16 30 Q. And in your statement you describe the various schools  
17 that your son attended and you also described admission  
18 to the Iveagh Centre. So I want to ask you a bit about  
19 that. He was first admitted to the Iveagh Centre when  
20 he was 13, is that right? 11:16

21 A. Yes.

22 31 Q. And Iveagh is a hospital for children and young people  
23 with learning difficulties, isn't that right?

24 A. Yeah.

25 32 Q. And was it his behavioural issues that you described 11:17  
26 earlier, was that the reason for his admission to  
27 Iveagh?

28 A. That led to it. Because he was getting too much to  
29 keep at home, and a lot of the time he was out of

1 school because they couldn't cope with him in school  
2 and we couldn't really cope with that seven days a  
3 week, so he then ended up, we had to let him go to the  
4 Iveagh Centre, coming home still to the family a couple  
5 of times a week. 11:17

6 33 Q. So he was admitted to Iveagh but was still visiting you  
7 at home?

8 A. Still coming home.

9 34 Q. And that first admission, I think you said, was  
10 November 2011. And that first period ended in April 11:17  
11 2012. But then he was admitted to Iveagh again at a  
12 later time and you describe how he was in Iveagh during  
13 the time which led up to his 18th birthday.

14 A. Yes.

15 35 Q. And in your statement you describe there then being a 11:17  
16 push to get him into another care home away from  
17 Iveagh?

18 A. Yeah.

19 36 Q. Could you --

20 A. The option then was Muckamore. And at the time I was 11:18  
21 going "no, there must be somewhere". So they then  
22 suggested this other care home, which was the first one  
23 he went into.

24 37 Q. You didn't want him to attend Muckamore at that time?

25 A. Because I didn't know anything about Muckamore. To me, 11:18  
26 Muckamore was the last place for anyone to end up. So  
27 you don't want your son to go there.

28 38 Q. So there were discussions then about getting him out to  
29 a different care home, and he did eventually move there



1 on his 18th birthday, isn't that right?

2 A. Exactly, his 18th birthday.

3 39 Q. And you described in detail his time at that care home  
4 in your statement, and that was the place that you  
5 describe how ultimately they had advised you that they 11:18  
6 could no longer cope with your son.

7 A. Yeah.

8 40 Q. How long was he in that placement for, in all?

9 A. A couple of weeks at the most.

10 41 Q. So it didn't last too long? 11:19

11 A. No.

12 42 Q. And then he came --

13 A. It was to be a specialist place for him, it was a  
14 purpose built flat, but it was to have a lift to take  
15 my son up to where his room would be, so he then would 11:19  
16 avoid going through another room where there was quite  
17 a lot of elderly men in it, which, when I went down to  
18 see it first, it was looking as if it was an old  
19 people's home, but they were going "no, this is a  
20 special place for P16". 11:19

21 43 Q. That's okay. We'll just ask the chair, if I may, for  
22 the feed to be paused.

23 CHAIRPERSON: Yeah.

24

25 [Short pause in proceedings] 11:19

26

27 44 Q. MS. KILEY: So you were told that the care home was a  
28 specialist place for your son, but you didn't feel that  
29 it met his needs, is that right?

1 A. No, because when I went to see him when he moved in,  
2 the apartment he was going into wasn't finished, it was  
3 barely just painted. So there was still workmen in it  
4 and there were still wires hanging all round the place  
5 and there was no lift. So he then still had to walk 11:20  
6 through. So then he was disrupting other people  
7 because they were doing work and he was then just  
8 looking and seeing things to do. And the staff  
9 couldn't really look after him. They were like care  
10 home workers of older people, I think. 11:20

11 45 Q. Yeah. And ultimately then he had to come home to you  
12 after that short stay there?

13 A. Yeah. I was over every other day, so I was. And then  
14 the last day that I went over, I had phoned to say that  
15 I was going to take my son out and they didn't say 11:20  
16 anything, they just said "yeah, we'll see you later".  
17 And then, as you read, when I arrived, they said that  
18 the manager of the place wanted to see me, and when I  
19 went in he says he couldn't cope and his staff couldn't  
20 cope, and he hadn't been home for nine nights and his 11:21  
21 wife was giving off and he was exhausted.

22 46 Q. And when you got your son home, you described a  
23 difficult couple of weeks, is that right?

24 A. It was a couple of days.

25 47 Q. Couple of days. 11:21

26 A. He was very heightened.

27 48 Q. And what do you mean by that? What sort of behaviours  
28 was he displaying?

29 A. Hitting out and just wrecking things and just very

1           angry with his self. So I think he just didn't know  
2           what was happening to him.

3    49   Q.    And that --

4           A.    Then he was taking it out on me. And then I couldn't  
5           cope with it, so I had to then phone the GP and ask for 11:21  
6           some kind of help or something.

7    50   Q.    And you describe phoning the GP and a social worker?

8           A.    Yeah.

9    51   Q.    Visiting your house. And that led to your son's first  
10          admission to Muckamore, isn't that right? 11:21

11          A.    (Witness Nods).

12   52   Q.    Can you remember the date that he was first admitted?

13          A.    I can't remember. It wasn't long after his 18th,  
14          because he only stayed there for a couple of weeks.

15   53   Q.    So just a couple of weeks after his 18th birthday? 11:22

16          A.    Yeah. And then I had to take him up in the car.

17   54   Q.    Yes. And you describe that first night as being hard  
18          to remember. You don't remember a lot about that?

19          A.    Yeah.

20   55   Q.    That was a difficult journey. 11:22

21          A.    (Witness Nods).

22   56   Q.    But you then described attending Muckamore the next day  
23          and you do recall attending...

24          A.    A horrific place.

25   57   Q.    The Moyola ward? 11:22

26          A.    Yeah.

27   58   Q.    Yeah. Can you just describe to the panel what you  
28          recall about that place?

29          A.    When you walked into it, there was a hallway with - a

1 small hallway and then a door. But once you went in  
2 the door, it was just an old, very old building with,  
3 like, dirty carpets, and there was papers on the wall,  
4 but I think they looked like leaflets that had been up  
5 years. And then I had to walk along this deserted part 11:22  
6 and up steps and then along another deserted corridor  
7 where I seen the patient just crawling about, he was an  
8 older man. And I just couldn't believe that. I  
9 couldn't believe what I was seeing. And then when I  
10 went to the end, they had P16 in a room that looked 11:23  
11 like a small gym.

12 59 Q. I'll just stop you a little second there.

13

14 [Short pause in proceedings]

15

11:23

16 That's okay. So you described going into the hospital  
17 and what you saw, and you were getting to the stage of  
18 telling us where you saw your son.

19 A. My son was in a hall. It just looked like a small gym,  
20 it wasn't even a room, with one person, and he was 11:23  
21 sitting naked with a blanket round him. And I just  
22 says "what's going on?", and they said he was ripping  
23 his clothes so they then decided just to give him a  
24 blanket to put around him. It was just disgusting. So  
25 I just walked straight out of it and walked over to 11:23  
26 Cranfield and said I wanted him out.

27 60 Q. Yeah.

28 A. I would have just taken him home.

29 61 Q. You wanted to take him home at that time?

1 A. Yeah.

2 62 Q. And it was Cranfield staff that you spoke to to say  
3 that you wanted him out. Were there staff on the  
4 Moyola ward that you saw him on?

5 A. I didn't know any of them. I didn't even actually see 11:24  
6 very many workers in it, to be honest. There was one  
7 fella with my son. Apart from that, I didn't see --  
8 obviously there must have been someone with that other  
9 patient, but it was just a rundown dilapidated  
10 building. 11:24

11 63 Q. And you describe going over to the Cranfield ward?

12 A. Yeah.

13 64 Q. What did you say to staff there?

14 A. I wanted him moved right away. There was no way that  
15 he was staying over there. It wasn't fit for anyone. 11:24  
16 So they then moved him over.

17 65 Q. That happened that same day, did it?

18 A. Yes.

19 66 Q. And that was moved over to?

20 A. ICU. 11:24

21 67 Q. To ICU. So that happened when you were actually there,  
22 is that right?

23 A. Yes.

24 68 Q. And in your statement you describe then him having a  
25 period in ICU for two weeks, is that right? 11:25

26 A. Yeah.

27 69 Q. Did you visit him whenever he was there for that  
28 period?

29 A. Yes.

1 70 Q. And what did you think of ICU?  
2 A. There was a few rooms and P16 was in...  
3 71 Q. That's okay. We'll pause the feed again.  
4 A. Sorry.  
5  
6 [Short pause in proceedings]  
7  
8 CHAIRPERSON: How long do you think you have to go? I  
9 see the witness is actually going an hour and a  
10 quarter, longer than I originally tabled. 11:25  
11 MS. KILEY: Probably about half an hour, but I have a  
12 message to say the witness would prefer to continue.  
13 CHAIRPERSON: I think we might just take a break now.  
14 Is that all right?  
15 MS. RICHARDSON: She'd like to continue, chair, if 11:25  
16 possible.  
17 CHAIRPERSON: You want to keep going?  
18 THE WITNESS: Yes.  
19 CHAIRPERSON: Fair enough. Just keep saying to  
20 yourself "my son". 11:25  
21 THE WITNESS: My son. My son. My son.  
22 MS. KILEY: And if it gets to the stage where you feel  
23 you do need a break, you can just say that. So in that  
24 two-week period, you did -- I had asked you about ICU  
25 and whether you visited your son there during the 11:26  
26 two-week period that he was there and what you thought  
27 of ICU.  
28 A. Well, there was just rooms, for all I could see. And  
29 he was in one of them. And I didn't really see -- to

1 be honest with you, I can't really remember that much  
2 about it, about him being in there. I know that he was  
3 just in that wee room and there was a lot of commotion  
4 in it with the other ones that were in it. So then  
5 when they were going to move P16 because there was so 11:26  
6 many other ones in it that needed to stay in it and  
7 their thought was P16 could come out of there into  
8 Cranfield 1.  
9 CHAIRPERSON: Sorry, just the name.  
10 THE WITNESS: My son. My son. My son. 11:27  
11  
12 [Short pause in proceedings]  
13  
14 72 Q. MS. KILEY: So you were describing there the ICU ward  
15 and you were describing how your son, they thought, 11:27  
16 could be moved from the ICU ward. Can you take us  
17 through that again?  
18 A. ICU ward was very, say, rowdy, and he needed a wee bit  
19 more quietness. It was too much for him. So then he  
20 was moved. 11:27  
21 73 Q. And he was then eventually moved over to Cranfield?  
22 A. Cranfield 1.  
23 74 Q. Okay. And in fact in your statement you described  
24 thinking that the staff in Cranfield 1 were very good  
25 at that time, is that right? 11:27  
26 A. Yeah.  
27 75 Q. What was it that made you think that?  
28 A. He seemed happy enough and at ease with them, so he  
29 did. So I thought this is going to be okay.

1 76 Q. And how did he settle into Cranfield 1?  
2 A. At first, of course, it was new to him and he was  
3 ripping clothes and he was showing all the behaviours.  
4 But then as he settled down, he seemed okay.

5 77 Q. And you said there at first he was ripping clothes and 11:28  
6 showing other behaviours. Some of those other  
7 behaviours which you described in your statement were  
8 spitting at people, is that right?  
9 A. Yes.

10 78 Q. And when you refer to him spitting at people in 11:28  
11 Cranfield 1, was that fellow patients or staff members?  
12 A. No, staff members. He didn't actually bother with any  
13 patients, because he's more -- he likes staff better.

14 79 Q. And the clothes ripping, you explained that he does  
15 that when he's very agitated? 11:29  
16 A. Yes. He'll actually strip all his clothes off. It's  
17 like a "what are you going do?", do you know?

18 80 Q. And did Muckamore staff discuss those behaviours with  
19 you?  
20 A. Well, I think some of them were letting him sit naked 11:29  
21 until another person, who was a Muckamore staff member,  
22 had said to me that she didn't think it was right that  
23 the staff were going in and out and letting my son sit  
24 naked. And that was the first I actually knew that  
25 that was going on. 11:29

26 81 Q. Okay. So when were you told that by that other staff  
27 member? I don't want you to use the name of the staff  
28 member?  
29 A. No, I can't actually remember the person's name. It



1           might have been, like, six months into it.

2   82   Q.    So about six months in another staff member told you  
3           that your son had been sitting naked, is that right?

4           A.    She had went and complained because she didn't think it  
5           was right that they were letting my son do this.   And   11:30  
6           then the staff had just got used to it and just thought  
7           -- but he would never ever do that at home.  It's not  
8           something that he does, you know, he's never done it at  
9           home.  He wouldn't be allowed to sit like that.  But I  
10          think they just got, 'well, if he's going to rip his  
11          clothes, that's what we'll do'.   11:30

12   83   Q.    And this person who mentioned that to you, can you  
13          remember that person's role?

14          A.    She was a nurse.

15   84   Q.    A nurse.   11:30

16          A.    And she left because she wasn't happy.  She told me she  
17          was leaving.  But at the time I didn't know why.  It  
18          wasn't because of my son.  Obviously all them issues  
19          were going on, but I didn't know at that stage like it  
20          was anything.   11:30

21          CHAIRPERSON:  Sorry, the nurse who left is the one who  
22          told you that?

23          THE WITNESS:  Yes.

24          CHAIRPERSON:  And she was unhappy.  So she moved on?

25          THE WITNESS:  Yeah.  She didn't get any response from   11:31  
26          them, I think.  There might have been other complaints  
27          she was making, but the one about my son sitting naked,  
28          she was upset about it and she had said she reported it  
29          and...

1 85 Q. MS. KILEY: what did she tell you about reporting it?  
2 Did she tell you who she reported it to or what she  
3 reported?  
4 A. No. No. It was very vague, but I think she wanted me  
5 to know that she didn't approve of it. 11:31  
6 86 Q. But as far as you know, she did report it to someone?  
7 A. Obviously someone higher up. whether it be the manager  
8 of the ward, I don't know.  
9 87 Q. And did she tell you what response she got to that?  
10 A. None. That's why she actually was leaving. Because 11:31  
11 there must have been a lot of issues that I didn't know  
12 about. And at that stage there was a few people left,  
13 again before I found out anything. I was going "why?",  
14 you know. They were handy to living to where the job  
15 was. 11:32  
16 88 Q. And when she reported that to you then, what did you  
17 do?  
18 A. Well, I gave off about it to this staff nurse, and they  
19 said they were trying their best to keep him clothed.  
20 But it was like they just had give up on P16 and said 11:32  
21 "well, we can't be annoyed". I said it again.  
22 89 Q. That's okay. Could we pause the feed, please?  
23 CHAIRPERSON: Yes.  
24  
25 [Short pause in proceedings] 11:32  
26  
27 MS. KILEY: Yes. Yes, chair, I'm getting the message  
28 that a break would be appreciated if now is a  
29 convenient time?

1 CHAIRPERSON: Yes. Absolutely. You've been going much  
2 longer than most witnesses can bear, so you're doing  
3 very well. We'll take a 15-minute break and somebody  
4 will get you a cup of tea or coffee. All right? Okay.

5 THE WITNESS: Thank you. 11:33

6 CHAIRPERSON: Thank you very much.

7 MS. KILEY: Chair, we paused the feed there, so perhaps  
8 it might be useful for the others in the other room if  
9 we make it clear that the Inquiry is now taking a break  
10 for 15 minutes. 11:33

11 CHAIRPERSON: Yes. Okay. I'm sure, if I could ask one  
12 of the security staff to let the other room know. All  
13 right. Thank you.

14

15 THE INQUIRY ADJOURNED BRIEFLY AND RESUMED AS FOLLOWS: 11:34

16

17 CHAIRPERSON: Thank you.

18 MS. KILEY: Okay. Are we ready to restart?

19 A. Yeah.

20 90 Q. Before the break you were describing some behaviours 11:57  
21 that your son displayed whenever he was in Cranfield -  
22 ripping of clothes and stripping down. I wanted to ask  
23 you about some other behaviours that you refer to in  
24 your statement during that period that he was in  
25 Cranfield, because you mentioned that whenever your son 11:57  
26 came home for some visits you often had difficulties  
27 whenever you took him back to Muckamore. Can you  
28 describe to the panel the behaviours that he displayed  
29 on those occasions that you took him back to Muckamore?

1 A. He was fine on the way up, until we actually got into  
2 the grounds of Muckamore. Then he would have started  
3 swearing, he would hit out at me, then eventually when  
4 I got him out of the car he would sit on the ground and  
5 sometimes take his clothes off. 11:58

6 91 Q. How often was he visiting you at home at that time?  
7 A. Twice a week.

8 92 Q. Twice a week. And how often would those behaviours  
9 have taken place?  
10 A. It depended on who came out, you know. Sometimes it 11:58  
11 started before we even - he seen the person. So it was  
12 just reflecting on going back in again. It wasn't all  
13 the time, but it happened quite a few times, but not  
14 every time he went back.

15 93 Q. And you said in your statement that really, on 11:58  
16 reflection, you felt he was trying to tell you  
17 something?  
18 A. Yeah.

19 94 Q. What do you mean by that?  
20 A. Obviously now I'm thinking he obviously didn't want to 11:58  
21 go back. And, again, there was certain people that he  
22 would have demanded came out, but if they weren't  
23 there, then we had real trouble getting him in. There  
24 was one time I got him in and he sat in the reception  
25 for five hours and he wouldn't move. He stripped his 11:59  
26 clothes off. But I thought it was because he didn't  
27 have a certain person. I had left and I didn't know he  
28 was still sitting in reception, and they actually had  
29 to send for another person who looked after my son to



1 A. Yes.

2 100 Q. And those are the people that he spat at, is that  
3 right?

4 A. Yes.

5 101 Q. So there was a correlation between those people that he 12:01  
6 named and those that he spat at?

7 A. Yes.

8 102 Q. And when he named them, what was he telling you about  
9 them?

10 A. Just he didn't like them. 12:01

11 103 Q. That's --

12 A. And there's a way that he would say that, you know. He  
13 would say that and say "is someone crying?", you know,  
14 he'd say it was his favourite person and go "Are you  
15 crying?", and he would say "I don't like you". But 12:02  
16 that's a different -- you know, that's just to get them  
17 to react. But the way he would say it, "I don't like  
18 that person", is totally different.

19 104 Q. And you have given the names of those people in your  
20 statement and I'm not going to ask you to name them. 12:02  
21 You also then described in your statement a time when,  
22 as you say, the mental health detention order was  
23 lifted. Can you remember when that was?

24 A. (Witness shakes head).

25 105 Q. No? 12:02

26 A. Pretty early on.

27 106 Q. Early on in his stay in Cranfield?

28 A. Stay.

29 107 Q. But it was lifted, but you also describe him remaining

1 in Muckamore on a voluntary basis. why did he remain  
2 there?

3 A. Because there was no other place for him to go. There  
4 was no other, say, home or unit that would meet P16's  
5 needs. 12:03

6 108 Q. I'm just going to ask for the feed to be paused again,  
7 please, chair.

8 A. Sorry.

9

10 [Short pause in proceedings] 12:03

11

12 109 Q. I asked you to explain why your son remained at  
13 Muckamore after the detention order was lifted?

14 A. Well, as much as we would have loved to have him home,  
15 his behaviours were so bad at times that we couldn't. 12:03  
16 So my only choice was to leave him there until they  
17 found him a place that suited him. And at that time  
18 they were saying there wasn't. So really we had  
19 nowhere to turn.

20 110 Q. And so you were having discussions with staff at 12:03  
21 Muckamore, is that right?

22 A. Yes.

23 111 Q. About --

24 A. We had meetings.

25 112 Q. Okay. And eventually though it was suggested that your 12:03  
26 son move to a different facility. Now, I'm referring  
27 to that as "another facility"?

28 A. Yes.

29 113 Q. But just so we are all clear, as you know, the panel

1 has the name.

2 A. Mm-hmm.

3 114 Q. And I'm referring to the facility that he moved into in  
4 October 2019.

5 A. Yes. 12:04

6 115 Q. Okay.

7 CHAIRPERSON: If you could give us the paragraph  
8 numbers, it's probably easier for us then to identify.  
9 Sorry about this.

10 MS. KILEY: No, that's okay. It's paragraph 39 12:04  
11 onwards.

12 CHAIRPERSON: 39. Okay. Thank you.

13 116 Q. MS. KILEY: So there was discussion about the facility  
14 that he later moved into in October 2019, and I want to  
15 ask you a little bit about that facility. We're not 12:04  
16 naming it, but can you give the panel an impression of  
17 what that facility's like, what the level of care is in  
18 terms of supervision?

19 A. The level -- I was led to believe that this place would  
20 suit my son, that the proper care would be given. But 12:04  
21 when I seen the place that he went into, it was more  
22 for independent living, which would never suit him.  
23 And how they even thought that that was a place for him  
24 to go? I think there was a push to get people out and  
25 that was another number off their... But it was, as I 12:05  
26 say, independent living, with carers being there  
27 24-hours, but to assist him in his needs. But he needs  
28 help with everything. As I said in my statement, they  
29 don't have cleaners, it was left up to the staff to



1 clean, who said they had too much to cope with with him  
2 that they didn't have time to clean.

3 CHAIRPERSON: Can I just ask.

4 MR. DORAN: Chair, I'm sorry to interrupt and I'm  
5 conscious that I'm not close to a microphone at the 12:05  
6 moment. I have just had a message passed through by my  
7 Learned Friend Ms. Ross which is to the effect that the  
8 live feed in Hearing Room B has stopped working.

9 CHAIRPERSON: Oh!

10 MR. DORAN: So I think we may have to pause in order to 12:06  
11 have that technical matter addressed.

12 MS. RICHARDSON: It's working now. It's because there  
13 was a downtime. I'm watching it on-line here and it's  
14 working.

15 CHAIRPERSON: Okay. Thanks, Mr. Doran. 12:06

16 117 Q. MS. KILEY: So you were explaining about the type of  
17 place that that was, that the facility was, and you  
18 were explaining about the lack of cleaning, etc. I'm  
19 going to come on to that, but just still thinking about  
20 the type of facility that it was. You refer to it 12:06  
21 having been run by the Board and Cedar?

22 A. Yes.

23 118 Q. Okay. What Board are you referring to in that case?

24 A. The Belfast Health Trust.

25 119 Q. That's what you mean, the Belfast Health Trust? 12:06

26 A. Yes. By the Board, yeah.

27 120 Q. So as far as you knew, that facility was operated by  
28 the Board and Cedar, is that right?

29 A. Well, it was the Board saying this was a placement for

1 him.

2 121 Q. Right. So --

3 A. Cedar runs it.

4 122 Q. So your understanding was the Board were saying "This  
5 is a placement for your son", but that Cedar run the 12:07  
6 facility, is that right?

7 A. Cedar run the facility, yeah.

8 CHAIRPERSON: Can I just ask, Cedar is private?

9 THE WITNESS: Yes.

10 CHAIRPERSON: Right. But the Board, did you know what 12:07  
11 the arrangement was between the Board and Cedar or not?  
12 Probably not.

13 THE WITNESS: No.

14 CHAIRPERSON: And the place we're talking about, am I  
15 right in thinking it's sort of supported living? 12:07

16 THE WITNESS: Supported living.

17 CHAIRPERSON: with 12 or so different apartments there?

18 THE WITNESS: Yeah. Units. Yeah.

19 CHAIRPERSON: So your son would have been in one of  
20 those? 12:07

21 THE WITNESS: Yes.

22 CHAIRPERSON: Is that right? And you could visit him  
23 at his apartment?

24 THE WITNESS: whenever.

25 CHAIRPERSON: whenever you wanted. And would there 12:07  
26 have been staff with him all the time in the apartment?

27 THE WITNESS: Yes, he had staff 24, yeah

28 CHAIRPERSON: Yeah. Sorry, I just wanted an image.

29 Thank you very much.

1 THE WITNESS: Yeah. Yeah. But there were staff that  
2 weren't trained. As I said before, when he went in  
3 that weekend, I wasn't aware that they were in crisis  
4 and that their management had walked out that week and  
5 there was a new manager put in, and the staff that 12:08  
6 actually went up to see my son for nearly a year had  
7 left. So these were totally new people to him. And  
8 they still went ahead. That was Muckamore and Cedar  
9 saying "we're ready for him", when they weren't. So we  
10 got off to a terrible start. 12:08

11 123 Q. MS. KILEY: So you had described in your statement  
12 those visits that the members of staff of the new  
13 facility had made to Muckamore to observe your son, but  
14 you're saying whenever he actually moved, they weren't  
15 there? 12:08

16 A. No.

17 124 Q. Okay. So the staff that were there then, had any of  
18 them met your son whenever he had moved in?

19 A. There was a few, so there was. But the main core staff  
20 that he was to have all left. 12:09

21 125 Q. And --

22 A. So I should have known then. But I wasn't aware that  
23 that happened.

24 126 Q. When did you become aware of that?

25 A. At the actual -- after P16 came out. I said it again. 12:09

26 127 Q. I'll just ask for the feed to be paused again.

27 A. Sorry. Sorry.

28 CHAIRPERSON: It's being automatically corrected on the  
29 transcript, so it's only the feed.

1 [Short pause in the proceedings]  
2  
3 128 Q. MS. KILEY: You were referring to the staffing  
4 difficulties at the other facility and I asked you when  
5 you became aware of those problems? 12:10  
6 A. I didn't become aware of it until I actually complained  
7 after P16 had left. And then was told - I done it  
8 again, sorry.  
9 129 Q. Sorry, I'll just ask you, chair, if I can to pause  
10 again. 12:10  
11  
12 [Short pause in proceedings]  
13  
14 130 Q. MS. KILEY: I asked you when you became aware of the  
15 difficulties with staffing in the other facility? 12:11  
16 A. When my son came out and I made an official complaint.  
17 131 Q. And I'll come on, I want to ask you about the  
18 complaint, because you've provided that to the panel,  
19 so I'll come on to that. But before I do, another  
20 element about staffing that you had mentioned was that 12:11  
21 there were staff from Muckamore Abbey Hospital who  
22 attended to look after your son in the new facility, is  
23 that right?  
24 A. Yes.  
25 132 Q. Can you describe to us, to the panel, what their role 12:11  
26 was?  
27 A. They were to assist in settling P16 into the place -  
28 see, I said it again. Sorry.  
29 CHAIRPERSON: Don't worry, it's so natural to do it.

1 It's very unnatural to do what we're asking you to do.

2 THE WITNESS: Sorry.

3 CHAIRPERSON: It's fine.

4

5 [Short pause in proceedings]

12:12

6

7 133 Q. MS. KILEY: what was the role of Muckamore staff in  
8 attending your son in the new facility?

9 A. It was to assist my son in settling in. But in the  
10 end, they were there for the whole ten weeks, because 12:12  
11 the staff was that short and that untrained that they  
12 felt they couldn't pull out. So at that time Muckamore  
13 staff were very good.

14 134 Q. And how often were they attending your son at the other  
15 facility? 12:12

16 A. Daily. Daily.

17 135 Q. So their initial role was to try and settle him, is  
18 that right?

19 A. Yes.

20 136 Q. But then it evolved, is that right, to something a bit 12:12  
21 more?

22 A. They would stay there for maybe like five weeks to get  
23 him settled -- or five days, sorry, to get him settled.  
24 But the lack of expertise, if I say, just of the staff,  
25 Muckamore staff were very aware of it and they 12:12  
26 themselves did not want to pull out.

27 137 Q. And so that was an occasion you say that Muckamore  
28 staff were doing a good job?

29 A. Yeah.

1 138 Q. -- with your son.  
2 A. They were.  
3 139 Q. But overall you've described how you didn't consider  
4 the placement to be suitable for your son. And is it  
5 right that ultimately you felt that he needed a higher 12:13  
6 degree of care than the support of supported living.  
7 A. Yes, nursing care.  
8 140 Q. You felt he needed --  
9 A. As in his hygiene health and all. P16 - I said it  
10 again. 12:13  
11 CHAIRPERSON: Sorry to interrupt.  
12 MS. KILEY: We may just have to pause the feed.  
13  
14 [Short pause in proceedings]  
15 12:13  
16 CHAIRPERSON: Could I just ask this: was this facility  
17 more for people who could look after themselves  
18 independently?  
19 THE WITNESS: Definitely.  
20 CHAIRPERSON: So -- 12:13  
21 THE WITNESS: But I went along with what they were  
22 telling me.  
23 CHAIRPERSON: Sure. No, I understand that. But so far  
24 as the other people who were there, did they have  
25 one-to-one care or two-to-one care as far as you could 12:14  
26 tell or not?  
27 THE WITNESS: As far as I know.  
28 CHAIRPERSON: But it was really for people who had more  
29 ability to look after themselves than your son did?

1 THE WITNESS: way more. way more ability  
2 CHAIRPERSON: Yeah. All right. Thank you.  
3 THE WITNESS: And he actually wasn't the only one that  
4 ended up coming out. So they done it with a few who  
5 weren't suited to there. 12:14  
6 CHAIRPERSON: Yeah. No, fine. Thank you.  
7 141 Q. MS. KILEY: And did you discuss the suitability of the  
8 placement with Muckamore staff at the time?  
9 A. Yeah.  
10 142 Q. And your son had remained a patient at Muckamore at the 12:14  
11 time of his placement, isn't that right?  
12 A. He did. Longer than most. Because I think it was up  
13 to Muckamore then to pull out when they thought  
14 everything was settled, and that wasn't happening. So  
15 I think they actually kept his placement in Muckamore 12:15  
16 longer.  
17 143 Q. And you referred, I think, to two or three meetings  
18 with the resettlement team.  
19 A. Mm-hmm.  
20 144 Q. During the placement. Is that right? So you had said 12:15  
21 that at each meeting they said that the placement was  
22 going well. Is that the resettlement team?  
23 A. Yes.  
24 145 Q. So they were telling...  
25 A. Cedar. Cedar were saying that everything was fine. 12:15  
26 146 Q. So the resettlement team and Cedar were saying  
27 everything was fine?  
28 A. And Cedar were saying it was fine.  
29 147 Q. And were you conveying your concerns?

1 A. No, I was the only one at any of these meetings saying  
2 "No, it's not fine", because his place wasn't getting  
3 cleaned, and they were sorry about that; he wasn't  
4 getting out. He wasn't getting anything. He wasn't  
5 getting any day care in it. And they'd excuses for 12:15  
6 everything. And it was going to happen, and it was  
7 going to happen, and they were going to do things with  
8 him. So that's the reason he was there for them ten  
9 weeks. Because I thought it's going to change.

10 148 Q. But eventually then the resettlement team did accept 12:16  
11 that the placement wasn't working, isn't that right?

12 A. Yes.

13 149 Q. And that was after ten weeks?

14 A. Yeah.

15 150 Q. Is that right? And when that placement broke down, 12:16  
16 when they accepted that, was there discussion of a move  
17 to another facility then?

18 A. No, not at that stage.

19 151 Q. And your son then was ultimately readmitted to  
20 Muckamore at that time, is that right? 12:16

21 A. There was -- yeah. That was actually after one of the  
22 boys that was looking after him was caught on calling  
23 him names and things, and he was marched out of the  
24 building by the police one of the nights.

25 152 Q. So when you're referring to that, you're talking about 12:16  
26 his admission to Muckamore was after someone had called  
27 him names?

28 A. Yes.

29 153 Q. Was that someone a staff member of the other facility



1           that he had been in?

2           A.    Yes.  Yeah.

3  154  Q.    So that person wasn't a Muckamore member of staff?

4           A.    No, no, no, no.  He was actually agency staff, because

5           most of them were agency staff. 12:17

6  155  Q.    And did the resettlement team know about that?

7           A.    Yes.

8  156  Q.    Before the placement broke down.

9           A.    Yes.  We complained about that as well.

10 157  Q.    And that was a factor in the breakdown of the 12:17

11          placement, was it?

12          A.    I think so.  They realised then that it wasn't suited

13          for him.

14 158  Q.    And you had referred in fact to making a complaint to

15          the Ombudsman about the other placement, and you have 12:17

16          exhibited your complaint, the one that you wrote to the

17          Ombudsman to your statement.

18          A.    Yes.

19 159  Q.    Now, the panel have that.  I'm not going to read it all

20          out.  But there was one element of it that I wanted to 12:17

21          ask you about.  It's at page 22 onwards, panel.  So you

22          wrote a complaint to the Ombudsman - in fact I think

23          someone wrote this on your behalf.  Was it a solicitor?

24          A.    No, it was the Patients Client Counsel.

25 160  Q.    The PCC wrote this on your behalf.  Okay.  And this 12:17

26          sets out the complaints that you had about that other

27          facility.

28          A.    Yes.

29 161  Q.    And this is your complaint to the Ombudsman.  And under

1 the heading "Summary of Issue", you summarise your  
2 concerns about that other facility. But you then say:  
3  
4 "The Trust has acknowledged that this transition was  
5 mishandled on a number of fronts." 12:18  
6  
7 And you later refer to a Trust letter of 29th March  
8 2020. So could the panel take it you complained about  
9 that earlier placement to the Belfast Trust, is that  
10 right? 12:18  
11 A. Yes.  
12 162 Q. And so there was a complaints process within the Trust?  
13 A. Yes.  
14 163 Q. And you say here that they acknowledged, the Belfast  
15 Trust acknowledged that his transition was mishandled? 12:18  
16 A. Yes. Yeah.  
17 164 Q. When did they do that?  
18 A. I had a meeting with them and it was - they wanted to  
19 mediate with me. So I was advised to do that. And I  
20 went to mediation with Cedar, the boss from Cedar, 12:18  
21 several Board members and some of the resettlement  
22 team, and the mediator herself, and we had that  
23 discussion. And they all agreed that they were in the  
24 wrong. And there was actually a doctor there - it  
25 wasn't the doctor that was at the facility when P16 was 12:19  
26 wrongly medicated, who said he couldn't rule out that  
27 it wouldn't have done something to P16's health, as in  
28 his mental health. I said it again, didn't I?  
29 MS. KILEY: Chair, I'll ask for the feed to be paused

1           again.

2           CHAIRPERSON:   Yes.

3

4           [Short pause in proceedings]

5

6           CHAIRPERSON:   Did you say earlier that he was there for  
7           about ten weeks?

8           THE WITNESS:   Exactly the number of weeks.  He was in  
9           for ten weeks.  Eight weeks he was getting the wrong  
10          medication. 12:20

11          CHAIRPERSON:   Right.  But was the total time that he  
12          was there about ten weeks?

13          THE WITNESS:   Ten weeks.  Just ten weeks, yeah.

14          CHAIRPERSON:   And presumably it took a bit of time to  
15          realise that the settlement wasn't the correct place 12:20  
16          for him?

17          THE WITNESS:   (Witness Nods).  Because I kept thinking  
18          - they were telling me that they were going to do this  
19          and they were going to train the staff up and they were  
20          - and I believed everything that they were telling me 12:20

21          CHAIRPERSON:   No, no, sure.  Okay.  Sorry, Ms. Kiley.

22          MS. KILEY:    You were referring to a mediation process  
23          that took place.  Can you remember, even roughly, when  
24          that took place?

25          A.       June of this year. 12:20

26   165    Q.       June of this year.  And you referred in your complaint  
27          to the Ombudsman to what's described as a "Trust's  
28          concluding letter" from 29th March 2020.  Did the Trust  
29          accept any mishandling in that letter?

1 A. They did. They said that they were sorry and that it  
2 was the wrong placement for him and they were very  
3 sorry about the medicine.

4 166 Q. Do you still keep copies of that correspondence?  
5 A. I have it, mm-hmm. 12:21

6 167 Q. And the Inquiry panel may, in due course, want to ask  
7 you for those.

8 A. Yeah.

9 168 Q. But just to finalise the issue about the Ombudsman's  
10 complaint. The Inquiry has a copy of the complaint 12:21  
11 that you made to the Ombudsman, but doesn't have a copy  
12 of any response. Have you received a response from the  
13 Ombudsman?

14 A. Yes, that was they advised me to do the mediation.

15 169 Q. Okay. 12:21

16 A. So it was their - one from their company that done the  
17 mediation.

18 170 Q. So someone from the public service Ombudsman  
19 facilitated the mediation that you referred to?

20 A. Yes. Yes. 12:22

21 171 Q. Okay. And that --

22 A. And she said that the Board don't often do it, the  
23 Belfast Board don't often face up and want to see the  
24 people, and they did want to. So they did admit then  
25 that it was wrong, it was the wrong place, the medicine 12:22  
26 was wrongly diagnosed. It was signed off by two nurses  
27 who then left. That was their letter to me. That was  
28 how much they were apologising. So at the mediation,  
29 when I had said about the letter, I said it sounded

1 like a generic letter that you'd write to anyone about  
2 any apology and that I didn't accept it. So they then  
3 said - they asked me did I think it was better meeting  
4 face to face and getting told, not by this letter, and  
5 I said yeah. So they said they were going to change 12:22  
6 that. They wouldn't be sending that letter out to  
7 people just to say they were sorry, because to me it  
8 was just somebody signed it and sent it out to the  
9 house, you know?

10 172 Q. Yeah. So that was one of the things you discussed at 12:22  
11 that mediation?

12 A. That was the big issue; it was their apology, which  
13 wasn't an apology, which was the main reason I took it  
14 further. And then they did say they were very, very  
15 sorry it was the wrong placement. And Cedar apologised 12:23  
16 as well.

17 173 Q. When the placement broke down, your son was readmitted  
18 to Muckamore and you say that that took place on 19th  
19 December.

20 A. Yes. 12:23

21 174 Q. 2019. which ward was he readmitted to?

22 A. Back to Cranfield 1. Because they hadn't discharged  
23 him. So then they even kept his room.

24 175 Q. Right. So in fact he went back to the same room?

25 A. Back to the same place. Back to the same room. So he 12:23  
26 did settle.

27 176 Q. Yeah. So settled in well whenever he went back.  
28 Familiar surroundings?

29 A. Yeah.

1 177 Q. So at that time did he exhibit any of the behaviours  
2 that you previously referred to? The ripping of  
3 clothes, the spitting.

4 A. Well, the ripping of clothes always did be a problem  
5 for P16, but not to the extent --

12:23

6 178 Q. That's okay. I'm just going to pause you there.  
7 Chair.

8 A. Yeah. I said it again. Sorry.

9

10 [Short pause in proceedings].

12:24

11

12 MS. KILEY: We were discussing your son's move back to  
13 Cranfield 1 in December 2019, and I asked you whether,  
14 at that time, he was displaying any of the types of  
15 behaviours you described earlier - ripping of clothes?

12:24

16 A. Nowhere near that. He actually seemed more settled.  
17 That's how upset he was in the placement that they put  
18 him into.

19 179 Q. But then very close to his re-admission time, you  
20 describe getting a phone call from the PSNI on 23rd  
21 December 2019, isn't that right?

12:24

22 A. Yes. We were only starting to feel a wee bit settled,  
23 because P16 - sorry, I done it again. Sorry.

24 180 Q. That's okay.

25

26 [Short pause in proceedings]

12:24

27

28 MS. KILEY: Okay. So, you described getting a phone  
29 call from the PSNI on 23rd December 2019, and that was

1 just shortly after your son had been readmitted to  
2 Muckamore, isn't that right?

3 A. Yes. We had actually come round to thinking - we were  
4 a bit more settled, he was more settled, and then we  
5 got the phone call. 12:25

6 181 Q. And you heard - you have described what you were told  
7 in the phone call and in a number of other  
8 conversations afterwards. The panel have all of that  
9 and you'll see that I haven't read that all aloud.  
10 But, ultimately, you have now been notified of 33 12:25  
11 alleged incidents involving your son?

12 A. Yes.

13 182 Q. Isn't that right? And then I want to move on to  
14 discuss his new placement. Because your son was then  
15 moved to a new placement in September 2021, isn't that 12:25  
16 right?

17 A. (Witness Nods).

18 183 Q. Panel, just for your note, the placement that I'm now  
19 going to discuss...

20 CHAIRPERSON: Paragraph 60? 12:26

21 MS. KILEY: Starts at paragraph 60. So, again, I'm not  
22 going to say the name of the new placement, but it's  
23 the one that he moved to in September 2021, and it's  
24 the one that's referred to in paragraph 60 of your  
25 statement. And in fact you say at this time that the 12:26  
26 move was well planned, is that right?

27 A. Yes. I had a lot more input and I questioned  
28 everything from day one.

29 184 Q. And can you describe what things that were done that

1           you felt made for good preparations at the  
2           resettlement?

3           A.    The staff that came to visit him up in Muckamore done  
4           more with him. They took him out in the grounds, they  
5           done a lot of things, they came up early in the morning 12:27  
6           and watched him getting ready, they then started  
7           washing him in the morning. They came up in the  
8           evening and they seen what he was like at night-time.  
9           It was Covid at that time and - but just before he  
10          moved - and the night staff went and stayed in 12:27  
11          Muckamore with him and didn't go between, because they  
12          wouldn't have been allowed to go between the two  
13          places. So his actual night staff was with him for  
14          like a year.

15          CHAIRPERSON:  Sorry, you said the night staff were with 12:27  
16          him for?

17          THE WITNESS:  About a year. Because with Covid being  
18          on, they weren't allowed to go between the two  
19          facilities. So one of the fellas actually said "well,  
20          I'll go up and stay there". So he didn't do it all - 12:27  
21          every time night with him, but he done a few nights.  
22          So he got to know him very, very well. Which meant  
23          when he moved in, it was so easy.

24          MS. KILEY:  That was a member of staff up in the new  
25          place? 12:27

26          A.    Yeah. Yeah.

27  185    Q.    Who had stayed then with your son at Muckamore, is that  
28          right?

29          A.    Yeah. Yeah. The new place actually was putting more



1           into it this time. They wanted it to work as much as  
2           we wanted it to work.

3 186 Q.    And what type of facility is that? How many...

4           A.    It's nursing care.

5 187 Q.    Nursing care, 12:28

6           A.    Private, but it's nursing care.

7 188 Q.    And how many other people are in that facility?

8           A.    There's 11 and they each have their own rooms. They  
9           actually gave my son the biggest one, so he has a room  
10          that he lives in, a bedroom and a room off that where 12:28  
11          he does his activities. So he's, you know, he's moving  
12          out of the living room to do his work. Just everything  
13          about it worked.

14 189 Q.    And you described having more input into the process?

15          A.    Yeah. 12:28

16 190 Q.    Was that through meetings?

17          A.    Yes.

18 191 Q.    With the resettlement team?

19          A.    Yeah. Yeah. And I went to meet the workers and I had  
20          talks with them and just they took everything on board 12:28  
21          this time. Because it went so badly wrong the last  
22          time, I think they knew his next move, they had to get  
23          it right.

24 192 Q.    And the preparations then, you describe the staff  
25          member from the other facility as going up to stay in 12:29  
26          Muckamore for around a year. So this was a long  
27          preparation period, was it?

28          A.    Mm-hmm. Yeah.

29 193 Q.    And was it around about a year, the full preparation

1 period?

2 A. Yeah.

3 194 Q. And you said that in your statement it was agreed by  
4 the resettlement team that Muckamore staff would  
5 continue to attend your son three times a week, I 12:29  
6 think, at the new placement. Is that right?

7 A. That was the day care worker just.

8 195 Q. Day care?

9 A. Yeah.

10 196 Q. So it was agreed that whenever your son moved into his 12:29  
11 new placement that a member of Muckamore staff would  
12 attend three times a week?

13 A. For day care.

14 197 Q. How long was that meant to carry on for?

15 A. It was to carry on until he got a placement in another 12:29  
16 facility.

17 198 Q. For day care?

18 A. Yeah, for day care. But there wasn't anything for him.  
19 Again, about a year before he moved, the Autistic  
20 Society had set two girls up, which was working out 12:29  
21 great, and they were going to do in-reach, which was  
22 ideal for him, because he doesn't really want to come  
23 out, he just likes a different face. And they done  
24 that for a year, and then when he moved they said they  
25 couldn't do it because it was against our registration 12:30  
26 and they didn't know they couldn't do in-reach. So  
27 that was a year.

28 199 Q. He didn't get...

29 A. He didn't get it.

1 200 Q. Ultimately services from the Autistic Society. But the  
2 Muckamore staff, you described in your statement how  
3 they were meant to attend three times a week but that  
4 that didn't actually happen, is that right?  
5 A. Yeah. 12:30  
6 201 Q. So I think they initially attended for two days a week,  
7 is that right?  
8 A. Two days. Mm-hmm.  
9 202 Q. And then it went down to one?  
10 A. To one. 12:30  
11 203 Q. And then to zero?  
12 A. We don't have any.  
13 204 Q. Okay. So how long were they actually attending him in  
14 the end?  
15 A. About six months. About six months, but not 12:30  
16 consistent.  
17 205 Q. Right. And did you get an explanation of why that  
18 didn't happen?  
19 A. Well, Muckamore was short staffed with their day care  
20 workers, and in the end the girl that was doing day 12:30  
21 care had to go off sick and they only had one other  
22 person up in Muckamore at the time, so they hadn't got  
23 enough staff to come down to P16. Sorry.  
24 206 Q. That's okay. If we could just pause the feed, please,  
25 chair. 12:31  
26  
27 [Short pause in proceedings]  
28  
29 207 Q. You were just, in answer to my question, explaining

1 that the reason that those visits didn't take place was  
2 because Muckamore didn't have enough staff to send to  
3 your son.

4 A. Staff shortages, yeah.

5 208 Q. Okay. 12:31

6 A. And they were supposed to come down - their staff was  
7 supposed to come down and settle him in as well, which  
8 only lasted a couple of weeks because he settled so  
9 well.

10 209 Q. So in fact that was something? 12:31

11 A. They didn't even need to go down it was so good.

12 210 Q. And that in direct contrast then to the other placement  
13 that you were telling us about that Muckamore staff...

14 A. So different. Mm-hmm. He wasn't even asking really  
15 for Muckamore staff. In the other place he just 12:32  
16 constantly wanted them ones to be with him, because he  
17 was unsure of the staff in that place. This one he  
18 just kind of - he got new friends and...

19 211 Q. And he enjoys it?

20 A. Settled great. Mm-hmm. He settled really good. 12:32

21 212 Q. He is happy there. And he continues to attend  
22 Muckamore for swimming, isn't that right?

23 A. Yes. That didn't happen for about four months because  
24 their bus broke down and the replacement hadn't got a  
25 partition between it, so it wasn't suitable for him. 12:32  
26 So they now have got a new bus with a partition and he  
27 is loving it. He was out the other day and went  
28 swimming and...

29 213 Q. That's a weekly thing, is it?

1 A. Yeah.

2 214 Q. And in fact you have provided the panel with some  
3 photographs that show your son, I think, swimming. So  
4 it might be a good opportunity to look at those now, if  
5 I can ask you to. Panel, these appear at page 25 12:32  
6 onwards. Is that -- the first one at page 25, is that  
7 your son in the Muckamore swimming pool?

8 A. Yeah. Yeah.

9 215 Q. And he continues to enjoy doing that?

10 A. Yeah, he loves it. 12:33

11 216 Q. And do you want to just explain to the panel then what  
12 the remainder of the photos show your son doing?

13 A. This one of him looking into the oven, that's us baking  
14 in the middle of the night. He doesn't sleep very  
15 well, so if we get up, I have to do something with him, 12:33  
16 you know? So we'd made buns and he just refused to  
17 move from there. So I had to sit on the floor for half  
18 an hour.

19 217 Q. I can see the time on the cooker clock, 12:16.

20 A. Yeah, that was a bit early. Some nights we're up all 12:33  
21 night. That was one of our all-nighters.

22 218 Q. Okay. And then the next photo, is that your son  
23 enjoying a milkshake of some kind?

24 A. Yeah, that was a day out in Portstewart. You can take  
25 him into places but, as I say, we just move everything 12:33  
26 away from him so there's nothing there. And he enjoys  
27 that, that's his favourite, the milkshake.

28 219 Q. When was this one taken?

29 A. That was maybe last year. Yeah.

1 220 Q. And then the final one is a picture of both of you, is  
2 that right?

3 A. That's just us two, yeah.

4 221 Q. And when was that one taken?

5 A. I can't remember when that was. Maybe about a year 12:34  
6 ago.

7 222 Q. So he's enjoying the placement still?

8 A. He is, yeah.

9 223 Q. And is he still --

10 A. The staff are really well trained. And I don't know 12:34  
11 whether it was - my view of it is they're young staff  
12 and some of them haven't done this job before, so they  
13 were trained up for this specially for looking after  
14 the like of my son. So, therefore, they're all new to  
15 it and they're doing the job they're learning to do. 12:34  
16 where in Muckamore and the like of that I think they'd  
17 been there that long that they'd forgot what way they  
18 were supposed to behave. And these new ones are only -  
19 they're all up to date with everything and they're so  
20 good. 12:35

21 224 Q. And do they take him out on those car journeys that he  
22 likes?

23 A. They do. Mm-hmm. And he sings about them. And if  
24 he's home with me, if I had of went to that other  
25 facility and drove past, he would have started in the 12:35  
26 car. Now if we go past there, he just waves up at it,  
27 "see you tomorrow". You know? So I know he's happy in  
28 it.

29 MS. KILEY: Thank you. Those are all the questions

1 that I have for you. The panel members may have some  
2 for you, if you just stay there.

3  
4 END OF DIRECT EXAMINATION BY MS. KILEY

5  
6 P16' S MOTHER WAS THEN QUESTIONED BY THE INQUIRY PANEL  
7 AS FOLLOWS

8  
9 CHAIRPERSON: I know my colleague Ms. Murphy has got  
10 something she wants to ask you, but while it's still in 12:35  
11 my brain and I can remember it, it's nice to hear that  
12 he's so well settled now. In your paragraph 62, when  
13 you talk of -- and counsel, Ms. Kiley, has asked you  
14 about this already -- it was agreed that MAH staff  
15 would attend him at that place three times a week. And 12:36  
16 that didn't happen. But you said they did attend him  
17 twice a week and then that got cut down, did it?

18 A. (Witness Nods).

19 225 Q. But can I just ask this: was it being cut down because  
20 they were reacting to how well he was settling? 12:36

21 A. Well that was his day care.

22 226 Q. Right.

23 A. The three days. The actual Muckamore staff assisting  
24 him left after about two weeks.

25 227 Q. Right. 12:36

26 A. The other days that you're talking about were his day  
27 care, which was supposed to continue.

28 228 Q. Oh, I see.

29 A. It went down and down to stop.

1 229 Q. Right.

2 A. But the actual Muckamore staff who assisted down in  
3 [facility]

4 230 Q. We better just take that name out.

5 MS. KILEY: we'll pause the feed and take that name 12:36  
6 out.

7

8 [Short pause in proceedings]

9

10 CHAIRPERSON: So that was for day care. And... 12:36

11 A. Because they were short staffed, it just stopped.

12 231 Q. It was just shortage of staff, was it?

13 A. Yeah.

14 CHAIRPERSON: Yeah. Okay. Thank you very much indeed.  
15 Prof. Murphy? 12:37

16 PROF. MURPHY: Yes. Thank you for telling us so much  
17 about your son. I wanted to ask you - sorry, I'm a bit  
18 far from the microphone. I wanted to ask you a bit  
19 about his time in Muckamore. Because from what you  
20 say, even at the best of times he was quite often 12:37  
21 showing behaviours that were really difficult, like  
22 stripping his clothes off and ripping them and spitting  
23 and so on. Typically what would happen in services in  
24 those circumstances is that you would have a  
25 psychologist come in and try and work out why that was 12:37  
26 happening, possibly behavioural support staff.

27 A. We had behavioural support.

28 232 Q. You did?

29 A. Yeah.



1 233 Q. And did they write behavioural guidelines for how to  
2 handle your son?

3 A. Manage it? Yeah.

4 234 Q. How to reduce the difficulties? They did?

5 A. They did, yeah.

12:38

6 235 Q. Did it make much difference?

7 A. No.

8 PROF. MURPHY: Okay. Thank you very much.

9

10 END OF QUESTIONING BY THE PANEL

12:38

11

12 CHAIRPERSON: All right. Well, I'm sorry I can't name  
13 your son, but I want to thank you very much indeed for  
14 coming along and telling us all about your son. And  
15 it's obvious that you have had his best interests at  
16 heart throughout that time and you've done everything  
17 you can to look after him, and it's very nice to hear  
18 that he's certainly in a better place now. So can I  
19 thank you very much for getting over your nerves and  
20 coming along to tell us all about your son.

12:38

12:38

21 THE WITNESS: Yeah. Thank you.

22 CHAIRPERSON: Thank you.

23 MS. KILEY: Thank you, chair.

24 CHAIRPERSON: Thank you very much. All right, you can  
25 now go with the Secretary to the Inquiry.

12:38

26

27 THE WITNESS WITHDREW

28

29 CHAIRPERSON: The next witness is I think one who can

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give evidence in an open hearing room?

MS. KILEY: That's the hope at the moment, chair.

CHAIRPERSON: He will have an intermediary with him and we'll start him shortly after two o'clock.

MS. KILEY: Yes. Mr. McEvoy is...

12:39

CHAIRPERSON: Is it your colleague Mr. McEvoy who is going to call him?

MS. KILEY: Mr. McEvoy.

CHAIRPERSON: Okay. Thank you very much.

12:39

LUNCHEON ADJOURNMENT

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

HEARD BEFORE THE INQUIRY PANEL  
ON TUESDAY, 20TH SEPTEMBER 2022 - DAY 11

P21

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I N D E X

W I T N E S S

P A G E

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EXAMINED BY MR. MCEVOY ..... 15