

Canterbury

District Health Board

Te Poari Hauora o Waitaha

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160
Fax: 0064 3 364 4165
carolyn.gullery@cdhb.health.nz

25 September 2018

[REDACTED]

[REDACTED]

[REDACTED]

RE Official information request CDHB 9943

We refer to your email dated 9 September 2018 and received in our office on 10 September 2018 requesting the following information from Canterbury DHB.

- **All Audits and Reports and details of all investigations carried out by CDHB on Addington Lifestyle Village, a rest home and hospital located at 207 Lincoln Road, Addington operated By Oceania Healthcare Limited.**

All audit information for Addington Lifestyle Village can be found on the Ministry of Health website <https://www.health.govt.nz/your-health/certified-providers/aged-care/addington-rest-home>

There has been one complaint in the past two years. Please find attached as **Appendix 1** a copy of that complaint and our response. Please note we have redacted information under section 9(2)(a) of the Official Information Act i.e. “.....to protect the privacy of natural persons, including those deceased”.

There have been no additional audits or investigations outside the regular standardised audit process.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek an investigation and review of our decision from the Ombudsman.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

Filenote: Conversation with [REDACTED] regards Addington Lifestyle Care (Oceania)

[REDACTED] made contact via email on 19/04/17.

“Enquiry: It is a question relating to the Health and safety of a previous Rest Home I was in. It is , as you can imagine, very confidential and I would like to discuss my concerns where I am confident my emails get to the right person. I can be contacted on the above phone number or by email. I have been asked by a number of residents at the previous home to discuss this with someone. Thank you [REDACTED]”

I spoke with him on 19/04/17. He is now living at [REDACTED] and very happy there, but has concerns about what went on at Addington Lifestyle Care while he was there, and what is still going on for the residents who still live there, with whom he is still in touch.

He is concerned that there is a lack of care. While ALC has an alarm system to alert the manager when there is patient need, he feels the bell is not answered quickly enough. He contrasted this with [REDACTED], where he feels day or night, the bell is answered quickly, not necessarily by the person assigned. He requires a catheter check in the night – and is delighted that now this is done promptly, and has “never got to red”.

A [REDACTED] he knows at ALC had a sore on her ankle. Having had cellulitis, [REDACTED] suggested that she get it seen to. By the time this [REDACTED] saw a doctor it had developed into an ulcer. [REDACTED] is concerned that this is now treated by Nurse Maude (this is however usual practice with a complex wound). Another [REDACTED] confided in him that it hurt when she urinated, but [REDACTED] had not seen the doctor either. It is not clear whether the issue is people complaining and not getting seen, or not feeling able to voice their concerns.

He is worried that the CDHB is getting ripped off on several fronts. Firstly, wound care, secondly, because [REDACTED] was shifted into a smaller room (it sounds like this used to be a hospital level room but was converted back into a rest home room. As there was no change in subsidy, [REDACTED] feels that Oceania was making money off this change (this is not the case as we do not subsidise according to room size).

[REDACTED] has been in discussion with the Clinical Nurse Manager – she has since resigned. [REDACTED] will meet with her tomorrow and I have encouraged [REDACTED] to get her to call me (with no pressure).

[REDACTED] feels the food leaves a lot to be desired. There is a menu set in Auckland – they are currently on a “Summer Menu” but [REDACTED] feels that the veg are often old and the meals not well prepared - “meatballs for lunch, mince on toast for tea”.

[REDACTED] went into care owing to a depressive illness and some issues around being verbally abused at home. After respite [REDACTED] went into ALC.

[REDACTED] is concerned that the Manager is very hard to access: that she works there 2 days a week and at another facility 3 days a week. Hard to get a conversation with her.

[REDACTED] feels the levels of cleanliness in the facility are not up to standard – not a urine or faecal smell but just “dirty”.

When asked what ■ preferred about the new place ■ said the food was fresh and delicious, the carers were much more engaged, and it is “spotless”. Also the manager there is very approachable (her door is always open).

“At least four people” who are still there have asked him to raise their concerns.

They feel their complaints about the food come up again and again at the monthly meetings but nothing is done, or they are told something will be done but nothing eventuates.

When asked what ■ ideal outcome was, ■ said ■ had not thought about it. However, ■ really feels that the manager is “not managing”. Complaints raised month after month are not addressed. ■ wondered if it was possible to do an unannounced audit.

I told him that I would discuss with senior and senior clinical colleagues, and that ■ could be assured that we take ■ concerns seriously, and would be in touch as our investigation proceeds.

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Planning and Funding

06 June 2017

[REDACTED]
[REDACTED]

Dear [REDACTED]

On 19 April 2017, you asked Canterbury DHB to investigate your concerns pertaining to a range of issues regarding care provided at your previous residence, Addington Lifestyle Care. You were concerned that standards of care were being affected by the shared management of the facility. Your concerns included:

1. That the Facility Manager is only on-site 2 days a week, as this role is shared with another facility, and that as a result it is difficult to raise issues with her, and that residents' complaints are subsequently not addressed. You were also concerned that the current Clinical Manager was resigning soon.
2. That food is low quality, poorly prepared and not according to published menus, and that it is not warm enough;
3. That residents' call buttons are not responded to in a timely manner;
4. That residents' medical needs may not be receiving appropriate attention;
5. That standards of cleanliness are not always met.

You asked the DHB to respond to your concerns. My colleague [REDACTED] (Nursing Director, Older People – Population Health, Canterbury District Health Board) and I met [REDACTED] (Regional Manager – Central and Southern Regions, Oceania Healthcare), [REDACTED] (Facility Manager, Addington Lifestyle Care) and [REDACTED] on Wednesday 17 May to address your concerns:

1. The Regional Manager, [REDACTED], stated that the shared management over two facilities, while successful in other districts, had, in Oceania's view, been problematic in this instance. As a result, henceforward, [REDACTED] will be Facility Manager at Addington Lifestyle Care only, and able to dedicate her full attention to that facility. A new Clinical Manager has also been hired and will begin work shortly.
2. The facility acknowledge that there had been some concerns around food service that had taken some time to address. As a result of these concerns, a new Executive Chef has been hired. Reports from the two latest Residents Meetings indicate that the food is now very acceptable to current residents.
3. In response to questions about the timeliness of response to call buttons, the facility admits that answering in a timely way may pose difficulties at peak times. However, they have a new computer protocol in place that immediately alerts the Facility Manager if a bell is not answered within three minutes, and the Regional Manager if it has not been answered within seven minutes. This system will allow increased oversight

and the collection of data that will allow management to monitor and deal with any ongoing issues.

4. [REDACTED] has recently instituted a programme that will proactively address wound care within the facility, including working more closely with the Nurse Maude Specialist Wound care service, and promote further training in wound identification and care for staff.
5. A Cleanliness Audit has been undertaken in response to your complaint. This has found that there are two rooms with older carpet that is a challenge to vacuum – these will be refurbished as these rooms become vacant. The audit has resulted in a shuffle of the cleaning team to make best use of personnel.

The facility has recognised that your concerns were valid, and at the time of our meeting had put processes in place to address these issues. It seems that a number of your concerns will be (or indeed, have already been) addressed with the manager being onsite full-time.

With regard to your concerns about being moved to a smaller room, this negotiation falls under your own individual agreement with Addington Lifestyle Care, not under the DHB contract. The DHB contracts according to level of care (Rest Home, Hospital, or Dementia Hospital), rather than room size. We do however recommend that individuals and their families read any residential agreements carefully, and negotiate with any facility as appropriate, before signing and moving in.

We also advise that Nationwide Advocacy act as agent to the Health and Disability Commission should you wish to take this complaint further. Their contact details are:

Telephone: 0800 555 050
Email: advocacy.services@xtra.co.nz

Thank you for raising your concerns with us. If you have further questions about the above, do not hesitate to contact me.

Yours sincerely,

[REDACTED]

[REDACTED]

Service Development Manager
Planning and Funding
CDHB

Cc [REDACTED], Nursing Director, Older People – Population Health, CDHB