

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

HEARD BEFORE THE INQUIRY PANEL  
ON WEDNESDAY, 29TH JUNE 2022 - DAY 7

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## APPEARANCES

CHAIRPERSON: MR. TOM KARK QC

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

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

INSTRUCTED BY: MS. LORRAINE KEOWN  
SOLICITOR TO THE INQUIRY

SECRETARY TO THE INQUIRY: MS. JACLYN RICHARDSON

ASSISTED BY: MR. STEVEN MONTGOMERY  
MS. KAREN MCGUIGAN  
MS. FINOLA FRIEL

FOR ACTION FOR MUCKAMORE &  
SOCIETY OF PARENTS AND  
FRIENDS OF MUCKAMORE: MS. MONYE ANYADIKE-DANES QC  
MS. HELENA WILSON  
MR. STEPHEN McQUITTY

INSTRUCTED BY: PHOENIX LAW SOLICITORS

FOR GROUP 3: MR. CONOR MAGUIRE QC  
MS. VICTORIA ROSS

INSTRUCTED BY: O'REILLY STEWART SOLICITORS

FOR BELFAST HEALTH &  
SOCIAL CARE TRUST: MR. JOSEPH AIKEN QC  
MS. ANNA McLARNON BL  
MR. MATTHEW YARDLEY BL  
MS. LAURA KING BL

INSTRUCTED BY: DIRECTORATE OF LEGAL SERVICES

FOR DEPARTMENT OF HEALTH: MR. ANDREW McGUI NNESS BL  
MS. EMMA TREMLETT BL  
MRS. SARA ERWIN BL

I NSTRUCTED BY: DEPARTMENTAL SOLI CITORS  
OFFICE

FOR RQIA: MR. MI CHAEL NEESON BL  
MR. DANIEL LYTTLE BL

I NSTRUCTED BY: DIRECTORATE OF LEGAL SERVICES

FOR PSNI : MR. MARK ROBINSON QC

I NSTRUCTED BY: MR. COLIN HANNA  
DCI JILL DUFFIE

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1 THE INQUIRY RESUMED AS FOLLOWS ON WEDNESDAY, 29TH JUNE  
2 2022, AT 10A.M. :

3  
4 CHAIRPERSON: Thank you very much. Right, I'm sorry  
5 for the short delay. I think there was an issue with 10:07  
6 the witness, but it's now been resolved.

7 MR. DORAN: Yes, indeed, Chair. I should just explain  
8 the witness this morning is the mother of a former  
9 patient ciphered as "P2". Now, I have spoken to the  
10 witness's mother and she has indicated that both she 10:07  
11 and her daughter are content to be referred to by their  
12 first names. So I will be calling the first witness  
13 "Marie" throughout her evidence, and she is joined in  
14 court by her --

15 CHAIRPERSON: Just hold on a second. Are we getting a 10:07  
16 live transcript of this? We are. Sorry, mine wasn't  
17 coming through. It is now. Sorry, Mr. Doran.

18 MR. DORAN: No problem. Yes, as I was indicating,  
19 Marie is joined in court by her husband, Stephen, and  
20 their daughter is called Amanda. 10:07

21 CHAIRPERSON: Right.

22 MR. DORAN: So if Marie could be called, please?

23 CHAIRPERSON: Yes, certainly. And is she going to be  
24 sitting with somebody?

25 MR. DORAN: Yes, her husband, Stephen, will be sitting 10:07  
26 with her.

27 CHAIRPERSON: I think it's actually her father --

28 MR. DORAN: Her father, Emmanuel, is also present in  
29 court and he is going to be accompanying her as she

1 gives her evidence.

2 CHAIRPERSON: Fine, okay.

3

4 MARIE (MOTHER OF P2), HAVING BEEN SWORN, WAS EXAMINED  
5 BY MR. DORAN, AS FOLLOWS:

10:08

6

7 1 Q. MR. DORAN: Good morning, Marie.

8 A. Good morning.

9 2 Q. I am Seán Doran, Counsel to the Inquiry. We had the  
10 opportunity of meeting briefly this morning, and I  
11 explained the procedures to you.

10:09

12 A. You did, yes.

13 3 Q. And you are joined in the witness box, or I should say  
14 at the table, the witness table, by your father  
15 Emmanuel, isn't that right?

10:09

16 A. Yes.

17 4 Q. And I think your husband, Stephen, is also present in  
18 court today, is that right?

19 A. He is, yes.

20 5 Q. Now, your daughter, Amanda, was a patient at Muckamore,  
21 isn't that correct?

10:09

22 A. That's correct, yes.

23 6 Q. And you've made a statement about Amanda's experiences?

24 A. I did, yes.

25 7 Q. We're going to come on and deal with the statement  
26 shortly. I explained the procedure to you; I will read  
27 the statement into the record and then I will ask you  
28 some questions about it. Are you okay with that?

10:10

29 A. I am, indeed, yes.

1 8 Q. Now, when you look at the statement, you will see that  
2 Amanda is referred to throughout as P2.

3 A. Mm-hmm.

4 9 Q. That's because the Inquiry has granted anonymity to  
5 patients, but I understand that you have had a 10:10  
6 discussion with Amanda and that both you and she are  
7 happy for her to be referred to by her first name,  
8 isn't that right?

9 A. That's correct, yes.

10 10 Q. In fact, I think you spoke to her this morning about 10:10  
11 that?

12 A. I did, yes.

13 11 Q. So, that makes it a little bit easier for both of us.  
14 I can refer to you by name, Marie; I can refer to  
15 Amanda, and we don't have to use numbers like P1, P2, 10:11  
16 et cetera.

17 A. Yes.

18 CHAIRPERSON: And just before you start, Mr. Doran, I  
19 am sorry to interrupt, but just so that anyone watching  
20 understands, your father is there purely to support you 10:11  
21 and to comfort you, should that be necessary.

22 A. Yes.

23 CHAIRPERSON: He is not here to provide you with any  
24 additional evidence.

25 A. No. 10:11

26 CHAIRPERSON: -- unless he is specifically asked. So  
27 Sir, thank you very much for attending, but your role,  
28 I'm afraid, is a silent one, all right? Thank you.

29 12 Q. MR. DORAN: Now, for the record, Chair, the statement

1 reference is MAHI-STM-003-1. Marie, you don't need to  
2 worry about that --

3 A. Okay.

4 13 Q. -- that's just the number of the first page of your  
5 statement. Now, as I indicated, I am going to read the 10:11  
6 statement in now. You made the statement to the  
7 Inquiry statement team, isn't that correct?

8 A. I did, indeed, yes.

9 14 Q. And I think, if you look at the statement, you will see  
10 that it's -- on the front, it's said to be dated the 10:12  
11 4th March 2022, isn't that right?

12 A. That's correct.

13 15 Q. But at the end, the statement is signed and dated on  
14 the 24th March 2022?

15 A. Yes. 10:12

16 16 Q. So we will refer to the statement as your statement of  
17 the 24th March 2022.

18 A. Okay.

19 17 Q. And, as I explained to you, sometimes people make a  
20 statement and then, when they read it back, they 10:12  
21 realise that they would like to add some things to it  
22 or to change some things. Once I read the statement  
23 in, I will give you a chance to add to it, if you wish.

24 A. Okay, thank you.

25 18 Q. So, I'll read in the statement now and it's the 10:12  
26 statement of Marie, and it reads, as follows:  
27  
28 "I, Marie, make the following statement for the purpose  
29 of the Muckamore Abbey Hospital Inquiry.



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In exhibiting any documents, I will use my initials, so my first document will be M1.

Section 1: Connection with MAH

10:13

My connection with MAH is that I'm a relative of a patient who was at MAH. My daughter, Amanda, was a patient. I attach a photograph of Amanda at M1.

10:13

Section 2: Relevant time period

The relevant time periods that I can speak about are between 2005 and 2010/2011.

10:13

Section 3: Information

Amanda was born in 1988. She is the eldest of my four children. She is now 34 years old. Amanda is very family-orientated. She loves her brothers and sisters. She idolises me and calls me Super Mummy. She loves playing chess and attends a chess club. She loves shopping and eating out and her favourite thing to do is to go to the cinema to watch scary movies. She has a great sense of humour.

10:14

10:14

When Amanda was six months old, she was diagnosed with epilepsy. She was a normal little girl when she was growing up. My sister lived close by to where we lived

1 and Amanda would have played outside our houses with my  
2 three other children and my sister's children."

3  
4 In paragraph 5, you described a traumatic event in  
5 Amanda's childhood. I do not need to read that  
6 paragraph in for the purposes of the Inquiry.

10:14

7  
8 And paragraph 6 continues:

9  
10 "Amanda started behaving badly after this. She had  
11 counselling. When she went to primary school, I was  
12 advised by her teacher that none of the other children  
13 wanted to play with her and she would be left sitting  
14 on her own in the playground. I recall my sister  
15 saying to me at the time that Amanda could be quite  
16 withdrawn and aggressive and that was maybe the reason  
17 why the other children didn't want to play with her.  
18 Amanda enjoyed playing with her siblings and cousins.  
19 She was at one school for five years and then she was  
20 moved to another school. Her epilepsy was very bad and  
21 she struggled to cope with it. She demonstrated very  
22 angry behaviour and started to self-harm by cutting  
23 herself. She received respite in a facility in..."

10:14

10:15

10:15

24  
25 -- and the location of the respite facility is redacted  
26 out to protect Amanda's identity.

10:15

27  
28 "...one or two days every few weeks. One day about 15  
29 and a half years ago, we were advised by a member of

1 staff at the facility that Amanda had cut herself and  
2 was injured and was moved to MAH, where she was  
3 sectioned. Amanda was placed into one of the new parts  
4 in MAH called Cranfield, I believe. MAH was a horrible  
5 place. The doors were locked and there were bars on 10:16  
6 the windows. She did have a nice room, however, with  
7 her own TV.

8  
9 After about a year and a half of Amanda being in MAH,  
10 her dad, Stephen, and I went up to visit her one day 10:16  
11 and we were told when we arrived that Amanda had been  
12 moved to another part of the Hospital. It was an old  
13 Victorian building located at the back of the new  
14 building. We went to the reception of that old  
15 building and there was no one about. I recall to the 10:16  
16 right of the reception area there was a large room with  
17 patients walking around and the door was open. I  
18 recall seeing a patient walk towards a female staff  
19 member and the staff member lifted her two arms and  
20 pushed the patient back forcefully using that part of 10:17  
21 her arms between her wrist and her elbow. I don't know  
22 the name of the staff member, but she was dressed as a  
23 healthcare assistant, had dark hair, thin build and not  
24 too tall in height. My husband and I were very much in  
25 shock at this and I remember saying to my husband that 10:17  
26 I didn't think the staff were allowed to do this. We  
27 didn't know whether to report it, as we didn't know if  
28 this was something that the staff were allowed to do.  
29 We didn't report it. I remember noticing that many of

1 the patients in that room had broken teeth.  
2  
3 When we were finally taken to Amanda that same day, she  
4 was in what looked like an assembly hall. It was a  
5 massive big hall with arches and bars on the windows. 10:17  
6 Her bed was just at the door and her clothes were  
7 rolled up in balls piled high on the floor. Amanda's  
8 bed was the only bed in this very large room. Amanda  
9 told Stephen and I that she was there all night. She  
10 told us that she was really afraid and she was in a 10:18  
11 very bad state. She kept saying 'Mummy, look at my  
12 clothes all over the floor.'  
13  
14 I asked to speak to someone there and then. I was very  
15 angry. I spoke to the sister in charge, I don't recall 10:18  
16 her name. I said to the sister 'Look at Amanda's  
17 clothes.' The sister apologised and said that it would  
18 be sorted. I told the sister that I still wasn't happy  
19 and that I wanted to speak to a social worker. I  
20 complained to the social worker and said that it looks 10:18  
21 like Amanda is being punished. I recall that the  
22 social worker was female, but I do not remember her  
23 name. She told Stephen and I that usually patients are  
24 moved to this ward in the old Victorian building when  
25 they were about six months from being released. I 10:18  
26 repeatedly advised the social worker that it looked  
27 like Amanda was being punished.  
28  
29 Amanda didn't have as many needs as most of the other

1 patients at MAH and she was very aware of and could  
2 understand what was going on around her. She was put  
3 into a large room with a number of other patients,  
4 which is where the patients slept. She would tell me  
5 over the course of the following few weeks that she 10:19  
6 couldn't sleep because other patients were screaming  
7 and shouting during the night and the nurses were  
8 talking and laughing loudly and had the light on in the  
9 communal sleeping room, which also kept Amanda awake.  
10 I kept saying at the time to my husband and staff at 10:19  
11 MAH that things were going to get worse and something  
12 would kick off if Amanda was left where she was.

13  
14 When Amanda was in the Victorian building a couple of  
15 weeks, I went up to visit her. I was brought into a 10:19  
16 meeting whereby I was told that Amanda had badly  
17 injured a nurse and another nurse tried to intervene  
18 and that nurse was also hurt. I know my child and  
19 Amanda is not the type to lash out, unless she is  
20 provoked. I do not recall who was at that meeting but 10:19  
21 I'm sure that this should be recorded in Amanda's  
22 hospital notes, which hopefully the Inquiry will be  
23 able to obtain copies of.

24  
25 Amanda was very quickly moved back to the Cranfield 10:20  
26 Ward after this. Within about one week of moving back  
27 to the Cranfield Ward, I recall that Emmanuel, my dad  
28 and I, went to visit Amanda. We were all brought into  
29 a room where Amanda was sitting. Amanda had the worst

1 black eye I have ever seen. It was so badly swollen  
2 and black that her eye was completely closed over. The  
3 nurse advised us that she had fallen up against a wall.  
4 My dad said that the child definitely had been beaten  
5 up. The nurse played all of this down and I recall her 10:20  
6 saying to me 'Don't let her pull at your heart  
7 strings.' I don't recall the name of the nurse, but  
8 again I assume that all of this will be recorded in  
9 Amanda's hospital notes. I considered contacting the  
10 PSNI to report this as Amanda's eye was so bad. I did 10:20  
11 believe that the staff were beating her, but I also  
12 thought that nurses wouldn't behave in that way. I  
13 didn't pursue it any further.

14  
15 She was in MAH for another three to four years. Every 10:21  
16 other week that we visited, she would have black eyes.  
17 I recall that she had her front tooth broken once. She  
18 always had really lovely teeth. When we questioned the  
19 nurses about the continual injuries, we were advised  
20 time and time again that she had hit her head or fallen 10:21  
21 over during petit mal seizures as a result of her  
22 epilepsy. I asked why she wasn't being more carefully  
23 looked after, but no one ever had an answer for me. I  
24 recall that on one occasion Amanda's hair was cut  
25 really short like a boy's haircut. Her hair was 10:21  
26 usually long. I remember thinking that they did this  
27 so her hair would be more easily managed for the staff.

28  
29 I recall on another occasion that I visited, her petit

1 mals were really very bad this day. She was sitting in  
2 a room on her own in a wheelchair. The room was  
3 freezing and the window was open behind her. I asked  
4 the nurse in charge, I do not recall her name, how long  
5 Amanda had been sitting there and she advised me that 10:22  
6 she was there all day. I was very cross and told the  
7 nurse that Amanda's hands were absolutely frozen solid  
8 and I asked her for a blanket and to close the window  
9 immediately.

10  
11 The nurses were all very cold and uncaring at MAH.  
12 There was one guy, a healthcare assistant, he seemed  
13 like a very angry person. I don't recall his name but  
14 I never wanted to speak to him and would never have  
15 approached him. The only nice people who worked in MAH 10:22  
16 were the reception staff.

17  
18 Amanda was discharged in and around 2010/2011. I don't  
19 recall the exact date but her hospital notes should be  
20 able to confirm. She was given a placement in... " 10:22

21  
22 -- and the location is redacted --

23  
24 "...assisted living at another facility. She had a  
25 room for a few years and then the place was renovated 10:22  
26 into apartments. Amanda has her own self-contained  
27 apartment and I come to stay and visit overnight  
28 regularly. She is living independently. She is able  
29 to visit the shops et cetera by herself. Amanda is

1 still in and out of hospital with bad seizures,  
2 however. She is regularly admitted to the Hospital..."

3  
4 -- and the name of the Hospital is redacted.

5  
6 "Recently, she has been taking longer to come out of  
7 the seizures and the last few times she was admitted to  
8 hospital, they were going to put her into ICU."

9  
10 The statement goes on to say that:

11  
12 "Doctors are examining her seizures and on some  
13 occasions they are noting that they are not the type of  
14 seizure that would come from epilepsy. She has  
15 twitches. Amanda is being assessed by a neurologist  
16 and they are advising that some of the seizures are  
17 coming from stress. In the last couple of weeks,  
18 Amanda advised me that she recalls being trailed up the  
19 hall by the scruff of her neck by a member of staff at  
20 MAH and her back was burning. She also told me that  
21 there was an ancillary nurse at MAH who asked Amanda  
22 regularly to stroke her arm up and down for hours and  
23 she would give Amanda sweets in return. Amanda told me  
24 she didn't like rubbing the nurse's arm. I believe  
25 that Amanda has suffered much more abuse at MAH than  
26 I'm aware of. Amanda refers to MAH as 'that other  
27 place' as she doesn't like to say the name of MAH.  
28 Amanda advised me during one of my last visits to her  
29 in the last week to the Hospital at ward..."



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-- and the ward number is redacted --

"...that one of the nurses in the Hospital asked her where she was before she was at the assisted living facility to which reference was made earlier. Amanda told me that she told the nurse that she was in that other place and that they had hurt her there. Amanda was very upset. Amanda asked another nurse why the first nurse was asking her those questions, and she said it was probably just for the notes. Amanda also advised me that the first nurse asks her questions as to whether I stay over when I am visiting her at the assisted living facility and where I sleep and whether I have my own bed. Amanda thinks these nurses are being nosy.

10:24

10:25

10:25

Amanda has nothing good to say about MAH. She has no good experiences to recall. She is being assessed now on the 7th March 2022 by a psychiatrist. I am concerned that the abuse which Amanda suffered in MAH is causing her severe stress, which is causing her seizures.

10:25

Amanda is aware of the Inquiry and sometimes she would mention this to me. I have not advised Amanda that I am giving this statement as I do not want to cause her more stress. Amanda becomes very stressed when we talk about or even mention the name of MAH. I believe that

10:25

1 Amanda may be able to give her own account of what  
2 happened to her at MAH in the future. But with her  
3 seizures being so bad right now, it is not the right  
4 timer for me to raise it with her. I just want  
5 everyone to get justice for what happened.

10:26

6  
7 Section 4: Giving evidence

8  
9 I would like to give oral evidence to the Inquiry. If  
10 I am asked to give evidence, I do not require any  
11 special arrangements. I do require a supporter, a  
12 relative or friend to attend the Inquiry hearing with  
13 me. I would like my husband, Stephen, to attend the  
14 Inquiry with me. If I am asked to give evidence, I am  
15 happy to give my name."

10:26

10:26

16  
17 And the statement closes then with a declaration of  
18 truth, and it is signed by Marie and dated the 24th  
19 March 2022.

20 A. Mm-hmm.

10:26

21 19 Q. So, that's your statement, Marie?

22 A. Yes.

23 20 Q. Now, as I said earlier, sometimes witnesses want to  
24 change what they've said or to add to what they have  
25 said?

10:27

26 A. Yes.

27 21 Q. Is there anything in your statement that you are not  
28 content with, or is there information that you want to  
29 provide in addition to that which is contained in your

1 statement?

2 A. Yes, I would like to add that Amanda gets very stressed  
3 when you mention Muckamore whatsoever, but she quite  
4 often brings it up and she'd said to me there last week  
5 that, "Mummy, I know you don't like me talking about 10:27  
6 Muckamore", she said, "but, Mummy, Muckamore haunts  
7 me."

8 22 Q. "Haunts", did you say?

9 A. Haunts her. And she said "I dreamt about Muckamore",  
10 she says, "but I didn't see any people, I just seen the 10:27  
11 building." And she would mention as well, you know,  
12 that she just wants justice and she wants people to  
13 believe her, you know, what happened to her, so it  
14 wouldn't happen again to anyone else.

15 23 Q. Yes. 10:28

16 A. She did mention as well she was brought into a room and  
17 was left there for hours. The way she was describing  
18 it, it was just a room with nothing in it.

19 24 Q. And is that in addition to the various incidents that  
20 you have mentioned in your statement? 10:28

21 A. Yes, mm-hmm, these are things that Amanda would just,  
22 she would just out of the blue start talking about  
23 things. I do believe that she has a lot more to say,  
24 more than what I know myself.

25 25 Q. Yes. 10:28

26 A. I don't know, maybe in the future that will come out  
27 when she' able to speak about it.

28 26 Q. well, in fact, I think you say in your statement that  
29 she may at some stage be able to give her own account

1 to the Inquiry?

2 A. Yes. I don't think that Amanda -- I am hopeful that  
3 she will be able to recover from the abuse that  
4 happened to her in Muckamore, but I don't know whether  
5 she will ever fully get over it. 10:29

6 27 Q. Yes.

7 A. I think it's affected her on a very, very deep level.

8 28 Q. Yes. Now, can you think of anything else that you  
9 might want to add to the statement before I start  
10 asking you some questions about it? 10:29

11 A. I probably do have things but I'm nervous and...

12 29 Q. Don't worry. If something else occurs to you as we go  
13 along, please feel free to tell us about it.

14 A. Oh, just as well when she was left in the room, just  
15 strapped into the chair and she was just left there, 10:29  
16 and there just wasn't any care given to her. There was  
17 no blanket around her. You know, I remember the wind,  
18 it was a freezing cold day.

19 30 Q. Is that the --

20 A. When she was taking the petit mals. 10:29

21 31 Q. Yes. Is that the particular day that you mention in  
22 your statement where you say she was sitting in her  
23 room on her own in a wheelchair?

24 A. Yeah, and the window was opened directly behind her.  
25 She was absolutely freezing cold. The nurse just 10:30  
26 seemed very -- just very stern and she wouldn't smile  
27 or talk. You know, I was just like, "How long has she  
28 been there? why is she freezing? Close the window.  
29 Get a blanket for her."

1 32 Q. And how did the nurse react when you made those  
2 suggestions?  
3 A. Very cold. She was just, she just looked at me and she  
4 walked -- she came over and she closed the window and I  
5 said "Has the doctor seen Amanda?", and she was, "Yes, 10:30  
6 the doctor's been" and I said "well, I would like to  
7 get someone else to look at her", but I don't think she  
8 came back to me. I don't even think she got a blanket.

9 33 Q. Right. well, we will come back to that particular day  
10 as we go through your evidence, but are you happy to 10:30  
11 adopt your statement as the basis of your evidence to  
12 the Inquiry?  
13 A. Mm-hmm.

14 34 Q. -- bearing in mind that you have added some details to  
15 it today? 10:31  
16 A. Yes.

17 35 Q. Now, you said that your daughter is 34 now?  
18 A. Yes.

19 36 Q. And she's the oldest of four children, is that right?  
20 A. She is, yes. 10:31

21 37 Q. And I think you've exhibited a photograph of your  
22 daughter to your statement.  
23 A. Yes.

24 38 Q. When was that one taken?  
25 A. That was taken on her prom. I think she was about 16. 10:31

26 39 Q. I was going to say it looks as though it was taken on a  
27 special occasion?  
28 A. It was, yes. You know, she was very -- she was a very  
29 happy girl. To me, she was just my daughter -- she was

1 going through puberty and, you know, a wee bit grumpy  
2 and what have you, but, to me, she was just a normal  
3 girl with epilepsy. She wanted the same things  
4 everyone else wanted. She wanted to go out. She liked  
5 boys. She just liked everything. But the other side 10:32  
6 of her, she was very, very immature as well. She was,  
7 she was a happy child.

8 40 Q. Well, I actually was going to go back to paragraph 3 of  
9 your statement, because, in that paragraph, you give a  
10 lovely summary of your daughter's personality and I'm 10:32  
11 going to read it again, even though I've just read it.  
12 You say:

13  
14 "She is now 34 years old. She is very family  
15 orientated. She loves her brothers and sisters. She 10:32  
16 idolises me and calls me Super Mummy. She loves  
17 playing chess and attends a chess club. She loves  
18 shopping and eating out, and her favourite thing to go  
19 is to go to the cinema to watch scary movies. She has  
20 a great sense of humour." 10:32

21  
22 She just comes across as friendly, good fun and loves  
23 family?

24 A. She does. When she's in the hospital, all the doctors,  
25 all the consultants really like her and would get her 10:33  
26 to draw wee pictures, and she would draw people the way  
27 she sees them and they find it hilarious. And so even  
28 the consultant has got one of her pictures and has  
29 framed it and put it into his office. She would tell

1           them jokes and they would go up to her "Tell us another  
2           joke" -- even the domestics know her. Even -- I work  
3           for the Trust and people would come over to me and say  
4           "How's Amanda? I haven't seen her in here in ages. I  
5           hope she's well. Tell her I was asking about her." 10:33  
6           And, as I say, Amanda just loves telling people jokes.  
7           Like, she played a joke with me yesterday -- I phoned  
8           her and she put an English accent on, telling me I had  
9           the wrong number!

10       41   Q.    Right! 10:33

11           A.    And I hung up, and then she phoned me back and she was  
12           like, "Oh, Mummy, I was only keeping you going!".

13       42   Q.    So she likes to play tricks on you as well.

14           A.    She likes to play tricks, yeah.

15       43   Q.    And what age are your other children? 10:33

16           A.    My son is 31. I have one of 28 and one of 29.

17       44   Q.    And she gets on very well with them?

18           A.    She does, yes. They all get on well. I've never had  
19           any bother with any of them. They're all very good  
20           kids. 10:34

21       45   Q.    I was very interested in what you said about her love  
22           of chess?

23           A.    Oh, she loves it. She actually played there about two  
24           months ago with the Grand Master.

25       46   Q.    Oh, very good! 10:34

26           A.    And it's on YouTube, so it is.

27       47   Q.    That's excellent.

28           A.    She's very good. And she was showing me how to play it  
29           and, when I was going to make a move, she was saying

1 "Oh, Mummy, I wouldn't make that move if I was you -- I  
2 would do this", and she would tell me the different  
3 moves to do. She's very, very good. And she had  
4 actually played one of the doctors in the hospital, so  
5 all the other doctors came around the bed and the 10:34  
6 doctor had shouted over to the other one, "what will I  
7 do here on this move? Amanda'll beat him anyway!", and  
8 they all thought it was hilarious, you know. But, yes,  
9 she does, she loves it.

10 48 Q. So she's good and she's competitive? 10:34

11 A. Very good, yes, very competitive. She was always  
12 fantastic at sports, no matter --

13 49 Q. What sport did she play?

14 A. Well, when she was younger, a crowd of boys, say 13 or  
15 14, would have come up and rapped the door and they'd 10:35  
16 have been playing football outside the house and they  
17 would have asked Amanda to come out. And Amanda would  
18 have been playing football with them and she was so  
19 good she was able to put it over her head and, you  
20 know, bounce the ball on her head and flick it over her 10:35  
21 back and just was fantastic at that. She was just  
22 brilliant at every single sports that she tried,  
23 everything, she just had a natural talent at it. And  
24 I'm sure only for her epilepsy she would be like a real  
25 outdoor person. You know, I don't think she would have 10:35  
26 had any fear of doing anything, you know, sporty at  
27 all. She had actually asked me to get her a parachute  
28 jump and I enquired about it for her birthday a lot of  
29 years ago, but because of her epilepsy they couldn't do



1           it, but that's what she wanted to do. And she's always  
2           talking she would love to get into the water with  
3           sharks!

4    50   Q.    She's quite adventurous then?

5           A.    Yes. 10:36

6    51   Q.    You have mentioned her epilepsy and you have explained  
7           in your statement that she was diagnosed when she was  
8           very young?

9           A.    She was, yes.

10   52   Q.    Do you remember how her epilepsy affected her when she 10:36  
11           was young?

12           A.    It looked as if -- I remember in a taxi and Amanda was  
13           in the pram when I was walking around and then when  
14           we'd get into the taxi, she'd woken up because she was  
15           asleep and the wee lady facing me had said "Oh, bless 10:36  
16           her, she's very tired" and I had said to myself she  
17           can't be tired because she's been asleep in the pram.  
18           So it would have looked as if she was nearly falling  
19           asleep when she was taking the wee seizures and then  
20           her eyes would have opened. But her dad had epilepsy, 10:36  
21           so that's why it went -- I knew nothing about epilepsy,  
22           I was very young myself, you know, and --

23   53   Q.    Yes. And did the seizures become worse then?

24           A.    Well, it was something that I got used to and, to me,  
25           she was just my wee daughter and she took medicine for 10:37  
26           -- there was never any tonic-clonic seizures at all  
27           until the very first day of her period, and then she  
28           took a tonic-clonic seizure. And then it progressively  
29           -- it's really got worse over last eight years, her

1 epilepsy, it's a wee bit more hard to control.

2 54 Q. That would have been from when she was in her mid 20s,  
3 perhaps?

4 A. Yes, mm-hmm. But, to me, she was just my daughter.  
5 She was just a normal child to me. And I couldn't 10:37  
6 understand why people didn't want to play with her.

7 55 Q. But you say that she would have played away with your  
8 other children and your sister's children as well?

9 A. Yes, yeah, yeah. She is very, very family orientated.  
10 Family is absolutely everything to her. 10:37

11 56 Q. Yes. But, clearly, from your statement, she had a  
12 tough time in primary school?

13 A. She did. There was a few children that were -- she had  
14 said to me were very kind to her, but a lot of --  
15 because the girls were a lot more mature than Amanda, 10:37  
16 they just thought Amanda was strange, you know. And  
17 the teacher would have said to me she sits out in the  
18 schoolyard on her own and I couldn't understand why  
19 because I was just "She's my daughter -- what's wrong  
20 with her? She seems okay to me." Maybe that was just 10:38  
21 me being a mother and just seeing her as my child.

22 57 Q. Is that when she was in primary school?

23 A. Mm-hmm.

24 58 Q. And then I think you mentioned that she attended two  
25 other schools after primary school. 10:38

26 A. She did, yes.

27 59 Q. We are not giving the names of the schools to protect  
28 her anonymity, but were they both schools for children  
29 with special educational needs?

1 A. Yes, my other son, Ryan, he attended that school too,  
2 so Amanda and Ryan would have went on the bus together  
3 in the mornings.

4 60 Q. Yes. And you say that it was about 15-and-a-half years  
5 ago that your daughter was placed at Muckamore? 10:38

6 A. I think Amanda went into Muckamore 2007 and got out  
7 2013, and was --

8 61 Q. So you think that's the approximate period, 2007 to  
9 2013?

10 A. I think so. 10:39

11 62 Q. And she attended after a particular incident that had  
12 occurred at school, is that right?

13 A. Yes.

14 63 Q. So if you say 2007, that means she would have been in  
15 her late teens, is that right? 10:39

16 A. That's right, yes.

17 64 Q. And you mention that she was placed in Cranfield?

18 A. She was, yes. She was, yes.

19 65 Q. I think the Inquiry understands that Cranfield was  
20 opened in October 2006, so -- 10:39

21 A. Yes, it was a new building.

22 66 Q. Yes.

23 A. Yeah.

24 67 Q. And you say in your statement that your first  
25 impressions weren't great, but that Amanda did have 10:39  
26 quite a nice room with her own TV?

27 A. She did, yes, she had a really nice room. I can never  
28 remember having a nice conversation with anyone except  
29 for the receptionist. Never. Never noticed anyone --

1 I mean, even over in the canteen they weren't nice.

2 68 Q. And how often would you have visited her during those  
3 years?

4 A. Well, at that time, I was visiting, you know, maybe  
5 once a week or twice a week. At that time, my Mum was 10:40  
6 terminally ill, so I was nursing my Mum. And then I  
7 had the three kids and I was trying to keep a job. And  
8 then I was diagnosed with an autoimmune disease, so I  
9 got pretty sick as well.

10 69 Q. Yes? 10:40

11 A. -- so just as often as I could. And I was suffering  
12 from depression as well with everything. So I'd get up  
13 whenever, as much as I could, in between looking after  
14 my Mum as well.

15 70 Q. Absolutely. But you talk in paragraph 11 of the 10:40  
16 statement about a particular visit that you and your  
17 husband made about a year-and-a-half after your  
18 daughter moved into Cranfield?

19 A. Yes.

20 71 Q. And I want to ask you about that in a moment, but what 10:40  
21 about before that visit, during that early year/  
22 year-and-a-half period --

23 A. When Amanda was --

24 72 Q. Yes, when Amanda was first at Muckamore, what were your  
25 impressions of how she was settling in? 10:41

26 A. I found it very hard when Amanda went in. It broke my  
27 heart when I seen that that's where she ended up. I  
28 just felt like a failure. I thought, like, this is not  
29 what I wanted for my daughter, this is not where I

1 wanted my daughter to be. I just -- I just didn't  
2 think it was a nice place. There was no one -- no one  
3 was ever very caring. The doors were being locked,  
4 nobody spoke to you, and nobody introduced themselves  
5 to you. It just wasn't a nice place. 10:41

6 73 Q. But in those early days were there any specific  
7 incidents that caused you concern?

8 A. No, no. Not in the early days, I don't think.

9 74 Q. But you then talk about this visit that you made to the  
10 Hospital and you say that, on that particular day when 10:42  
11 you arrived, you were told that Amanda had been moved?

12 A. Yes, mm-hmm, to the old building.

13 75 Q. Yes. Now, I just wondered about that. Was the first  
14 time you found out that she had been moved?

15 A. Yeah, I didn't get a phone call or anything. I didn't 10:42  
16 get a phone call even when she had hurt her eye --  
17 well, when she had the black eye -- I didn't get any  
18 phone calls about that either.

19 76 Q. Yes, and we will come on to that in a moment. But I am  
20 just thinking about that day that you describe visiting 10:42  
21 the Hospital to find out that Amanda had been moved,  
22 you're saying that no one had contacted you in advance  
23 to say that "Amanda is now in a different part of the  
24 Hospital"?

25 A. No, nothing. And they just told us where it was and we 10:42  
26 went up and I was horrified to see the building. It  
27 was just very dark and old and scary, sort of a scary  
28 building, you know, Victorian, old --

29 77 Q. Yes, I think you refer to a large room to the right of

1 the reception area?

2 A. We had just walked in and we were starting to look to  
3 see if there was a nurse around and then I looked over  
4 to my right and I seen a large room and there was just  
5 people -- I'm taking it it was patients walking up and 10:43  
6 down.

7 78 Q. Do you go into the room?

8 A. No. We were just standing -- we were just standing --  
9 we'd literally just walked in and then we looked and  
10 there wasn't anyone here, you know, in front of us. So 10:43  
11 I looked over to the right to see was anyone over there  
12 and we just seen people around walking around and --

13 79 Q. Could you tell how many people there were?

14 A. No, but there was quite a few, there was quite a few.

15 80 Q. Was your impression that they were mostly patients? 10:43  
16 A. Yes.

17 81 Q. Or there was a mixture of patients and staff?

18 A. Patients, yeah.

19 82 Q. Mostly patients.

20 A. But I did notice that, you know, I did notice some 10:43  
21 people had broken teeth and what have you, but we just  
22 seen -- I just happened to turn around at this moment  
23 and I seen this patient walking towards a staff member  
24 and she just lifted her arms up like that and she done  
25 that [DEMONSTRATING] and the patient went back, and I 10:44  
26 looked at my husband and I says, "Is she supposed to do  
27 that?". We were, like, really shocked.

28 83 Q. And you described that in your statement, but do you  
29 recall did this happen out of the blue or was there any

1 exchange between the two beforehand?

2 A. Nothing whatsoever. The patient was just walking  
3 towards her. That's why we were so shocked. We were  
4 like "what did that patient even do?". But we had  
5 thought maybe is that something that they're supposed 10:44  
6 to do or, you know, I, I didn't know.

7 84 Q. Did you hear any conversation between the two of them?

8 A. The patient didn't seem to be talking at all. The  
9 patient -- to me, the patient didn't seem they were  
10 really capable of talking too much. Just even in her 10:45  
11 mannerisms and the way she walked, she was just very  
12 slow and just like this, sort of, walking. So, no, the  
13 patient was just pushed back and sort of maybe went the  
14 other way.

15 CHAIRPERSON: sorry to interrupt, Mr. Doran, but just 10:45  
16 so that people reading the transcript understand,  
17 because the statement isn't absolutely clear, you have  
18 indicated that the two arms were held up and then  
19 pushed against the patient's body?

20 A. Yes. 10:45

21 CHAIRPERSON: Pushing the patient?

22 A. Yes, and the patient went back, yeah. And --

23 CHAIRPERSON: From the statement, I couldn't work out  
24 if --

25 A. No, it was the whole -- like this. 10:45

26 CHAIRPERSON: -- touching the arms, but it was the  
27 carer's arms on the patient's body?

28 A. Yeah. To me, although I had never worked, you know, in  
29 that sort of background the way I do now, to me, at

1 that time, I had thought that's maybe so as this  
2 patient doesn't get a bruise doing that. That's what  
3 came into my head as well.

4 85 Q. MR. DORAN: Just so we are absolutely clear on that,  
5 what you said in the statement was:

10:46

6  
7 "The staff member lifted her two arms and pushed the  
8 patient back forcefully using that part of her arms  
9 between her wrist and her elbow."

10

10:46

11 A. Mm-hmm.

12 86 Q. And you are referring there to the patient, is that  
13 right?

14 A. Yes.

15 87 Q. So it was the patient -- the part of the patient's arms  
16 between the patient's wrist and elbow?

10:46

17 CHAIRPERSON: That's what I had misunderstood. Sorry,  
18 will you tell us?

19 A. The staff member -- the patient was walking over to the  
20 staff member and the staff member -- the staff member  
21 lifted her arms and pushed the patient back.

10:46

22 CHAIRPERSON: That's what I thought. And it was  
23 pushing into the body of the patient, not her arms?

24 A. Yes, no, the body, yeah, and the patient went back.

25 88 Q. MR. DORAN: And did you see how the incident came to an  
26 end?

10:46

27 A. I think that the patient just walked on and the staff  
28 member walked her -- just walked away. There was no  
29 communication between the two of them at all. We were



1 just very shocked.

2 89 Q. And Amanda wasn't in that room, is that correct?

3 A. No. She was in another room. We were brought up to  
4 another room and quite shocked when we walked in. As I  
5 said, it was like -- there was bars, there was windows 10:47  
6 down either side and bars. And Amanda's bed was -- it  
7 was set just the way this is set. So when you walked  
8 through the door, that was her bed just right at the  
9 entrance, and her clothes were piled high up in a big  
10 ball. 10:47

11 90 Q. And was her bed the only bed in the room?

12 A. The only bed. And I remember looking and I was like  
13 "This is terrifying, I wouldn't like to be sleeping in  
14 here" because, you know, it was something like you'd  
15 see in a scary movie. And Amanda was crying, saying 10:47  
16 "Mummy, they left me here all night." "Mummy, look at  
17 my clothes."

18 91 Q. And do you know how long she had been in the room?

19 A. I think it was just overnight. Well, that's --

20 92 Q. Just the night before? 10:47

21 A. Yeah.

22 93 Q. And you remember --

23 A. I was horrified. I couldn't believe it. I got so  
24 angry and I asked to speak to the nurse and I was like  
25 "why is my daughter being left in here?". "And why is 10:48  
26 her clothes piled up?". It was as if she was just  
27 discarded and threw into a room and just left and there  
28 was no care for her whatsoever.

29 94 Q. And I think you say in your statement that the nurse

1           apologised?

2           A.   well, she sort of tried to brush it off and sort of,  
3           like, calm me down, and that's sort of what normally  
4           happens, you know. You know, you question yourself. I  
5           had said to myself "Are these people hurting my child? 10:48  
6           Are they?", and then you thought to yourself, "But  
7           they're nurses" and, to me, nurses were like angels;  
8           you trust them like the way you would trust your GP.  
9           And, you know, I have a big guilt there that why didn't  
10          I go by my instincts and do something more about it. 10:48  
11          But it's something that I am going to have to live  
12          with, but I just want her to get justice now, you know.  
13          It's hard to believe this sort of thing happens in this  
14          day and age.

15   95   Q.   Just so that we are absolutely clear about how the 10:49  
16          nurse reacted to you, you said in your statement the  
17          sister apologised and said that it would be sorted.

18          A.   Yeah, that's it, yeah, mm-hmm.

19   96   Q.   Is that a fair representation of what she said?

20          A.   Yeah. 10:49

21   97   Q.   And you spoke to the social worker also, I think?

22          A.   We went to the social worker -- we asked where the  
23          social worker was and my husband and I went up and,  
24          basically, just were like "why is she -- why was she  
25          put in here? Like, she had a nice room. How can you 10:49  
26          take someone out of a nice room when they're -- and  
27          then put them into a Victorian building and think that  
28          that's okay?. For someone with a learning disability,  
29          they're obviously going to be maybe thinking they're

1 being punished, I mean..." -- and she says "well,  
2 that's just what happens. You know, six months before  
3 the patient gets out, I don't know why, but they get  
4 put into that unit." And I was like "But, like, she  
5 was put into, like, a dormitory. She's no bed. She's 10:50  
6 sleeping with loads of other people. The nurses are  
7 laughing and joking around the nurses' station."  
8 98 Q. But, presumably, that was after you had raised the  
9 issue about her being in the room by herself?  
10 A. Yes, straightaway, basically, we left and we asked to 10:50  
11 speak to a social worker because we weren't happy.  
12 99 Q. But was she moved then to a different room with a  
13 number of patients?  
14 A. Yes, yes. And then, slightly after that, I think  
15 that's when the incident -- was that -- yes, that's 10:50  
16 when the incident I think happened in that building  
17 with the nurse.  
18 100 Q. Just on the next room that she was moved to with a  
19 number of patients, you say that she found that --  
20 A. She found that very distressing. 10:50  
21 101 Q. -- disruptive?  
22 A. She would cry to me, saying "Mummy, people are  
23 screaming at night. I can't sleep. The nurses'  
24 station have the light on, they're talking, they're  
25 laughing. All night, Mummy, I can't sleep." 10:51  
26 102 Q. And you make the point in your statement that she  
27 didn't, perhaps, have the same needs as many of the  
28 other patients?  
29 A. No, Amanda can be quite capable. Amanda would surprise

1           you sometimes, how smart she is.

2 103 Q.    She has a good awareness of what's going on?

3           A.    Well, yes, there's sometimes you would look at Amanda  
4           -- I mean, the thing is, looking at Amanda, you  
5           wouldn't know that she has a learning disability.   And 10:51  
6           she could talk to you and you wouldn't know -- she  
7           really surprises you.   But then there's other times  
8           she'll talk and you'll know she has a learning  
9           disability, which makes it harder for her because  
10          people expect more of her.   But Amanda is not stupid, 10:51  
11          like, you know, she's not stupid.

12 104 Q.    If things were going wrong, she would tell you about  
13          it, is that fair?

14          A.    Absolutely, yeah.   She was very distressed.   She was  
15          crying "Mummy, I can't sleep."   I think the patients 10:52  
16          screaming and what have you was bothering her too.  
17          Amanda likes her own space, you know, she likes her own  
18          space.   She likes family time and she likes her own  
19          space.   Even when the staff came in and they're  
20          chatting away and I'm talking to them, I could see 10:52  
21          Amanda getting a wee bit annoyed because she wants to  
22          talk to me.   She doesn't want anybody else talking to  
23          me, she wants the time with me.   So, as I say, she is  
24          happy with her own company.

25 105 Q.    Yes.   And you go on in your statement then to talk 10:52  
26          about a meeting that took place a couple of weeks after  
27          Amanda moved to the old building?

28          A.    That was after the incident with the nurse?

29 106 Q.    Yes, yes, Amanda was said to have injured a nurse?

1 A. Yes.

2 107 Q. Now, you thought that that was out of character unless  
3 she would have been provoked, is that right?

4 A. Totally. Totally. I mean, I have a friend as well and  
5 he's known Amanda her whole life and he says "Marie, 10:53  
6 that does not sound like Amanda. They must have said  
7 something about -- they must have done something on her  
8 or they must have said something about your family  
9 because that is just not..." -- Amanda just does not  
10 turn on someone for nothing. She has never done it in 10:53  
11 [redacted] -- ehm, sorry --

12 108 Q. who's [redacted]?

13 A. It's the house, it's the place she's living in, sorry.

14 109 Q. Oh, yes, we had actually redacted that from the  
15 statement. 10:53

16 A. I know. Sorry.

17 CHAIRPERSON: Do we need to stop the feed?

18 MR. DORAN: I think we do.

19 CHAIRPERSON: Can you just take that out of the feed?  
20 we'll just pause for a second. Don't worry, you're not 10:53  
21 the first and you won't be the last!

22 A. [witness laughs].

23 CHAIRPERSON: Thank you very much, we're read to go.

24 110 Q. MR. DORAN: So you were saying that that would have  
25 been out of character? 10:54

26 A. Absolutely, 100 percent. Amanda is still very ashamed  
27 that she ever ended up in Muckamore.

28 111 Q. And I wonder would you have spoken to her about that  
29 matter at the time?

1 A. Well, she -- she always said "I don't want to speak  
2 about it, Mummy." She was ashamed of it. She's very,  
3 very much so ashamed that that's what had happened and  
4 she'd got into an altercation with one of the nurses.  
5 But she was, she was very ashamed and you just knew it 10:54  
6 was a subject she didn't want to speak about.

7 112 Q. So an altercation had occurred?

8 A. Mm-hmm.

9 113 Q. But she wouldn't really discuss it with you?

10 A. No, but she was ashamed. She says "Mummy, I'm ashamed" 10:54  
11 -- but there's no way Amanda would just out of the blue  
12 -- there's no way. I know a lot of people think that  
13 about their children, but I know my child and she's  
14 just not that way inclined. She's a very kind person.  
15 She's very thoughtful. She's very thoughtful. Like, 10:55  
16 she would always mention even, like, you know, she  
17 would love to have a wee baby and she sees people being  
18 cruelly treated and she'd be like "How could they do  
19 that?", you know. She is a kind person and a  
20 thoughtful person. 10:55

21 114 Q. Well, after that then you describe her moving back to  
22 Cranfield and you refer to observing her having a black  
23 eye?

24 A. That's about a week later. That's when all the  
25 injuries started happening and I said to myself, "Is 10:55  
26 this because of what happened that nurse?".

27 115 Q. So was she moved back to Cranfield after the incident  
28 with the nurse?

29 A. She was moved back to Cranfield -- I had went to a

1 meeting and I just remember them saying to me, "Oh,  
2 well that was a surprise, we weren't expecting that  
3 with her." So really it surprised everyone that that  
4 had actually happened. So she was kept in -- she was  
5 brought back to Cranfield and then we had went up about 10:55  
6 a week later and she had what my Daddy described as a  
7 boxer's black eye.

8 116 Q. Can you recall if you were just visiting or had you  
9 been called in to see your daughter because of what had  
10 happened? 10:56

11 A. Just visiting. There wasn't -- we were shocked when we  
12 seen her because we weren't expecting -- obviously not  
13 expecting to see something like that. Amanda's eye was  
14 out to here and it was all shiny and completely closed.

15 117 Q. And you are indicating that it was her left eye, is 10:56  
16 that correct?

17 A. Yeah. I think -- yes, I think it was her left eye. My  
18 Daddy had said -- is it okay for me just to continue  
19 here, yeah?

20 118 Q. Yes, absolutely? 10:56

21 A. My Daddy had said to the nurse "Yous are beating that  
22 child?", and she says, "Ach, she fell up against a  
23 wall" and my Daddy says "That's a boxer's eye she has."  
24 CHAIRPERSON: Can you just keep your voice up, sorry?  
25 We can hardly hear you. 10:57

26 A. Sorry, my Daddy had said to the nurse, "Yous are  
27 beating that child" and "That's a boxer's eye that she  
28 has, that's not -- that hasn't been done with a fall up  
29 against a wall." And I says "Are yous beating her?"

1 and she said "Ach, don't you let her pull at your heart  
2 strings" and walked away. And then it made me doubt,  
3 you know, it made me think did she fall or -- you know,  
4 these are nurses -- again, the nurse thing kept coming  
5 back because nurses are caring people and, you know, 10:57  
6 you sort of doubt it yourself and what you were  
7 thinking.

8 119 Q. Can you remember how many people you met that day from  
9 the staff?

10 A. It was just the one nurse. 10:57

11 120 Q. It was just one nurse at the meeting. And she gave you  
12 --

13 A. Oh, at the actual meeting, sorry?

14 121 Q. Yes.

15 A. I think there was -- there was one main guy. I think 10:57  
16 he was a psychiatrist or whatever. He was the main  
17 guy. I remember him and I think a few other people,  
18 but it was mostly him I remember speaking to. And he  
19 was the one that was doing the talking and he was  
20 saying, "well, that was a surprise, wasn't it? We 10:58  
21 weren't expecting that one. That came out of the  
22 blue."

23 122 Q. Now, which incident are you referring to there?

24 A. This was the one with the nurses, sorry.

25 123 Q. Okay, so there are two separate meetings. You had a 10:58  
26 meeting after the incident with the nurse and then a  
27 later meeting when Amanda had the black eye?

28 A. Oh, well it wasn't a meeting, no, it was just a  
29 conversation in the room. When the nurse came in, my



1           Daddy had said about Amanda's black eye and I had said  
2           -- and, basically, she was saying "Ach, don't you let  
3           her pull at your heart strings" and she just closed the  
4           door and walked on up and left us sitting in the room.  
5           And I remember, actually, I have a friend who's a           10:58  
6           psychiatrist nurse and she's been a psychiatrist nurse  
7           for years and I remember saying to her, "Do you think  
8           nurses would -- look, Amanda has -- she's always  
9           getting black eyes", and I was telling her about this  
10          particular black eye, "Do you think nurses would do           10:59  
11          that?", and she says, "well, it's always a possibility"  
12          and I says "But there's cameras up there." So you're  
13          sort of saying to yourself, "well, there's cameras, you  
14          would see that", so you're maybe thinking all the wrong  
15          things here. But she was saying, yeah, there's always           10:59  
16          a possibility of it like, you know.

17   124   Q.    But you were told about -- or you were given the  
18                explanation about how the black eye had come about by  
19                one nurse?

20            A.    Yeah, mm-hmm. And then every other week you were going   10:59  
21                up she had a black eye, but it wasn't as bad as that  
22                one. And then she had a broken tooth, and Amanda's  
23                teeth -- is it okay for me to continue here, yeah?

24   125   Q.    Yes, indeed.

25            A.    Amanda's teeth were always beautiful. All my children,   10:59  
26                every time I brought them to the dentist, they never  
27                had to get a filling or anything done to their teeth,  
28                ever. And then all of a sudden, her tooth was broke,  
29                and then the black eyes, and I remember saying she's

1 never been injured when she's been with me, she's never  
2 been injured, and now all of a sudden she's getting all  
3 these black eyes and broken teeth and...

4 126 Q. But when you say, you know, "Every other week we  
5 visited, she would have black eyes" -- now, us lawyers 11:00  
6 are always very careful about evidence -- do you mean  
7 literally every other week?

8 A. Yes, mm-hmm.

9 127 Q. Or do you mean that you can recall your daughter having  
10 black eyes on a number of occasions? 11:00

11 A. On a number of occasions, yeah, mm-hmm. And we just --  
12 I remember my husband and I saying "why is she always  
13 getting -- why is she -- like, are they not looking  
14 after her?". Like, because they're saying it's her  
15 petit mals and she's walking into walls. You know, why 11:00  
16 are they not looking after her? why is she allowed to  
17 walk around? Because she never had any injuries when  
18 she was living with me, never.

19 128 Q. I was going to ask you about that. Can you recall,  
20 aside from your daughter's time at Muckamore, did she 11:00  
21 receive injuries of this kind as a result of her  
22 seizures?

23 A. Absolutely none. I can't even recall her -- there was  
24 nothing. She never hurt herself because she was never  
25 on her own. If I was in making the dinner and she was 11:01  
26 a bit unwell, we'd have said "Amanda, don't be getting  
27 up." Christopher would sit with her or Simone would  
28 sit with her. There was always someone sitting with  
29 her. If she tried to get up, the kids would have

1           shouted to me, "Mummy, she's trying to get up" and then  
2           I'd have come running in and sat down beside her. She  
3           never had an injury in her life, ever, nothing.

4 129 Q.    But, presumably, her seizures could potentially cause  
5           her injuries? 11:01

6           A.    Oh, yes, yeah, she could have fell, she could have fell  
7           and took a tonic-clonic seizure, but she was never  
8           injured in the house, or out in the garden or out  
9           playing with my nieces and nephews.

10 130 Q.   Presumably, the risk of injury would be reduced if 11:01  
11           there's someone on hand to help?

12           A.    Yeah. My kids were all very good because they grew up  
13           with her having the epilepsy, and especially my son,  
14           Christopher, he was very mature. And there was always  
15           someone to watch her. She was never left on her own, 11:02  
16           never. We checked in on her during the night when she  
17           was asleep and, she snores, so when we heard her  
18           snoring we knew she was okay as well.

19 131 Q.    Just coming back to this specific injury that you talk  
20           about, a black eye, that she had on a number of 11:02  
21           occasions, can I ask you this: Back at the time when  
22           you were visiting and observing injuries of this kind,  
23           did Amanda ever speak to you about how the injury had  
24           come about?

25           A.    No. She never, ever said anything. 11:02

26 132 Q.    But, presumably, you would ask her about it?

27           A.    Mm-hmm. She could never really remember. I think  
28           Amanda is the type of person you can -- she could be  
29           easily manipulated. You know, you could say, ach --

1           like, she could be easily manipulated, I don't know  
2           whether that ever happened or not, but I think you  
3           could easily put things into her head, telling her  
4           "Oh, do you remember you fell out in the hall" and  
5           that's not where it happened, if you know what I mean? 11:03  
6           But, no, she never really spoke about it. She just sat  
7           with a smile on her face, so she did.

8 133 Q.    On thinking back, would you have said "How did this  
9           happen?"?

10          A.    She went with what the nurses told her. She went with 11:03  
11          what the nurses told her - "You did that when you had  
12          the seizure, you did that..." -- and that's what Amanda  
13          went by, what she was told.

14 134 Q.    But you would have asked her, presumably, "How did this  
15          come about?"? 11:03

16          A.    Yes, uh-huh, but then Amanda would say, "Well, it must  
17          have been the seizures, Mummy, because the nurses were  
18          saying it was my seizures", because that's what Amanda  
19          was told as well. Amanda's only starting to come out  
20          with all these things now about being trailed up the 11:03  
21          hall, about being left in a room on her own, about  
22          having to rub somebody's arm.

23 135 Q.    Yes.

24          A.    You know, all these things are all starting to come out  
25          now. 11:04

26 136 Q.    You say in your statement that she has spoken about  
27          those matters more recently?

28          A.    Yes. She would just --

29 137 Q.    When exactly did she speak to you about those

1 incidents?

2 A. About the rubbing of the arm and what have you?

3 138 Q. Yes.

4 A. This was just a couple of months ago we were sitting in  
5 the living room and she just started talking about 11:04  
6 Muckamore. I think that there was -- she was in the  
7 hospital and there was a social worker because they  
8 were looking into allegations that Amanda had made  
9 about Muckamore. So it was the social worker came and  
10 spoke to Amanda about Muckamore, and I think that sort 11:04  
11 of got the ball rolling. While we were sitting in the  
12 living room, she mentioned to me, "Oh, Mummy, there was  
13 this girl used to come in and she used to bring us in  
14 sweets and she used to get me to rub her arm up and  
15 down", and I said, "Really, Amanda? Did she get 11:04  
16 anybody else to do it or was it just you?", and she  
17 says "No, it was everybody, but sometimes it was just  
18 me and I didn't want to do it. But she brought us in  
19 sweets." And I says, "well, what sort of a uniform did  
20 she wear?" and she was like "She wore one like you." 11:05  
21 And then, you know, she would have just came out with  
22 different things.

23 139 Q. What about the other --

24 A. And about getting the back -- she mentioned in the  
25 Hospital -- 11:05

26 140 Q. Yes, I was going to ask you about that. That's the  
27 incident in which she was trailed by the scruff of the  
28 neck?

29 A. Yeah. She just says, "Mummy, I remember being trailed,

1           you know, by the back of the neck and my back, Mummy,  
2           my back was burning."

3 141 Q.    And did she say when that had happened?  
4           A.    No, but it was in Muckamore, but she's just coming out  
5           with memories that she has of Muckamore. 11:05

6 142 Q.    And I wonder did she say anything about the  
7           circumstances in which that occurred?  
8           A.    No. And that she had been put into, like, an isolation  
9           room and left there for hours.

10 143 Q.    I was just interested in what you said about Amanda 11:05  
11           having these conversations after a social worker spoke  
12           to her about Muckamore.  
13           A.    Mm-hmm.

14 144 Q.    How did that come about?  
15           A.    Well, when Amanda had mentioned to me about the girl 11:06  
16           rubbing her arm and about getting trailed up the hall,  
17           I had mentioned it to the Sister in the Hospital, and  
18           then I didn't hear anything -- she says, you know, she  
19           would get in contact with someone about it. So I think  
20           that's how it all sort of progressed. And then the 11:06  
21           doctors had noticed Amanda's seizures weren't quite the  
22           same and the video -- or taken a seizure and they  
23           thought it was brought on by stress and anxiety. So I  
24           think it was -- I think it was all sort of related to  
25           Muckamore because they were talking to Amanda about 11:06  
26           Muckamore and, Amanda, when the doctors were over  
27           speaking to Amanda about her seizures, Amanda would  
28           say, ehm, she would mention Muckamore to the doctors  
29           and the consultants.

1 145 Q. Yes.

2 A. And so, as I say, I had mentioned what Amanda had told  
3 me, and so now Amanda's coming forth with different  
4 things.

5 146 Q. Yes. Well, you said that Amanda was seeing a 11:07  
6 psychiatrist in March, I think, of this year?

7 A. Well, yes, I think her name's down for to see a  
8 psychiatrist. I think there's --

9 147 Q. I think you said in your statement there was an  
10 assessment on the 7th March? 11:07

11 A. Was that in the hospital? 7th of March?

12 148 Q. Let's just have a look at what you say about that.  
13 Yeah, you said at paragraph 28: "She is being assessed  
14 now on the 7th of March by a psychiatrist."

15 A. All right, okay. 11:07

16 149 Q. And you've expressed concern that you had that the  
17 abuse that she suffered is causing her severe stress,  
18 which is causing her seizures?

19 A. Yes, I have no doubt that that's what's causing these  
20 new seizures that she's taking. 11:08

21 150 Q. I wonder did the psychiatrist express any view on that?

22 A. I don't know. I would actually have to chat to  
23 [redacted] about that.

24 151 Q. That's the same -- the same issue arises, I think.

25 A. Oh, sorry. 11:08

26 CHAIRPERSON: It's all right, that's fine, don't worry.  
27 It only takes a second...

28 A. I think even Amanda's anxiety as well, when I would be  
29 staying with her, she would say to me, "Mummy, you make

1 me feel safe, Mummy." And then when I'd go home, she  
2 would start showing these twitching and what have you.  
3 But I do definitely think it's all to do, you know,  
4 with Muckamore and me being there is keeping her safe.  
5 When I go, she's feeling vulnerable, you know. But, 11:09  
6 yeah, I just think it's -- it's definitely a lot to do  
7 with her new seizures, like, you know.

8 152 Q. MR. DORAN: Yes. well, I just want to come back to a  
9 general comment that you make in your statement and you  
10 say that the nurses were all very cold and uncaring? 11:09  
11 A. Any of the nurses I met, yeah.

12 153 Q. And you contrast that with the staff at the reception,  
13 who you say were nice?

14 A. She was lovely. There was a girl at the reception and,  
15 you know, when I used to wait on them going to get 11:09  
16 Amanda, she used to just sit and chat away. She was  
17 lovely. She was the only one that ever really spoke to  
18 you. And it was the same over in the canteen. It  
19 wasn't a very pleasant place over there either, like,  
20 but that's just staff, kitchen staff, like. 11:09

21 154 Q. Just, looking back, was there any member of staff with  
22 whom your daughter would have had a positive rapport?

23 A. Not that I was ever told, no, no. She doesn't like  
24 anything about it. She has no positive things to say  
25 about Muckamore at all. It's going to haunt Amanda, 11:10  
26 it's going to haunt Amanda forever.

27 155 Q. Now, you talk about your daughter's discharge from  
28 Muckamore and you say she was given a placement at  
29 another facility, an assisted living facility?



1 A. Mm-hmm.

2 156 Q. She started off with a room, but then ended up getting  
3 her own apartment?

4 A. Oh, it's lovely. It's all open planned and I've got my  
5 own wee bed in it and I would come up and stay a couple 11:10  
6 of nights a week and we'd go to the pictures and into  
7 the town for something to eat and sit and watch scary  
8 movies. And she loves it, she would buy me, like, wee  
9 pillows and wee extra blankets and she buys me gravy  
10 that I like and coffee and stuff. She just loves -- 11:11  
11 and she keeps her wee place nice and clean.

12 157 Q. And, essentially, she's able to live independently?

13 A. She is, but the staff are always there, you know, to  
14 come in and give her her medication and help her with  
15 her food. And if Amanda wants to go out to the shops 11:11  
16 or the pictures or the swimmers, they would assist with  
17 that, they're very good to her. She loves it. She  
18 really loves it, she loves it there.

19 158 Q. Just going back to the move from Muckamore to her new  
20 accommodation, do you recall what preparation went into 11:11  
21 that?

22 A. No, I think it was something like six weeks or  
23 something she had to wait, but --

24 159 Q. But do you recall attending meetings at Muckamore about  
25 her -- 11:11

26 A. No, I think I got a letter out just telling me where  
27 she was going. That was it. There was no meetings.

28 160 Q. And you've touched on this, but what kind of support is  
29 there for Amanda in the new facility?

1 A. Well, there's 24 hours service, like, you know. Amanda  
2 has two staff every day and, you know, somebody would  
3 come in at twelve o'clock and then they'd go at half  
4 three and then the other staff would come in and sit  
5 with Amanda until about ten o'clock. So if Amanda -- 11:12  
6 whatever Amanda wants to eat, you know, they will help  
7 her and help Amanda clean and encourage Amanda to do  
8 the cleaning. If Amanda wants to go to the shops or  
9 whatever, then they'd go along with her. And then they  
10 would sit with her and if Amanda wants to play chess or 11:12  
11 watch a film or whatever, they -- it's just like having  
12 a friend sitting with her, if you know what I mean?  
13 There's always someone there. But sometimes if Amanda  
14 doesn't want anyone in -- the staff would come in every  
15 half an hour to check on her and she's got her wee 11:13  
16 buzzer that she can phone and the office is right next  
17 door to Amanda. So there's constant, constant help,  
18 24/7.

19 161 Q. Now, Marie, we have covered quite a lot of ground and  
20 you've given a lot of detail about Amanda and her time 11:13  
21 at Muckamore. Those are all the questions that I want  
22 to ask you. It may be that the Panel will have some  
23 questions for you, but before I finish, is there  
24 anything else you would like to bring to the Panel's  
25 attention? 11:13

26 A. I don't think so. I think I've -- I think I have said  
27 everything that I need to say. Just, I hope it's  
28 closure at some stage for Amanda and, as she would say  
29 to me, she wants to be believed and she doesn't want

1 this to ever happen to anyone else. It's been very  
2 traumatic for her and for me and her brothers and  
3 sisters. I just want some sort of justice that this is  
4 never going to happen again.

5 162 Q. Just going back to your own visits to Muckamore, did 11:14  
6 you yourself ever witness any inappropriate conduct  
7 towards Amanda?

8 A. No, because Amanda was always brought out and brought  
9 into a room by one nurse. I never seen anything, no.  
10 You know, the doors were locked. Amanda was -- there 11:14  
11 was a door opened that Amanda was brought through. We  
12 were told to go through and wait in a room and then  
13 Amanda was brought into the room, and then when we were  
14 going, she was brought back into her own room.

15 163 Q. Just going back to what you were talking about earlier, 11:14  
16 she's been speaking to you a little bit more recently  
17 about experiences at Muckamore?

18 A. Mm-hmm.

19 164 Q. And we mentioned this earlier, but you said in your 11:15  
20 statement that she may herself be able to give an  
21 account to the Inquiry some day?

22 A. I am hoping she will. It's just at the minute with  
23 these seizures, they are not good at all at the minute,  
24 they are just -- and it's -- they call them type 4  
25 seizures and it's just like a daily thing here where 11:15  
26 she ends up having to get -- what happens with the type  
27 4 seizures is, they look like they are proper seizures,  
28 but they are not 100 percent sure whether they are, but  
29 they are thinking that it's brought on by stress, so

1 that the first thing they have to do is try and talk  
2 her out of it and tell her she is safe, and then after  
3 ten minutes, if they don't stop, then they have to give  
4 her buccal midazolam, so she has been getting her  
5 buccal midazolam quite a lot, nearly on a daily basis 11:15  
6 this last while back, because it can progress into the  
7 proper seizures if they can't talk her out of it, and  
8 there is times she can be talked out of it.

9 165 Q. I understand. But just so that both you and Amanda  
10 know that if, at any stage, she feels that she can give 11:16  
11 an account to the Inquiry, she --

12 A. I will talk to Amanda about that.

13 166 Q. Well, I wouldn't want her to feel under any pressure to  
14 give an account, but if she feels that she can, she  
15 will always be welcome. 11:16

16 A. I think Amanda is very happy that this is happening,  
17 and, I mean, when I phoned her and I asked could I use  
18 her name and I told her where I was, she was like,  
19 "Yes, yes, absolutely, use my name, use my name". I  
20 think that she wants -- she would be happy enough, but 11:16  
21 whether she can at the minute, yeah, but I will  
22 definitely put that to her and I will let you know if  
23 she would like to come down and make some sort of a  
24 statement, or whatever, you know, and -- but, yeah.

25 MR. DORAN: Thank you, Marie, and thank you for 11:16  
26 answering my questions.

27 A. You are very welcome.

28 CHAIRPERSON: I think the next witness, Mr. Doran,  
29 isn't scheduled until this afternoon.

1 MR. DORAN: That's correct.

2 CHAIRPERSON: So what I am going to do, I am going to  
3 take a short break now because I just want to -- I  
4 think I do have a few questions, but I just want to  
5 discuss them with my two Panelists, but rather than 11:17  
6 take a long break now, if we can just take ten minutes.

7 A. Okay.

8 CHAIRPERSON: So I am sorry to prolong your stay here.

9 A. That's okay.

10 CHAIRPERSON: And then we will come back in and 11:17  
11 possibly ask you a few questions and then we will  
12 break, give everybody a longer break until 2 o'clock.  
13 So just ten minutes.

14 A. Okay.

15 CHAIRPERSON: So that means we will come back in at 11:17  
16 half past.

17 A. Okay.

18 CHAIRPERSON: Thank you very much.

19

20 THE INQUIRY ADJOURNED BRIEFLY AND THEN RESUMED 11:17  
21 AS FOLLOWS:

22

23 CHAIRPERSON: Thank you very much. Marie, thank you  
24 very much, we have got just a few questions, and I am  
25 going to ask Professor Murphy, first of all. 11:32

26 A. No problem. Hi.

27

28

29 THE WITNESS WAS QUESTIONED BY PROF. MURPHY AS FOLLOWS:

1  
2 PROF. MURPHY: Thank you. I just wanted to ask you a  
3 couple of questions about your daughter's learning  
4 disability. From what you said, she's very good at  
5 particular tasks and excels at things like chess, which 11:33  
6 is quite an intellectual activity. Could you tell us a  
7 little bit more about how her learning disability  
8 affects her.

9 A. Well, Amanda would be very vulnerable, so she would, so  
10 she's not really capable at the minute of going out on 11:33  
11 her own, she would always be assisted, and it's  
12 probably more to do with her epilepsy, if she just  
13 starts to take petit mals, or whatever, and not knowing  
14 her surrounding areas. Amanda, also, she would get  
15 maybe a wee bit frightened if -- she has mentioned to 11:33  
16 me a few times when she has went out that, "Oh, I seen  
17 some man looking at me", so that would sort of frighten  
18 her as well. But I think they are in the process of  
19 maybe taking her to a shopping centre and leaving  
20 Amanda for a few hours and maybe sitting -- or coming 11:33  
21 back and picking her up so she can walk around on her  
22 own. She still plays with toys, you know, she would  
23 still play with action men and Stretch Armstrong, and  
24 what have you, you know, she would still do things like  
25 that, so she is childish in her own way and is very 11:34  
26 vulnerable, but she's quite sensible in other ways, you  
27 know, she's quite sensible in other ways.

28 PROF. MURPHY: And can I ask, has anyone suggested she  
29 might have autism?

1 A. I think that that was looked into before, and I don't  
2 think that that's the case.

3 PROF. MURPHY: And could I, lastly, ask, has anyone  
4 suggested she might have Post-Traumatic Stress  
5 Disorder?

11:34

6 A. No one has mentioned that yet, but, to be honest with  
7 you, I would definitely say she does, 100%.

8 PROF. MURPHY: Okay. Thank you. That's all of my  
9 questions.

10 A. You are welcome.

11:35

11

12 THE WITNESS WAS QUESTIONED BY THE CHAIRPERSON

13 AS FOLLOWS:

14

15 CHAIRPERSON: I have just got a few questions -- unless 11:35  
16 you have got a few? -- I have just got a few questions.  
17 You have mentioned petit mals and she would have those  
18 at home, and presumably still has those?

19 A. Yes, she does.

20 CHAIRPERSON: Did she ever get black eyes before or 11:35  
21 since MAH?

22 A. No, never.

23 CHAIRPERSON: No. You have told us that there were a  
24 number of occasions, and it's very difficult to count  
25 these things, when you turned up and you would find 11:35  
26 that Amanda did have black eyes. Did you ever get a  
27 call from the Hospital in advance to say, "Look,  
28 Amanda's been injured so when you come in you might  
29 find X, Y or Z"?

1 A. Never. Not one phone call did I ever get to tell me  
2 Amanda has injured herself.

3 CHAIRPERSON: So the only way that you would find out  
4 if she was injured would be when you turned up to visit  
5 her? 11:36

6 A. Yes.

7 CHAIRPERSON: How often do you think you would visit  
8 Amanda when she was in Muckamore?

9 A. Em, there was sometimes twice a week, sometimes once a  
10 week and sometimes every two weeks, or whatever. As I 11:36  
11 say, I was looking after my Mum and the children as  
12 well and I was a single parent, so -- and trying to  
13 keep a job and everything else.

14 CHAIRPERSON: No, that's --

15 A. Sorry. 11:36

16 CHAIRPERSON: That's totally understood. I just wanted  
17 to sort of get a sense of that. And on the occasion  
18 when you -- which you told us about and you spoke in  
19 your statement when she had two really bad black eyes  
20 and the nurse said "Don't let her pull at your heart 11:36  
21 strings", now at that time you weren't, I think,  
22 working for the Health Service, were you?

23 A. That's right, yes.

24 CHAIRPERSON: But did you think there were any avenues  
25 that you could take to escalate it or what was it 11:37  
26 that --

27 A. I did think of getting the police, that did cross my  
28 mind, to get the police, but I think that -- part of  
29 me, I, really, you know, I did want to get the police,



1 and then the other side of me was saying these are  
2 nurses, Marie, you know, these are nurses, they are not  
3 going to do that, there is a big disciplinary team  
4 looking after her. This is --

5 CHAIRPERSON: So there was a trust? 11:37

6 A. Yes, this is the trust, yes, there was the trust, and,  
7 you know, I was sort of like, Marie, you are talking  
8 nonsense, but, you know, the biggest part of me was  
9 saying there's something going on here, this is not  
10 right, there's no way -- this was such a bad black eye, 11:37  
11 this was so bad, I can't explain. I had actually taken  
12 a photo of it, but I had lost the phone, unfortunately,  
13 it's just a pity that I don't have it, but it was  
14 horrendous.

15 CHAIRPERSON: All right. No, that's understood. So 11:38  
16 you would speak to the nurses or the staff on the ward,  
17 but at no stage did you go and take it up through the  
18 sort of higher echelons of the Hospital or take it  
19 anywhere else?

20 A. No. 11:38

21 CHAIRPERSON: Understood. Okay. And finally, this:  
22 You also told us that there was at least one occasion  
23 when you turned up and Amanda had been in a really nice  
24 room and then you found that she'd been moved to a sort  
25 of Victorian, draughty, less attractive room? 11:38

26 A. Yes, yes.

27 CHAIRPERSON: Did anybody warn you about that before  
28 you turned up?

29 A. No. That was a surprise when my husband and I went up,

1           that she had been moved.

2           CHAIRPERSON:  was there any consultation?  was there  
3           any discussion with you about that move?

4           A.  No.

5           CHAIRPERSON:  After she had moved, did you -- 11:39

6           A.  No, we weren't told anything.  We went to the social  
7           worker and the social worker told us that that's the  
8           protocol; that patients that are being moved out, six  
9           months before, they put them into that building and  
10          that's just the protocol. 11:39

11          CHAIRPERSON:  And when you found her in this new  
12          accommodation, do you know how long she had been there  
13          before you went to visit her?

14          A.  No, I just assumed it was just maybe -- that was her  
15          first day when we arrived, that's what I assumed. 11:39

16          CHAIRPERSON:  Right.

17          A.  That she had spent the night in it.

18          CHAIRPERSON:  All right.  Marie, can I thank you very  
19          much.  I don't know if counsel to the Inquiry has  
20          anything further arising from our questions? 11:39

21          MR. DORAN:  No, Chair.  There was just one point of  
22          clarification.  I think in one of your questions you  
23          mentioned two black eyes.

24          CHAIRPERSON:  was it just one?

25          A.  Yes, it was just one. 11:39

26          CHAIRPERSON:  I beg your pardon.  Thank you very much  
27          for that correction.  Can I thank you very much for  
28          coming along.

29          A.  You are welcome.

1 CHAIRPERSON: It's very difficult to do what you have  
2 just done, to give evidence in public, especially about  
3 something as sensitive as this, so I'd just like to  
4 thank you very much on behalf of the Inquiry and I'm  
5 sure also on behalf of Amanda. 11:40

6 A. You are welcome. Thank you.

7 CHAIRPERSON: Thank you very much indeed.

8 A. Thank you.

9 CHAIRPERSON: what we will do is, we will rise now  
10 until 2 o'clock. 11:40

11 MR. DORAN: Yes, Chair.

12 CHAIRPERSON: okay. Thank you.

13

14 THE INQUIRY THEN ADJOURNED UNTIL 2 P.M.

15 13:28

16

17

18

19

20

21

22

23

24

25

26

27

28

29

1 THE INQUIRY CONTINUED AFTER LUNCH AS FOLLOWS:

2  
3 CHAIRPERSON: Thank you very much.

4 MS. KILEY: Good afternoon, Chair. Chair, our next  
5 witness is the brother-in-law of a former patient, 14:00  
6 former patient P12. I have spoken to the witness just  
7 before you entered and he has confirmed that he would  
8 like the patient to continue to be known as P12. He  
9 will be known as P12's brother-in-law, and he is  
10 accompanied by his wife, who is P12's sister, and she 14:00  
11 will sit beside him in the witness-box.

12 CHAIRPERSON: And that's purely for comfort and  
13 support.

14 MS. KILEY: Yes, and they understand that.

15 CHAIRPERSON: Sure. Okay, thank you very much, indeed. 14:01

16  
17 P12'S BROTHER-IN-LAW, HAVING BEEN SWORN, WAS EXAMINED  
18 BY MS. KILEY, AS FOLLOWS:

19  
20 167 Q. MS. KILEY: Good afternoon. 14:02

21 A. Good afternoon.

22 168 Q. You are the brother-in-law of a former patient at  
23 Muckamore Abbey Hospital, isn't that right?

24 A. That is correct, yes.

25 169 Q. And when we met briefly before you entered, I explained 14:02  
26 the procedure that we will follow for your evidence  
27 this afternoon.

28 A. Yes.

29 170 Q. And I explained that, first, I will read your statement



1 so far has done the same thing, if that makes you feel  
2 any better! So don't worry at all, and it just takes a  
3 couple of seconds to erase the error -- and I'm sure  
4 you'll do it again!

5 A. I'm sure I will too! 14:04

6 CHAIRPERSON: Okay, thank you.

7 176 Q. MS. KILEY: One final matter to raise before we get  
8 into your evidence, is that, as you know, I explained  
9 earlier that, as a precautionary approach, the Inquiry  
10 also is not naming other people who may be subject to 14:04  
11 criticism but who have not yet had the chance to give  
12 their evidence to the Inquiry. So what that means is  
13 that I will be referring to some people just by their  
14 role or their title, rather than their name, okay? And  
15 can I ask you, please, to try your best to do the same? 14:04

16 A. Yes!

17 177 Q. Thank you. We'll will work through it.

18 A. Okay.

19 178 Q. Well, if you are happy enough, then I will start  
20 reading your statement. And you have had a copy of 14:04  
21 this and reviewed it recently, isn't that right?

22 A. Yes.

23 179 Q. And you made a statement to the Inquiry  
24 Statement-Taking Team?

25 A. I did. 14:04

26 180 Q. It's dated the 21st April 2022, and signed by you then  
27 on the 10th May 2022, isn't that right?

28 A. That's correct, yes.

29 181 Q. And there are a number of exhibits to your statement as

1 well, and you have had an opportunity to review those  
2 recently?

3 A. Yes.

4 182 Q. well, I will commence by reading the statement. And  
5 you say:

14:05

6  
7 "I, P12's brother-in-law, make the following statement  
8 for the purpose of the Muckamore Abbey Hospital, MAH,  
9 Inquiry. In exhibiting any documents, I will use P12's  
10 B and a number. So my first document will be P12 B1.

14:05

11  
12 Section 1: Connection with MAH

13  
14 My connection with MAH is that I am a relative of a  
15 patient who was at MAH. My late brother-in-law, P12,  
16 was a patient at MAH. My wife, P12's sister, has been  
17 diagnosed with a degenerative neurological condition,  
18 Parkinson's, with associated dementia. Therefore, my  
19 statement is given based on what we both recall and  
20 experienced with MAH.

14:05

14:06

21  
22 Photographs of P12 are attached to my statement at P12  
23 B1.

24  
25 Section 2: Relevant time period

14:06

26  
27 The relevant time periods I can speak about are two  
28 periods of admission for assessment in October 1987 and  
29 again between October 2022 and December..."

1 CHAIRPERSON: I think it's 2002.

2 MS. KILEY: 2002, I beg your pardon --

3

4 "...between October 2002 and December 2002.

5

14:06

6 Section 3: Information

7

8 P12 was born on 1952. He passed away in 2011. P12 was  
9 diagnosed with Down Syndrome and associated low IQ. He  
10 was not able to look after himself and needed full-time 14:06

11 care and protection. P12 could communicate, but you  
12 would have to listen very carefully to him, as

13 sometimes his words were not clear. For example, he  
14 said 'poppe' when he met 'post'. He never asked a  
15 direct question. P12 liked to go to the Portaferry 14:07

16 Hotel for high tea. He would say 'have you seen  
17 John?'. John was the owner of the hotel. We

18 understood this meant that he wanted to go to the  
19 hotel. P12 was vulnerable and would try to please  
20 anyone. This made him suggestible. His first response 14:07

21 when asked something was 'Yes, dear', if that was what  
22 he thought you wanted to hear, and then he might say

23 'No' later. He did not have the intellectual  
24 capability to engage in complex communications  
25 /discussions. 14:07

26

27 Up until late 1981, P12 lived full-time with his  
28 parents. In and around 1981, his mother was diagnosed  
29 with terminal cancer and his father was diagnosed with



1 senile dementia. His mother made arrangements for P12  
2 to be taken into care when it became necessary. P12  
3 was 30 years old.

4  
5 P12 moved full-time to a residential care home... " 14:08

6  
7 -- and you name that care home.

8  
9 "He had previously attended there for respite care. We  
10 would see P12 on weekends. He often stayed overnight 14:08  
11 in our flat in..."

12  
13 -- and you name a location.

14  
15 "...and then when we moved to..." 14:08

16  
17 -- another location --

18  
19 "...he had his own bedroom with his own clothes and  
20 possessions. For the purposes of this statement and 14:08  
21 for the absolute avoidance of doubt, at no time between  
22 1981 and his death in 2011, did we ever experience any  
23 behavioural difficulties. These were confined entirely  
24 to the institutional care settings he unfortunately  
25 found himself in until March 2004 when he came to live 14:08  
26 at home with us on a shared care basis.

27  
28 P12 was first admitted to MAH in October 1987. He  
29 stayed there for three to four weeks. P12's

1 residential care home said that there was an incident  
2 in a day centre. It is my belief that when he returned  
3 to the care home, the residential social workers,  
4 presumably in consultation with MAH Psychiatry,  
5 considered it appropriate that he should be taken to 14:09  
6 MAH for assessment. P12 was taken to MAH without us  
7 being told. We telephoned P12 every Tuesday and  
8 Thursday around 6:15p.m. From memory, I think P12 was  
9 admitted to MAH on a Thursday. When we called the care  
10 home, we were told that P12 was in an office with a 14:09  
11 manager and to call back. We called again at 7:30p.m.  
12 and were told that P12 was still with the manager. At  
13 8:30p.m. we spoke to the manager, who started the  
14 conversation with 'Let me take you back to last  
15 Sunday.' P12 had been with us that Sunday. When 14:10  
16 leaving our house to go back to the care home, P12 was  
17 wearing a tie which I took off him. P12 was upset, as  
18 he wanted to wear the tie. I asked him if I had been  
19 bad to him and he said 'Yes', so I said he could hit me  
20 on the wrist/hand for being bad. I was not attacked 14:10  
21 and this was simply a way for P12 to communicate his  
22 feelings at the time. I debriefed when he returned to  
23 the care home, but at no time did I say P12 attacked  
24 me.

25  
26 He then mentioned an incident at the care home on  
27 Wednesday night when P12 was alleged to have ripped  
28 wallpaper off the walls of his room. He then advised  
29 us that, on Thursday afternoon, P12 was alleged to have

1 stabbed another trainee at the care home in an  
2 unprovoked attack. He further advised that he and  
3 other staff had been questioning P12 and had decided  
4 that, in the interests of the safety of other residents  
5 and bearing in mind this alleged catalogue of disturbed 14:11  
6 behaviour, P12 was being admitted to MAH for two or  
7 three days for assessment.

8  
9 We asked to speak with P12 ourselves before he was  
10 brought to MAH. The manager stated that P12 was 14:11  
11 already in transit and that we had no rights or  
12 standing in the matter. He also said that he was  
13 phoning from home. He was off duty and had no  
14 obligation to contact us until he returned to duty on  
15 the Friday at 4:00p.m. 14:11

16  
17 By 8:30p.m, P12 was either on his way to MAH or he had  
18 already been admitted.

19  
20 The next morning, at approximately 11:30a.m, I arrived 14:11  
21 at MAH to see P12 in Ward 7A. This ward was locked and  
22 had bars on the windows, which gave the impression of  
23 being a prison ward. P12 was brought in to see me in a  
24 visiting room. He was wearing clothes that were not  
25 his. He appeared to be extremely distressed and upset, 14:12  
26 but was very pleased to see a familiar face. I talked  
27 with P12 for some 30 minutes, with a member of MAH  
28 staff present for all or most of the time. I do not  
29 recall who the staff member was. P12 asked me if I was

1 coming back for him at 6:00p.m. to go out for our usual  
2 Friday evening meal. I had to tell him we would go  
3 another time. At no time was I advised that P12 was  
4 only there voluntarily and that he could leave any time  
5 he chose. We cannot recall exactly how long P12 stayed 14:12  
6 in MAH, but it was for more than two or three days,  
7 more likely three or four weeks, I believe.

8  
9 P12 was admitted to Movilla, which is an assessment  
10 unit. He was diagnosed as having clinical depression. 14:12  
11 It is my understanding that this has no objective  
12 diagnostic markers. It is based on a tick box approach  
13 to meeting a number of subject criteria set out in the  
14 psychiatrist's bible, Diagnostic and Statistical Manual  
15 of Mental Disorders, DSM, produced by the American 14:13  
16 Psychiatry Association.

17  
18 Criteria were established by a majority vote of the  
19 psychiatrists involved in producing the DSM. There are  
20 no objective markers involved. Diagnosis requires the 14:13  
21 taking of a detailed history, in which P12's case would  
22 require detailed and extensive input from family and  
23 carers. Doctors in MAH prescribed a drug called  
24 Mellaril, which P12 then took from 1987 until the early  
25 2000s when it was replaced by Largactil. Dosages were 14:13  
26 changed at various times but we have no hard record of  
27 when and by how much. We believe Mellaril was  
28 withdrawn from the market in and around 2004 due to  
29 side effects. Mellaril is a strong antipsychotic drug

1 for treating schizophrenia and then only when two or  
2 three other drugs have been prescribed without  
3 improvement. P12 was not diagnosed with schizophrenia  
4 and we believe that this was not the right drug to  
5 treat his depression. In fact, our settled position is 14:14  
6 that drugs per se were not appropriate in addressing  
7 depression brought on by the significant life events  
8 and changes experienced from 1981. we consider the MAH  
9 diagnosis unsafe. When P12 was discharged from MAH, he  
10 returned to the residential care home. 14:14

11  
12 During P12's admission at MAH, we lodged a complaint to  
13 the Mental Health Commission by way of letter dated  
14 21st October 1987. A copy of the letter is enclosed at  
15 P12 B2. 14:15

16  
17 We were not content about how and why P12 was there, as  
18 we understood no one in the residential care home made  
19 a complaint about the alleged stabbing. P12 went back  
20 on the bus and had his tea at the care home. We 14:15  
21 believe the care home took it upon themselves to seek  
22 to have P12 admitted to MAH as they perceived a pattern  
23 of disturbed behaviour based on a complete  
24 misunderstanding. They were, of course, also fully  
25 aware that we had not at any time had any difficulties 14:15  
26 with P12 when at home.

27  
28 Following the complaint, we met with two consultant  
29 psychiatrists. Both treated patients in MAH. We

1 cannot recall precisely what was said, but we remember  
2 coming away thinking everything we said was dismissed  
3 or misinterpreted. We had a very good relationship  
4 with P12 and could manage his behaviour. The doctors  
5 did not consider what brought P12 to the incident and 14:15  
6 only looked for psychiatric issues, which they believed  
7 they could treat with Mellaril.

8  
9 We consistently queried the role of medication during  
10 P12's treatment, as we felt that if he had clinical 14:16  
11 depression, it was due to grief of losing his parents,  
12 his home and the support network he had for 30 years.  
13 We do not believe that Mellaril was the correct course  
14 of treatment for P12. As already stated, we believe  
15 the diagnosis to be unsafe at all times. No one in the 14:16  
16 Trust questioned the psychiatrist's assessment and our  
17 questions were not welcome.

18  
19 P12 was admitted for a second time to MAH between  
20 October 2002 and December 2002 for assessment by MAH 14:16  
21 for aggressive behaviour. In late 1999/early 2000, P12  
22 experienced a significant change in his lifestyle. The  
23 Trust had arranged for P12 to move from the residential  
24 care home to supported living accommodation where he  
25 lived with two or three other people. P12 was used to 14:17  
26 communal living and did not take well to the change.  
27 He was expected to look after himself when he could  
28 not. There were many occasions where P12 would come  
29 home upset and did not want to go back to the supported

1 living facility, as he did not like it. P12 had  
2 limited means in expressing himself and being  
3 aggressive was one way he could show that he did not  
4 want to do something. P12 liked to talk to people, but  
5 the people he lived with did not communicate with him. 14:17  
6 The supported living facility staff were not always  
7 there to talk to him and we found when we visited that  
8 it was often difficult to find a member of staff. We  
9 do not believe that P12 had the range of support he  
10 needed. This was a life-changing event for P12. We 14:17  
11 believe that his behaviour at the supported living  
12 facility was affected by this life change similar to  
13 1987. As stated above, both the Trust and MAH  
14 Psychiatry were well aware that we had no difficulties  
15 with P12 at home, in contrast to the institutional 14:18  
16 setting.

17  
18 We believe that Mellaril was never appropriate for him.  
19 Prior to admission in 2002, P12 was also prescribed  
20 Seroxat alongside Largactil. We do not know who 14:18  
21 prescribed this. However, as his GP was aware that P12  
22 was under the care of MAH consultants, we feel it  
23 unlikely that a GP would add another drug, replace  
24 Mellaril, or increase dosages without MAH approval or  
25 involvement. 14:18  
26

27 Our view was that Seroxat caused behaviour to fall off  
28 a cliff. We made a formal complaint, which was  
29 investigated and upheld by the NWBHSCT then responsible

1 for Muckamore.

2  
3 Prior to P12's admission to MAH in October 2002, we met  
4 with the Disability Services Manager with Lisburn  
5 Trust. The Trust recommended P12 was assessed and 14:19

6 admitted to MAH on a voluntary basis. We told her that  
7 we thought P12's behaviour was due to a change of  
8 circumstances and the change in his medication to  
9 include Seroxat, as since then we have found P12's  
10 behaviour went off a cliff. Indeed, I believe we yet 14:19

11 again emphasised the contrast and inconsistencies  
12 between home and institutional behaviours and made,  
13 again, the obvious point that drugs were totally  
14 inappropriate and ineffective. We did not want P12 to  
15 go back to MAH. We were told by the Disability 14:19  
16 Services Manager that if we did not agree to admit P12  
17 voluntarily to MAH, that two social workers would  
18 section him. We felt pushed, bullied and intimidated  
19 into agreeing to him being admitted. I followed up the  
20 discussion with the Disability Services Manager by fax. 14:20

21 A copy is attached at  
22 P12 B3.

23  
24 Prior to P12's admission, we received a letter from the  
25 North & West Belfast Trust saying that the most 14:20  
26 suitable ward for P12's needs was overstretched. We  
27 were aware that there was overcrowding in the wards in  
28 MAH, with some patients boarded out. It seemed that in  
29 order to be assessed in a crisis situation, it was



1 necessary to be admitted to a facility itself in crisis  
2 mode. A copy of this letter is exhibited at P12 B4.  
3 A case discussion meeting was held on 31st October  
4 2002. A copy of the note is attached at P12 B5.

14:20

5  
6 At this meeting, a psychiatrist said that P12's  
7 behaviour had been good and there were no signs of  
8 aggressive or unusual behaviours. The doctor also  
9 noted that he took P12 off Seroxat and Largactil, which  
10 had then been replaced by Mellaril. We said that P12  
11 would prefer to be at home, which was agreed. The  
12 doctor said that P12 was ready to leave MAH at that  
13 time. P12 was not released until December 2002. We  
14 believe that MAH delayed discharging P12, which meant  
15 he was there for almost two months longer than needed.  
16 I noted this in a letter dated 8th December 2002 to a  
17 solicitor and stated:

14:21

14:21

18  
19 'Having talked to staff at Muckamore, it is very clear  
20 to me that Trusts are sending people for assessment and  
21 then delaying taking action to return them to the  
22 community. I believe Down & Lisburn Trust to be fairly  
23 high on the list of culprits.'

14:21

24  
25 I believe this links firmly to the issues raised in  
26 Ombudsman's Investigation Report at Issue 4 and the  
27 maladministration finding. A copy of the report is  
28 attached at P12 B6.

14:21

1 We lodged a complaint about the way the Disability  
2 Service Manager dealt with P12's admission to MAH in  
3 2002. The complaint was dealt with by the Disability  
4 Services Manager and she found that it could not be  
5 upheld. She did not contact us at any time during this 14:22  
6 investigation, as she apparently felt that she already  
7 knew our views. This subsequently was included in our  
8 complaint to the Ombudsman and addressed at Issue 5 in  
9 the report above with a maladministration finding.

10  
11 P12 returned to the supported living facility and  
12 remained there until he came to live with us in 2004.  
13 We made a number of complaints to the Trust about P12's  
14 treatment, particularly in relation to medication  
15 prescribed in MAH. I attach a copy correspondence 14:22  
16 P12 B7.

17  
18 It is our view that MAH treated P12 with medication  
19 that was not appropriate to meet his needs when he  
20 simply required care, attention and someone to take 14:23  
21 time to understand how he communicates. From our  
22 experience, we would assert the view that between 1987  
23 and 2001, the medical model as delivered by MAH and the  
24 reliance on use of drugs to manage behaviour to deal  
25 with symptoms, not root causes, led Trusts to deliver 14:23  
26 inappropriate care to P12.

27  
28 I would also strongly assert as highly relevant the  
29 involvement of MAH Psychiatry through outpatient

1 clinics, attendance and participation in case reviews  
2 and other formal and informal channels of communication  
3 with Trust staff. Our firm view is that the medical  
4 tail was wagging the social work care dog taken in the  
5 context of our ongoing disagreement with DLT/MAH about 14:23  
6 meds/letters from the Trust dated 2nd October 2003, and  
7 7th June 2004. A copy of each of these letters are  
8 enclosed at P12 B8 and P12 B9.

9  
10 At no time did MAH Psychiatry contact us directly to 14:24  
11 discuss issues and can therefore only have  
12 sought/received an incomplete, partial and one-sided  
13 hearsay-based perspective in respect of P12's overall  
14 behaviour, most certainly not the full history which  
15 safe diagnosis and treatment would mandate before 14:24  
16 prescribing strong anti psychotic drugs.

17  
18 Section 4: Giving evidence

19  
20 I would like to give oral evidence to the Inquiry. If 14:24  
21 I am asked to give evidence, I do not require any  
22 special arrangements."

23  
24 And you refer to being accompanied by your wife. And  
25 you refer at Section 5 to the Declaration of Truth and 14:24  
26 the statement is signed by you and dated the 10th May  
27 2022.

28  
29 Now, having heard me read that statement aloud again

1           today, are you happy that it is accurate, first of all?

2           A.    I am content with that, yes.

3 183 Q.    And do you wish to adopt it as the basis of your  
4           evidence to the Inquiry today?

5           A.    Indeed. Yes, thank you.

14:25

6 184 Q.    I just want to ask you a few questions arising from the  
7           statement. P12 was born in 1952 and passed away in  
8           2011; is that right?

9           A.    Correct, yes.

10 185 Q.    So that was whenever he was 59, is that right?

14:25

11          A.    Indeed, he was one month short of his 60th birthday.

12 186 Q.    When did you first meet your brother-in-law?

13          A.    That's actually a very good question! Ehm, we were  
14           married on 28th August 1980, so probably a year or two  
15           before that that we met the wee man. And, at that  
16           stage, his mother had already been diagnosed and was  
17           there and we got into the habit very quickly of taking  
18           [redacted] out with us on a Saturday or a Sunday. On a  
19           Saturday, we would take him out for to the Three Bears  
20           -- if anyone's familiar with the Three Bears and knows  
21           the sausage rolls, the Shepherd's pie and all the stuff  
22           that came with it, it was an easy decision and he  
23           enjoyed that. We would take him out for a couple of  
24           hours and then back home. Sundays, we got into the  
25           habit of taking him out possibly just for a walk  
26           somewhere down around Botanic Gardens or Cultra or  
27           whatever, but we seemed to get on very well.

14:25

14:26

14:26

28 187 Q.    You referred to him as the "wee man"?

29          A.    We tended to refer to him as the "wee man", yes. That

1 was partly in response to him referring to my father,  
2 ██████, as ██████ and my 6 foot tall brother as  
3 ██████ So referring to him as the "wee man"  
4 seemed a very obvious solution, and he had no  
5 objections to it.

14:26

6 188 Q. And what was his personality like?

7 A. Again, it's difficult to explain in many ways.

8 [Redacted] with us was always a very --

9 CHAIRPERSON: Just pause for a second.

10 A. Don't worry.

14:27

11 CHAIRPERSON: It just takes us a second...

12 189 Q. MS. KILEY: So you're referring to your brother-in-law?

13 A. The wee man was always very happy and very cheerful  
14 and, no matter what we did and wherever we took him, he

15 always seemed to enjoy himself. There's only one place 14:27

16 he ever, to the best of my knowledge, took a hump

17 against, and that was Cherryville Street, because it

18 had a dental surgery there which took out all his teeth  
19 when he was very little and he never forgot that. So

20 any time he went near Cherryville Street, you got a 14:27

21 certain amount of unhappiness. That was the only time

22 that I ever remember him being uncomfortable in our

23 presence. We took him lots of places. He came to stay

24 with us in our flat at one point because, how can I put

25 it, after his mother died, we sort of continued, you 14:28

26 know, the contact with him on the Saturdays and

27 Sundays. And, one Saturday, we had something to eat at

28 home and we went down to a pub and had a few drinks and

29 I decided I was not driving him home, you know, to

1 Lisburn, so he stayed overnight. The next week I went  
2 up to collect him on Saturday, I was presented with a  
3 haversack and I said "what is that?". "That's his  
4 clothes, he said he was staying with you tonight." So,  
5 you know, he had worked out that he could do things 14:28  
6 like that. And he would stay with us quite regularly  
7 in those circumstances. We would have dinner and we  
8 would go out for a drink and we would meet our friends.  
9 We had a lot of things just there -- when we bought the  
10 house, [redacted] came along with us for the second 14:29  
11 viewing --  
12 CHAIRPERSON: Sorry --  
13 A. Oh, sorry, the little man, the wee man.  
14 CHAIRPERSON: Just stop for a moment. (Short pause)  
15 190 Q. MS. KILEY: That's okay. If you call him "the wee man" 14:29  
16 and it's easier to do that --  
17 A. I am trying to do that. When -- [inaudible - loss of  
18 sound in the hearing room] second viewing of the house,  
19 the wee man came along with us -- [inaudible - loss of  
20 sound in the hearing room]. 14:29  
21 CHAIRPERSON: Sorry, do carry on.  
22 A. The wee man came on with us and had a look upstairs,  
23 and came down and said "Come and see what I have  
24 found", and sort of jaws dropped a little bit around  
25 the place and we followed him up the stairs and he 14:29  
26 walked into the box room and he said "This is my room",  
27 because it was the like the room he had at home. It  
28 was small but it was, you know, adequate. He decided  
29 that was his room, so we ended up buying the house and

1 it was his room, you know, after that for the -- every  
2 weekend he was with us and, not just weekends, bank  
3 holidays we had an extra day, someone's birthday we had  
4 an extra day, Christmas he stayed with us, and whenever  
5 we had leave and we weren't going anywhere he would 14:30  
6 come and stay with us. So he spent quite a lot of time  
7 with us. If it was to put it in simple terms in the  
8 early stages, he was probably spending about one-third  
9 of his time with us and the other two-thirds in the  
10 institutional setting. And when he was with us, he was 14:30  
11 meeting not just our friends, he was going out and  
12 doing things. We took him on holiday with us, for  
13 example, we took him to Yorkshire on a fairly regular  
14 basis at Easter for three or four days and he always  
15 got on very well with the people who ran the ██████████ 14:30  
16 ██████████ and one day he said "I'm [redacted]", and spoke  
17 to -- one of the -- the landlady and said --  
18 191 Q. I'll just pause you there --  
19 A. "I am the wee man!"  
20 CHAIRPERSON: Just stop for a second. (Short pause) 14:31  
21 A. "You must be the dragon". So he knew what he was  
22 saying, he knew what he was doing. You never knew  
23 quite what he was taking in, though, at times but he  
24 took in quite a fair bit. His difficulty seemed to be  
25 getting it out. He would use small, short, clipped 14:31  
26 sentences, rather than long, complex constructions. It  
27 was "Yes, dear", "No, dear", that sort of thing. We  
28 understood what he meant, you know, across all  
29 situations, but...

1 192 Q. And you referred to him being in institutional setting?  
2 A. Mm-hmm.

3 193 Q. He lived at home until 1981, though, isn't that right,  
4 with his parents?  
5 A. Yes. He lived at home until his mother went into 14:31  
6 hospital, and I think it was about October/November '81  
7 and she passed away in January '82, just the day after  
8 his 30th birthday.

9 194 Q. And then he moved into the residential care home?  
10 A. He moved into the residential unit and stayed there 14:32  
11 until supported living became the flavour of the month  
12 and decisions were made to close one unit or to change  
13 the purpose of the residential unit and relocate a lot  
14 of people up to a new purpose-built facility, and that  
15 purpose-built facility was not the communal setting he 14:32  
16 had been used to before.

17 195 Q. Well, I will come on to ask you about that. I want to  
18 ask you about his first admission to Muckamore, because  
19 he entered Muckamore from the residential care  
20 facility, isn't that right? 14:32  
21 A. Yes, that's correct, yes.

22 196 Q. And that was in 1987?  
23 A. Uh-huh, correct.

24 197 Q. And we heard in your statement that you said that you  
25 weren't happy at the time about how or why [redacted] 14:32  
26 came to be at Muckamore, isn't that right?  
27 A. That is correct. We found it very difficult --  
28 CHAIRPERSON: Sorry, you have just used the name as  
29 well.



1 198 Q. Oh, I beg your pardon. It can happen to us all. Well,  
2 I will pause...

3 CHAIRPERSON: Okay, we're okay, thank you.

4 199 Q. MS. KILEY: So let me just ask that again. You weren't  
5 happy about how or why P12 came to be at Muckamore? 14:33

6 A. We were not happy at all because, first of all, we  
7 found it very difficult to get straight answers from  
8 anyone as to what had happened and why. We also seemed  
9 to run into an awful lot of professional arrogance and  
10 flak when we were trying to question people and ask 14:33  
11 them why this was happening and what they were doing  
12 and so on. As I have said in the statement, we were  
13 actually told, really, we had no standing, it was not  
14 our business, for all intents and purposes. Now that  
15 had me spitting tacks. Yeah, we've never forgotten 14:33  
16 that the first time.

17 200 Q. I wanted to ask you a bit about that, when you say  
18 "spitting tacks", and ultimately you made a complaint  
19 to the Mental Health Commission, isn't that right?

20 A. I did. 14:34

21 201 Q. And you have provided that to the Inquiry, so I want to  
22 ask you to take a look at that and ask you a bit more  
23 about that. So it appears at page 13 and I will ask  
24 for it to come up on the screen, please, and I will ask  
25 for it only to come up on the screens in Hearing Room 14:34  
26 A. Some issues with redactions have arisen just this  
27 afternoon, Chair. So if they can come up on the  
28 screens in Hearing Room A, but I will read out the  
29 appropriate sections so no one in Hearing Room B will

1 be disadvantaged. Page number 13, MAHI-STM-016-13. So  
2 you should see it on the screen in front of you?

3 A. Yes.

4 202 Q. Or you have a hard copy, so you can follow whichever  
5 you wish. That complaint, you can see at the top 14:34  
6 right, is dated the 21st October 1987?

7 A. Yes.

8 203 Q. You have a covering letter which is signed by you and  
9 your wife, followed by an account setting out your  
10 recollection of events which led to P12's admission and 14:35  
11 a summary of your complaint about that?

12 A. Yes.

13 204 Q. I want to ask you first to just look at page 14,  
14 please, the top of page 14. Have you got that?

15 A. Yes. 14:35

16 205 Q. Just at the top of that, you will see it says:  
17  
18 "This paper represents our recollection of events  
19 concerning P12 from approximately 6:00p.m. on Thursday,  
20 the 15th October 1987, to Tuesday, the 20th October 14:35  
21 1987 at approximately 9:30 p.m. "

22

23 A. Right.

24 206 Q. So is it fair to say this complaint then was written  
25 about six days after P12's first admission to -- 14:35

26 A. Yes, it was written fairly shortly after that, yes.  
27 When he was in the Muckamore, I made a habit of going  
28 up every day after work to see and try and talk to him,  
29 if it was possible. And that was a wee bit of a strain

1 getting up and down, but that's what we did because we  
2 understood that the wee man reacted to care and comfort  
3 and attention. If you closed him off, you shut him  
4 down, he got unhappy and uncertain. We were also  
5 extremely clear, as I have said elsewhere, that he was 14:36  
6 quite suggestible. His first response to any question  
7 was "Yes, dear." He would then think about it a bit  
8 and come back and say, "No, I don't want to do that."  
9 So when I had heard about the sort of way he had been  
10 handled in the residential unit in the first place, no 14:36  
11 one was there on his side representing him. He must  
12 have been terrified. You know, we knew how he reacted  
13 and things like that, and I just thought that is not  
14 the way to do that, that is not the way to get a fair,  
15 accurate summary of what happened. And my 14:37  
16 understanding from what happened was that, actually, it  
17 was the residential unit who made the referral. It was  
18 not the day centre where the alleged incident happened  
19 who made it. So that made me sort of concerned where  
20 they were coming from on this, you know. 14:37  
21 207 Q. well, your complaints about at the residential care  
22 home and how they acted are all contained in this  
23 letter, and the Panel have them. I am not going to  
24 take you through them in great detail -- the Panel has  
25 that evidence. what I would like to do is read the 14:37  
26 summary of your complaint that appears in your covering  
27 letter, at page 13, and to ask you a little bit more  
28 about that and about the implications then for  
29 Muckamore.

1 A. Yes.

2 208 Q. So, at page 13, you say:

3

4 "Following our recent meetings and telephone  
5 conversations, we have put together a fairly detailed 14:38  
6 account of events as we see them to date. We hope that  
7 in the light of this submission, any reasonable person  
8 would take the view that P12 should not be in the  
9 predicament he is, voluntarily or not. We now feel  
10 compelled to complain formally about a number of 14:38  
11 aspects of this affair.

12

13 We must complain about the way it was initially handled  
14 by the residential care home, the way in which both  
15 P12's rights and ours were blatantly denied. At no 14:38  
16 point to date have the residential care home or the  
17 Board attempted to explain any rights or remedies  
18 available to us. By not checking vital information, we  
19 feel that they have behaved negligently. In denying us  
20 access at an early point, we feel that they have, in 14:38  
21 fact, acted in a manner prejudicial to P12's interest.

22 We believe that our submission throws into doubt the  
23 concept of a disturbed pattern of behaviour which forms  
24 the basis of P12's presence in Muckamore. Therefore,  
25 we must complain that any attempted treatment or 14:39  
26 diagnosis based on a faulty concept must of itself be  
27 held to be inappropriate and unreasonable and possibly  
28 even injurious to P12's mental condition in both the  
29 short and long-term.

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In the circumstances, we feel it entirely appropriate that P12 be allowed to exercise his right to leave Muckamore immediately and without fear of any repercussions whatsoever from any quarter."

14:39

So does that fairly summarise your complaints about how P12 ended up at Muckamore?

A. Very much so. Because even then -- all right, we might have been a bit young and naive in getting involved in looking after the wee man, but even then we understood that any doctor, whether it was psychiatrist or whatever, needed to take a firm family history or a patient history. That was missing. There was one side to it, nothing else. When we tried to present, you know, our side of the story, our understanding of the wee man to the Consultant Psychiatrist, I think you could almost smell the professional arrogance when you walked into the room. It was almost "How dare you question us", and that's in the days when -- and we're looking back at, you know, '87 -- that's in the days when a consultant was God. That was the attitude we understood and that was the attitude we took away from it, you know, how dare we question what was happening.

14:39

14:39

14:40

209 Q. What sort of questions were you asking?

14:40

A. Now, you're -- I'm very unsure because we didn't have to keep too many great detailed records of this, but we were asking, you know, why he was here, "Your diagnosis", "How did you come to this?", all those

1 sorts of issues that we were trying to get to the  
2 bottom of, where they thought this was coming from and,  
3 more to the point, why they were not talking to us in  
4 the first place and asking for our side or our  
5 understanding of the wee man. That was just completely 14:40  
6 missing, and that's really what we were trying to get  
7 across, you know, to people at all stages. I am sure  
8 it was probably a fairly fruity conversation, we'll  
9 leave it at that!

10 210 Q. You described in your statement that, following this 14:41  
11 complaint, you met with two psychiatrists at Muckamore  
12 Abbey Hospital. Is that the meeting that you are now  
13 referring to?

14 A. That's what I'm saying, yeah, trying to talk to them  
15 and trying to get some sense from them as to why they 14:41  
16 thought -- why no one had bothered to check anything  
17 with us.

18 211 Q. And they had at that time diagnosed P12 with clinical  
19 depression?

20 A. Clinical depression, yeah. When we told them, look, 14:41  
21 the wee man had lost his family home, all these sort of  
22 things over a year or two -- all right, it's just slow  
23 burn, but that's where it was coming from; it was not  
24 coming from anything medical, psychiatric or whatever.  
25 We just rejected that outright and we said it was -- 14:41  
26 yeah, coming, basically, from the care package that he  
27 was doing.

28 212 Q. And in the complaint letter that we had just looked at,  
29 in the final paragraph of that, you had said that you

1 felt it appropriate that P12 be allowed to exercise his  
2 right to leave Muckamore immediately and without fear  
3 of any repercussions whatsoever?

4 A. Yes.

5 213 Q. why did you include that? 14:42

6 A. Because, up to that point, no one had -- I don't think  
7 anyone had actually been clear to us that he was there  
8 voluntarily. Our instinct was to get him out of there  
9 ASAP and my instinct by saying something like that was  
10 putting it up to the Trust to say, "well, if you want 14:42  
11 to keep him there, you'd better have a damn good  
12 reason, and I want to know it." So that, essentially,  
13 I think is where I was coming from on that. I have to  
14 confess it's going back to '87 and I do have some  
15 difficulties getting back into that, it was so long 14:42  
16 ago.

17 214 Q. How long did he ultimately stay in Muckamore on that  
18 first occasion?

19 A. My recollection is that it was sort of three to four  
20 weeks, if not a bit longer. 14:43

21 215 Q. Can you recall the ward?

22 A. It was the Assessment Unit and I believe it was  
23 Movilla.

24 216 Q. Movilla was the ward that you named in your statement.  
25 was he there the whole time? 14:43

26 A. I believe that was the name of the ward he was in. It  
27 was a -- it was meant to be a secure assessment unit,  
28 which was on the outskirts of the complex itself. So  
29 it was sort of far removed from the main building, but

1 it was down in a separate area. Movilla is my  
2 recollection of it at the time. If I mentioned it  
3 here, then we must have picked it up at that point.  
4 But that's where we thought it came from.

5 217 Q. And you visited him regularly there?

14:43

6 A. I made a point of doing that.

7 218 Q. And how was he whenever you visited him?

8 A. Every time I went to see him, he was extremely happy to  
9 see either me or, you know, both of us, if we were

10 there, but I tended to be his -- I could get out from 14:43

11 work straight up the motorway to visit him. And he was  
12 always very friendly. I mean, we were told at various

13 stages that we shouldn't -- that we didn't need to come 14:44

14 up and see him so often, we didn't need to. And I said

15 "Look, sorry, our understanding of the wee man is that 14:44

16 he benefits from care and attention and people just

17 sitting talking to him. You do not isolate him. You

18 do not harass him. And you don't put suggestions in

19 front of him because he will say 'Yes, dear'/'No,

20 dear'", so I'd say we were very protective of him at 14:44

21 that point. That was, I mean, because a couple of days

22 before she died, the wee man's mother and I had a

23 conversation and she told me that the wee man had --

24 was very fond of me and he wanted me to look after him

25 and she said "I know you will do your best for him" 14:44

26 and, circumstances like that, I'm not going to back

27 away from it, end of.

28 219 Q. And he stayed there three to four weeks on that first  
29 occasion?



1 A. Three or four weeks.

2 220 Q. And then he went back to the residential care home, is  
3 that right?

4 A. He went back to the residential unit, yeah.

5 221 Q. And you have already described him moving from the 14:45  
6 residential care unit to the supported living  
7 accommodation?

8 A. Mm-hmm.

9 222 Q. And you said that he didn't cope well with that change?

10 A. He didn't. He had his own routines. He could do 14:45  
11 certain things. His idea of gardening was sitting in  
12 the hammock supervising and not digging things up or  
13 whatever, and we have photographs of him supervising!  
14 But he would have done things like that. He was  
15 perfectly capable of helping, you know, pull the 14:45  
16 curtains of an evening, set the table, but don't let  
17 him near an oven already cooking because he couldn't/  
18 wouldn't do it. He couldn't/wouldn't turn on a TV, for  
19 example. Even when remote controls became the thing,  
20 he still wouldn't touch it because I think he had been 14:46  
21 taught when he was little that TVs were expensive and  
22 sensitive and don't mess with them, and he didn't.  
23 But, having said that, we got him to do things that  
24 other people wouldn't do. He was very fond of The  
25 Monkees, so the only Christmas we had both the wee man 14:46  
26 and his Mum with us in the flat, we actually gave him a  
27 present, which was a tape of The Monkees, a cassette  
28 tape, and he looked at it and thought --  
29 CHAIRPERSON: we're talking about the television

1 programme?

2 A. Exactly!

3 CHAIRPERSON: Thank you.

4 A. Sorry, for those who don't know The Monkees were --

5 CHAIRPERSON: It's an age thing, I think! 14:46

6 A. Sorry, I lost my train! But we gave him a cassette

7 tape of The Monkees and said "This has got all their

8 music on it" and he looked at it, like, "what do I do

9 with it?" -- "well, you play it in your tape machine."

10 And then he'd look at it and said "No machine." And 14:46

11 that's the way he spoke. You know, he wouldn't have

12 said "I don't have one -- where is it?", just "No

13 machine." So we had another wee chat for a while and

14 somehow there was another parcel underneath the tree

15 which he hadn't grasped yet and he opened it and found 14:47

16 the cassette recorder in it. And we than sat down and

17 spent two hours showing him how it worked, how to play

18 the tapes, how to turn it around. It was also one of

19 these big brick things which had a record facility on

20 it, and we sort of, behind his back, turned it, and had 14:47

21 the record facility on in the blank tape, and his Mum

22 was talking to him and she asked him to sing Edelweiss,

23 which he did and which we recorded. And then when he'd

24 finished that, we stopped, replayed it for him and he

25 went "That's my Mum, that's me." And he understood 14:47

26 then how that worked, and that's one of the few pieces

27 of technology that he ever actually got his hands

28 around and worked successfully. He would quite happily

29 take that away with him. And when we were in Canada

1 one year, we actually got him a walkman, an Aiwa  
2 walkman, and showed him how that worked, and lots of  
3 photographs of him, you know, with the earphones and  
4 the Aiwa bag on the belt, and he'd figured out how that  
5 worked. what he forgot sometimes was that earphones 14:48  
6 could be broken and, if you weren't awfully careful  
7 taking tapes out, you sort of stretched them and broke  
8 -- anyway, he learned to do things like that simply  
9 because we sat down and took the time and showed him,  
10 and it was safe for him to do it and, more to the 14:48  
11 point, he enjoyed it.

12 223 Q. It sounds like he interacted well within the family?  
13 A. Oh, absolutely.

14 224 Q. And you said then part of the issue with the supported  
15 living facility was that he didn't have that 14:48  
16 interaction, is that right?

17 A. That interaction was just completely missing. The  
18 supported living facility was a new purpose-built unit  
19 built by one of the housing associations and it had a  
20 number of two and three-bedroom bungalows, a couple of 14:48  
21 apartments or houses in it. So there were a range of  
22 people on the site, but each in their own unit. I  
23 think the first unit he was in, there were, I think,  
24 three people in that unit. Staff had always been there  
25 in the residential unit, whereas in the supported 14:49  
26 living unit, they were in and out between various  
27 buildings and, when I went up regularly -- you'd pick  
28 him on a Friday night or whatever -- trying to find  
29 someone sometimes was a bit of a challenge. It was an

1 even bigger challenge trying to find them on a Sunday  
2 night when I took him back because they could be in any  
3 one of four or five or six different units. So he was  
4 there in on -- when I say on his own, there were a  
5 couple of other people in the unit, but their 14:49  
6 communication skills were -- [redacted]-- the wee man  
7 could speak perfectly clearly.

8 225 Q. I will ask you to pause there. If you just hold on a  
9 second and then we will let you know whenever we can  
10 start again. (Short pause). 14:49

11 CHAIRPERSON: Thank you.

12 A. The wee man used to speak perfectly clearly, but some  
13 of the -- the two people who were staying in the house  
14 with him didn't have that same level of communication  
15 skills. 14:50

16 226 Q. And that big change, you say it led to a deterioration  
17 of behaviour?

18 A. We could see it almost instantly. Things like that  
19 we'd never seen before -- coming back home with us with  
20 sort of clearly bloodshot and tired eyes. We found him 14:50  
21 not wanting to go back of a Sunday evening, for  
22 example. We said "what about an extra night?" and, you  
23 know, this sort of thing. So there were a lot of  
24 pointers that we were picking up as we went along that  
25 something wasn't working. 14:50

26 227 Q. Yes. And ultimately then, in the October of 2002, the  
27 Trust recommended that he be admitted to MAH again for  
28 assessment, isn't that right?

29 A. Yeah.

1 228 Q. And you refer to not wanting him to go back to MAH?  
2 A. Absolutely.

3 229 Q. -- at that time. Can you explain why you didn't want  
4 him to go back?

5 A. We didn't want him to go back at that point because we 14:51  
6 continually made the point to the Trust that when the  
7 wee man was with us, he was fine and there were no  
8 problems, there were no issues. He enjoyed himself, we  
9 enjoyed it. When he was in the institutional setting,  
10 whether it was the residential or the supported living, 14:51  
11 he had problems, and that said to us that that is not  
12 treatable by drugs. Drugs may be smart, but none can  
13 tell whether you're in a domestic setting or a  
14 residential setting and switch itself on or off. We  
15 were saying the drugs were just a complete waste of 14:51  
16 time and that was not the way to go. We were saying  
17 that what you need was an appropriate care package and  
18 attention. That's it. That's all we did. You know,  
19 we spent time with him. We showed him how to do  
20 things. We sort of worked with him and we understood 14:51  
21 him and we figured out what he was trying to tell us at  
22 times. And we learned how -- we were saying,  
23 Muckamore, wrong place, wrong time, bearing in mind  
24 that since 1987 until 2000 and I don't know what it  
25 was, he had still been on drugs prescribed there. He 14:52  
26 had been diagnosed, but I am not sure what the process  
27 is for de-diagnosing someone. Now, if he had been on  
28 those drugs for that length of time and he was still  
29 having a fresh set of problems, it rather struck me

1 that the drugs were either useless or  
2 counterproductive. And, again, when it came to contact  
3 with Muckamore and psychiatry, I don't know where they  
4 got their information from because they never contacted  
5 us directly. We met them at case review meetings -- 14:52

6 230 Q. Well, I am going to just pause you there because I want  
7 to stick with the admission first and then I will come  
8 to ask you about the case review meetings.

9 A. Okay.

10 231 Q. But you said there that you whenever you were making 14:52  
11 representations about why you didn't want P12 to go to  
12 Muckamore, that was to the Disability Services Manager  
13 that you referred to in your statement, isn't that  
14 right?

15 A. Yes. 14:53

16 232 Q. And what response did you feel that you got from the  
17 Disability Services Manager?

18 A. Well, we got what came down to an insistence. We had a  
19 particularly sort of a testy conversation one day and  
20 she told me that if we didn't agree to a voluntary 14:53  
21 admission, she would have the wee man sectioned and  
22 taken up to Muckamore. Now, I'm not taking that risk  
23 with the wee man. You get someone sectioned, you have  
24 a hell of a job getting them back out of it. So we  
25 felt sort of intimidated -- 14:53

26 233 Q. And you recorded that?

27 A. I recorded that and I put it in a fax to the Disability  
28 Services Manager.

29 234 Q. Yes. And I will just ask for that to be turned up on

1 the screen. That's at page 22. So this is your  
2 follow-up fax after your conversation with the  
3 Disability Services Manager?

4 A. It would be about five minutes after the conversation.

5 235 Q. And you say there: 14:54

6

7 "In light of this, P12's sister and I feel that we have  
8 no alternative but to agree to a voluntary admission to  
9 Muckamore for P12."

10 14:54

11 And you rehearse issues?

12 A. Absolutely.

13 236 Q. And you then ask for P12 to be admitted on the evening  
14 of the 2nd October, is that right?

15 A. Yes, and I emphasised "VOLUNTARY", capital letters. 14:54

16 237 Q. Yes.

17 A. So that there was no misunderstanding between us as to  
18 how we interpreted what was happening.

19 238 Q. And you felt that you had no other choice?

20 A. We didn't feel that it was voluntary in any meaningful 14:55  
21 sense of the word at all.

22 239 Q. You also in that fax refer to a letter from a  
23 consultant psychiatrist which I think is the document  
24 at page 23, is that right?

25 A. This is -- yes. 14:55

26 240 Q. So, again, I am just not going to use that name, but  
27 this is from a consultant psychiatrist at Muckamore  
28 Abbey Hospital?

29 A. Yes.

1 241 Q. And that psychiatrist wrote to you in September, so  
2 that was prior to the admission?  
3 A. Yeah.

4 242 Q. And we can see there's a reference to you having  
5 requested more information about the admission, and she 14:55  
6 then sets out the aims of the planned admission?  
7 A. Mm-hmm.

8 243 Q. But on the third paragraph then, she says:  
9  
10 "I need to make you aware that the ward most likely to 14:55  
11 cater for P12's need is at the present time very  
12 stretched, indeed, with many more patients than it was  
13 designed to cater for. Therefore, if you do decide  
14 that admission is the way forward, then I would ask you  
15 to contact me at the first available opportunity as 14:56  
16 there is great competition for available space  
17 presently."  
18  
19 what did you make of that?  
20 A. Well, I believe I subsequently found out that there 14:56  
21 were something like 22/23 people allegedly admitted to  
22 the ward with only 18 beds, and that surplus people  
23 were being sort of boarded out around the facility on a  
24 night by night basis. So I think, as I said somewhere  
25 earlier in my statement, you want a crisis admission, 14:56  
26 you admit someone to somewhere already in crisis  
27 itself. To my mind, that's nuts, with due respect to  
28 psychiatrists. It's crazy, you know, trying to do  
29 things like that. I couldn't understand how if you



1 were facing an overcrowded situation that you were  
2 going to make any sensible and reasonable diagnosis and  
3 assessment of treatment, particularly as, again, as I  
4 keep saying, no problems at home, problems only in an  
5 institutional setting. That is not by any means, I 14:57  
6 don't think a definition of a psychiatry need or a  
7 whatnot.

8 244 Q. And he was ultimately admitted --  
9 A. He was ultimately admitted, yes.

10 245 Q. Can you recall what ward he was admitted to? 14:57  
11 A. I think it was again -- I think it was again the  
12 Assessment Unit and I think it was the same Movilla  
13 unit that he was in the first time around. I may be  
14 wrong in that. To be absolutely clear, it's out of my  
15 mind at the moment, I'm sorry. 14:57

16 246 Q. How often did you visit him whenever he was admitted on  
17 that occasion?  
18 A. Virtually every day, I made it absolutely clear to all  
19 the staff involved that I would be doing that.

20 247 Q. And what was your impression of the facilities then 14:58  
21 when he actually got there?  
22 A. You'd be using the bleeper. I was just sort of  
23 astonished at the way people -- things were being done  
24 there, the way people were being handled. We were  
25 being told, you know, that you can only see people at 14:58  
26 certain times, you can only do certain things. It was  
27 like a prison, running a prison rather than an  
28 assessment unit. That was my impression. I think it  
29 was during this assessment that one day when we were

1 both up visiting the wee man, he had almost an absolute  
2 breakdown in the visitors' room and we asked for a GP  
3 or a doctor to be called. There was no GP -- no doctor  
4 on the site to provide medical support. The only thing  
5 they could offer was try and call an on-call or out-of- 14:58  
6 hours GP from Antrim. I said "They don't normally come  
7 out or they can't be contacted or whatever", and they  
8 said "well, look, either you do this or we will", and I  
9 dealt with it, you know, very simply and very easily by  
10 just sitting down beside the wee man and putting an arm 14:59  
11 around him and giving him a hug and he calmed down and  
12 settled down fairly quickly after that. But, without  
13 that, he would have been left there bawling his eyes  
14 out for whatever length of time it took, with people  
15 sort of standing back and standing away from him. Just 14:59  
16 not humane.

17 248 Q. And when you say "people", what roles did those people  
18 have in the Hospital?

19 A. Those -- well, they weren't, to my mind, medical  
20 people. They must have been behavioural nurses or ward 14:59  
21 nurses or on the social work or whatever, or on the  
22 side of nursing assistance or whatever. They never  
23 wore a uniform so I couldn't tell what grade they were.  
24 You know, they could have been civilians like me  
25 walking in for all I knew. But they were the ward 14:59  
26 staff who, whatever grade they were at that point. So  
27 it's very difficult to tell. I don't think I ever saw  
28 a psychiatrist or a medical person on that ward.

29 249 Q. Whenever you visited, did you encounter nurses and

1 healthcare staff?

2 A. Oh, we did.

3 250 Q. And what did you make of the care that was provided on  
4 a day-to-day level to P12?

5 A. Well, some of the comments I picked up from [REDACTED] 15:00  
6 were he wasn't really that --

7 251 Q. Just pause a little second. (Short pause)  
8 CHAIRPERSON: Thank you.

9 A. I got the impression he wasn't at all happy with the  
10 set-up at all. I mean, we knew that the wee man only 15:00  
11 had one set of teeth because the people in Cherryville  
12 had taken them all out of him. But it meant he  
13 couldn't eat certain things --

14 CHAIRPERSON: This is another facility that's just been  
15 mentioned. 15:00

16 252 Q. Yeah, I will just ask you to pause.  
17 DR. MAXWELL: That was the dentist he referred to.  
18 CHAIRPERSON: Oh, that was the dentist, that's fine.  
19 DR. MAXWELL: It's not a mental health facility.  
20 CHAIRPERSON: My fault! 15:01

21 253 Q. MS. KILEY: Let me just take you back. You were  
22 referring to his teeth and them having been removed?  
23 A. Yeah, he only had one pair of dentures and he would  
24 only eat certain things. You couldn't get him to eat  
25 rice, for example. You could not get him to eat salads 15:01  
26 because he couldn't chew it and he couldn't digest it.  
27 So he did things in his own way. I got the impression  
28 from him that he wasn't eating a huge amount and, yet,  
29 because I wasn't there at the time, I have no evidence,

1 you know, one way or another. I just know he wasn't at  
2 all happy with the way the place was going. He wanted  
3 out and he was quite constantly saying, you know, "when  
4 do I see you again?". That was his usual comment when  
5 we phoned him, "when do I see you again?". And that 15:01  
6 was "the day after tomorrow", if I phoned him on a  
7 Thursday or, you know... We had the routine and we knew  
8 what he wanted, but I am very clear he was not happy at  
9 all, you know, in it.

10 254 Q. That was the impression? 15:02

11 A. That's the impression I got from the wee man himself,  
12 yeah. Now, again, as I say, because when we were up  
13 visiting him, most of our time was spent in a dedicated  
14 visitors' room or a dedicated visitors' area, I had no  
15 great visibility of what the rest of the unit was 15:02  
16 actually like.

17 255 Q. Well, you provided the Inquiry with the copies of a  
18 case discussion meeting which took place on 31st  
19 October 2002. They appear at page 25 of your exhibits  
20 and I will ask again for those to be brought up on the 15:02  
21 screen just in this room, please. It's page 27, in  
22 fact, that I want to draw your particular attention to,  
23 which is the third page. So this is a case discussion  
24 minute and there is an update from the psychiatrists  
25 that were treating P12, and ultimately then on the 31st 15:03  
26 October, there is reference to the psychiatrists in the  
27 second substantive paragraph on page 27 referring to:

28  
29 "...the need for options to be sought as soon as

1 possible given the pressure on hospital beds and the  
2 recognition that P12 should be discharged as soon as  
3 possible."

4  
5 So was it your understanding -- you were referring 15:03  
6 there to P12 wanting to go home?

7 A. Absolutely.

8 256 Q. And, on the 31st October, you have the psychiatrists at  
9 Muckamore recognising that he should be discharged as  
10 soon as possible. 15:03

11 A. Absolutely, because [redacted] would -- sorry, the wee  
12 man --

13 257 Q. Pause a little second until we rectify that. (Short  
14 pause)

15 CHAIRPERSON: Just hold on a second, Ms. Kiley. 15:04

16 258 Q. MS. KILEY: So you had that reference on the 31st  
17 October that he could go home?

18 A. Correct.

19 259 Q. When did he ultimately go home?

20 A. It was actually into December before he got out. I 15:04  
21 mean, part of the issue with the wee man was, he had a  
22 whole series of socially-learned and accepted routines  
23 and practices. If he stayed in a violent situation, he  
24 would inevitably have picked up that. If he stayed in  
25 a situation where people were non-communicative or 15:04  
26 whatnot, he would become non-communicative. He just  
27 adapted to the environment he was in. And the longer  
28 he stayed there, the greater the danger of that  
29 happening, and we knew that. I mean, we understood

1 that when he was with us, he had these sort of  
2 socially-learned behaviours. Even the Trust referred  
3 to them as saying that he had, you know, a set of  
4 socially-acquired behaviours, methods and approaches  
5 that were different from what was the norm for other 15:05  
6 people in the unit, so he was, you know, learning  
7 different from different situations. Everyone  
8 understood that he did that. But, you know, staying  
9 there -- we tried to get him out as quickly as we could  
10 possibly do it and we said it to people that, "Look, 15:05  
11 yet again, there is no medical or psychiatric reason  
12 for him to be there. If that's the situation, then the  
13 difference between behaviour with us and with you is  
14 the care package, it's nothing else." And that was a  
15 sort of losing battle from day one. 15:06

16 260 Q. Well, in your statement, you said that you believed  
17 that Muckamore delayed discharging him. Why do you  
18 believe that they delayed?

19 A. They didn't have the choice because the Trust weren't  
20 prepared to put the package in place to take him back. 15:06  
21 So if you say Muckamore delayed, they did; they  
22 couldn't put him on the street, but they couldn't get  
23 the Trust to agree what was required --

24 261 Q. So the delay that took place between --

25 A. -- to take him back. They had no choice. 15:06

26 262 Q. -- between that 31st October time --

27 A. I think it was probably about four/six weeks before he  
28 actually got out of the place.

29 263 Q. And that was because the Trust were arranging a package

1 to be put in place?

2 A. Well, that was because the Trust didn't understand what  
3 package they wanted to offer and, you know, had severe  
4 difficulty with it, and that leads very much into part  
5 of the Ombudsman's report and where they found 15:07  
6 maladministration in respect of record-keeping,  
7 decision-making, all that sort of stuff.

8 264 Q. Well, you have provided a copy of the Ombudsman's  
9 report.

10 A. I did. 15:07

11 265 Q. And you referred to it in your statement.

12 A. Yeah.

13 266 Q. It largely relates to a complaint about another  
14 facility, isn't that right?

15 A. Oh, absolutely, absolutely. 15:07

16 267 Q. So I'm not going to ask you --

17 A. Muckamore were trying to discharge him to another  
18 facility and the other facility couldn't take him back  
19 because they didn't understand what his needs were;  
20 they were not assessing his needs correctly. Their 15:07  
21 systems didn't seem to work and, if they didn't have  
22 the basic information and weren't aware of it, how they  
23 could facilitate a transfer defeated me.

24 268 Q. But just to be clear, wherever you refer to a  
25 maladministration finding, that wasn't in respect of a 15:07  
26 complaint about Muckamore at this time?

27 A. No, it wasn't a complaint about Muckamore itself but it  
28 fed in directly to -- assessments are what get you into  
29 Muckamore, assessments are what get you out, and that

1 requires information and decent patient history and, if  
2 the facilities that do that weren't there or weren't  
3 being run properly and certainly a specific standard  
4 was not being met, I don't see how, you know, you could  
5 have done much else. 15:08

6 269 Q. well, aside from the Ombudsman's complaint - it related  
7 to a separate matter - whenever P12 left Muckamore, you  
8 did continue to raise complaints about his care with  
9 the Trust, is that right?

10 A. Oh, absolutely, absolutely, and, I mean, ultimately it 15:08  
11 got to the point where we decided at that stage the  
12 only thing to do was, we would have the wee man to come  
13 back and live with us at home, and we did that on a  
14 shared-care basis, that he would stay with us one week  
15 and spend four or five days in a respite unit for the 15:08  
16 other four days, so backwards and forwards between us  
17 and for the --

18 270 Q. That happened in 2004, is that right?

19 A. Yeah. And for the rest of his time until he had a  
20 stroke in 2007, I think it was probably the best three 15:09  
21 years of his life.

22 271 Q. So how long did he ultimately live with you on that  
23 shared-care basis then?

24 A. It was about three years - yeah, from 2004. He had a  
25 stroke in 2007 and at that stage we had to -- he became 15:09  
26 wheelchair-bound, needed more support than we could  
27 actually give him at home and he ended up in a  
28 different nursing home elsewhere and that's...

29 272 Q. And that was in 2008, isn't that right?



1 A. That was 2008, yeah.

2 273 Q. And then he sadly passed away in 2011?

3 A. He passed away in December 2011.

4 274 Q. And you have provided -- we have gone through some of  
5 your exhibits to the -- to your statement, and you also 15:09  
6 exhibited some photographs of P12 to your statement.

7 A. Oh, yes.

8 275 Q. You have got two photographs of him there. The first  
9 one, it seems, is showing him doing one of the things  
10 that you described that you liked to do, to take him 15:10  
11 out for a beer, is that right?

12 A. Well, we took him out to the pub. His idea was -- he  
13 learned very quickly to order a Scotch and white with  
14 ice for me and vodka and white, for someone else, with  
15 ice, but he had "a coke with a slice of lemon and no 15:10  
16 ice, please", and he was not shy about telling barmen  
17 that that's what he wanted, but he did that, you know,  
18 quite regularly. So it was the fact, not so much  
19 drinking, it was being there in company was what he was  
20 looking at all the time, and he enjoyed himself with 15:10  
21 all the things -- he actually got his own membership of  
22 the Boat Club, so he was able to get in and out of the  
23 place himself and sort of drink -- he had a very -- how  
24 can I put it? -- he had a very interesting way of  
25 paying for drinks: he ordered them and asked me for 15:11  
26 money and then put the change in his pocket.

27 276 Q. Sounds like a clever man.

28 A. Well, he had an idea what he was doing, you know,  
29 there, indeed. I think it was about the time when he

1 was living with us, it must have been the time he was  
2 living with us, there was a sort of handover meeting  
3 between a couple of social workers and they came down  
4 to the house and the wee man and my wife sort of went  
5 through this for an hour or something like that, and 15:11  
6 they were just walking out of the house, they were  
7 heading down to the -- down the path, and I think they  
8 had got probably five or six paces, about between  
9 myself and where the Chair is at the moment, and he  
10 turned to [redacted] and apparently said, "They are a 15:11  
11 right pair of wallies, aren't they?" So he was  
12 obviously impressed by the, you know, the  
13 conversation --

14 277 Q. I am just going to pause you there because I think  
15 there was a name that shouldn't have been said, so 15:12  
16 sorry to pause you just for a short time.  
17 (Short pause)  
18 Thank you. I think you were referring to your wife.  
19 If you want to continue doing that.

20 A. Yeah. No, the wee man just sort of, "They are a right 15:12  
21 pair of wallies". He was obviously totally unimpressed  
22 by the whole process and he knew what he meant when he  
23 was doing that; he did it at various times.

24 278 Q. well, I think the stories like that, and accompanied by  
25 your photos, can give the Panel a flavour of what P12 15:12  
26 was like. I have no other questions for you about P12,  
27 but before the -- the Panel may have some questions for  
28 you, but before I finish, I just want to ask you  
29 whether there is anything else about P12 or about his

1 stays at Muckamore that you would like to bring to the  
2 attention of the Panel?

3 A. What I will say is that, even before he ended up in  
4 Muckamore, the wee man knew about the place. It had a  
5 bad reputation, I would have said, amongst the entire 15:13  
6 learning disability community. It was not a place to  
7 go, is where the bad people went, and he was very firm  
8 about that, and he was terrified of going there in the  
9 first place.

10 279 Q. When you said he was firm about that -- 15:13

11 A. Oh, he was very firm. He said, "I don't go there, I'm  
12 not bad".

13 280 Q. -- is that something that he said to you?

14 A. You know, he was very insistent when people started  
15 talking about it, you could almost see him sort of 15:13  
16 getting nervous and closing down, and all the times --  
17 but I think that had a bad reputation across the Trust,  
18 because we heard staff saying, "If you don't behave  
19 yourself, you will end up in Muckamore". That was the  
20 sort of reputation it had even within the professional 15:13  
21 community, who were doing the caring and whatever. It  
22 just -- it never had that.

23 281 Q. And you had referred earlier to you not wanting him to  
24 go to Muckamore --

25 A. Absolutely. 15:14

26 282 Q. -- but you were clear that he didn't want to go --

27 A. And we were aware of that, but he was absolutely clear  
28 he didn't want to go to this. Like, as I said, his  
29 understanding was that that's where bad people went and

1 he was not bad.

2 MS. KILEY: Thank you.

3 A. So that was a...

4 CHAIRPERSON: All right. What I'm going to do is, we  
5 are just going to rise just for five minutes, just to 15:14  
6 have a discussion with the Panel --

7 A. Okay.

8 CHAIRPERSON: -- about whether there are any questions  
9 to ask you. If there are, they won't be very long.

10 MS. KILEY: Chair, can I raise with you, just on that 15:14  
11 point, the witness has alerted me to the fact that  
12 there is an issue that has to be attended to --

13 CHAIRPERSON: The medication issue, yes.

14 MS. KILEY: -- at 3:30, so if I can ask that --

15 CHAIRPERSON: Is that exactly at 3:30? 15:14

16 A. No, 3:30-ish; like, now is fine.

17 CHAIRPERSON: All right. I don't think we will be very  
18 long at all, so if you just give us literally five  
19 minutes and then we will come back. Yes, I mean, the  
20 alternative would be if we had ten minutes and then you 15:14  
21 sorted out the medication.

22 A. Oh, it will only take 30 seconds. There's one tablet  
23 here, so it's not a -- it's not necessary that we do it  
24 now.

25 CHAIRPERSON: we will take ten minutes. All right. 15:15  
26 Thank you very much. Thank you.

27

28 THE INQUIRY ADJOURNED BRIEFLY AND RESUMED AS FOLLOWS:

29

1 CHAIRPERSON: Thank you very much.

2

3 THE WITNESS WAS QUESTIONED BY THE CHAIRPERSON

4 AS FOLLOWS:

5

15:25

6 CHAIRPERSON: In fact, we've have only got one question  
7 and it's from me. We may have questions later on to  
8 sort things out from the Trust. I just want to ask  
9 about the wee man's weight when he went into Muckamore,  
10 because I think you said something about him eating.

15:25

11 Did you actually notice anything about his weight  
12 during the second admission? The first admission was  
13 very short.

14 A. It's a very difficult question to answer because I'm  
15 not sure I noticed a great deal of difference in the  
16 weight. What I did know was him saying that "They gave  
17 me this" or "they gave me that", that he couldn't  
18 particularly eat, that he wasn't happy with eating  
19 something with rice or lettuce, or whatever, he just  
20 wouldn't have it. Whether it made a huge amount of  
21 difference, I honestly don't know because I don't  
22 believe I ever saw records of weights at that sort of  
23 time. Someone somewhere, presumably, was monitoring it  
24 and measuring it.

15:26

15:26

25 CHAIRPERSON: All right. Well, we can take that up  
26 somewhere else. Can I thank you -- unless there are  
27 any other questions? -- can I thank you very much  
28 indeed for coming along to give evidence. It is always  
29 difficult to give evidence in any circumstances and

15:26

1 particularly in these, so can I thank you and your wife  
2 for both coming and for doing what you can on behalf of  
3 P12, to whom you obviously gave great care, so thank  
4 you very much indeed.

5 A. Can I thank you as well for your time in listening to 15:27  
6 us as well, we appreciate that.

7 CHAIRPERSON: Thank you. All right, we will let you  
8 go.

9  
10 THE WITNESS THEN WITHDREW 15:27

11  
12 CHAIRPERSON: Right. So, tomorrow, I think, Ms. Kiley,  
13 we have got two witnesses, one in the morning and one  
14 in the afternoon.

15 MS. KILEY: Yes. 15:27

16 CHAIRPERSON: And I don't suppose we'd know yet whether  
17 they are going to want to give evidence in this room or  
18 not?

19 MS. KILEY: We anticipate that they will, but that may  
20 have to be revisited whenever the counsel dealing with 15:28  
21 the witness discusses it with them.

22 CHAIRPERSON: All right. I will raise this just  
23 publicly so that people are aware. I think the last  
24 witness's evidence revealed how tricky it can be if we  
25 are trying to anonymise somebody all the way through, 15:28  
26 and one answer to that would be to close Hearing Room B  
27 and only allow Core Participants in this room who have  
28 signed the Confidentiality Agreement. Now, I just  
29 raise that, partly to encourage people to get on and

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sign the Confidentiality Agreement, if they wish to be  
CPS, but that may be a course that we will -- I will  
have to consider adopting because it did make this --  
it wasn't his fault or, indeed, anyone's fault, but one  
can see how it does actually disrupt the evidence, so  
we will give that some consideration.

15:29

MS. KILEY: Yes.

CHAIRPERSON: Can I thank everybody for attending and  
then ten o'clock tomorrow, thank you.

MS. KILEY: Yes.

15:29

THE INQUIRY WAS THEN ADJOURNED TO THURSDAY, 30TH JUNE  
2022 AT 10:00A. M.