

GLENARA LAKES RETIREMENT VILLAGE

Glenara Lakes was opened in 2002 and is one of many villages operated by Southern Cross Care (Tas.) Inc. Currently there are approximately 130 residents living independently in three bedroom and free standing villas. A residents' committee of 10 members represent the village and deal with issues concerning all residents. Monthly meetings are attended by the Facility Manager and the Village Co-ordinator. This retains a co-operative link with management and in times of crisis the Chairman of the Board and the CEO readily meet for discussions with the Committee and occasionally attend monthly meetings of residents. At the same time the Committee is proud of its independence.

The village is vibrant and activities include the following:

- Aqua Fitness
- Cards and games
- Craft work
- Croquet
- Exercises
- Film afternoons
- Outdoor and indoor bowls
- Scottish Country Dancing
- Singing Group
- Snooker
- Table tennis
- Tai Chi
- Tennis

Sub-committees report to the main residents' committee and include:

- Archives
- Film society
- Library
- Newsletter
- Wetlands and environment

Social activities vary from Happy Hours to dinners including the traditional banquet and theme dinners eg Scottish and German.

CARING FOR OLDER AUSTRALIANS DRAFT REPORT

BY PRODUCTIVITY COMMITTEE COMMENTS

1. One of the concerns of persons entering a nursing home is the lack of information about costs. The user pays concept is generally accepted. Those more affluent than others should pay more. However, a schedule showing the costs for different incomes would allow those wishing to enter a home to understand the amount they will be required to pay. There should also be a reasonable differentiation between the amount paid by pensioners and non-pensioners. Recommendation 1.11 does address this partly.
2. Ratio of staff to patients should be based on the needs of patients. Staff overloading, especially during night shifts, can be dangerous. 1.2 refers to "the need for competitive wages to nurses and other care staff delivering aged care services." This is a long standing problem which must be fixed.
3. Recommendation 1.7 refers to the standard of residential care based on two beds per room. Dignity and privacy become more important with ageing and it is suggested that one bed, one room be the norm.
4. Recommendation 1.8 refers to discontinuing "the issuing of extra service bed licences and remove the distinction between ordinary and extra service bed licences" If this means accepting the principle of equal professional care, not based on payment, for every resident, this move is applauded.
5. Recommendation 1.3 Disposing of differences between high and low care residents is to be applauded as is the removal of restrictions on Care Packages.
6. Recommendation 1.4 "The Australian Government should remove regulatory restrictions on accommodation payments, including the cap on accommodation charges in high care." Does this mean prices could spiral out of control and would not reflect the cost of supply. This statement appeared to be contradictory to the final paragraph. As costing is an important element of Aged Care, wariness should be paramount in Aged Care moving to profit making groups. Aged persons should not be regarded as a means of making money and with a profit making group there is a possibility that profits will be put before people. These groups should be controlled and the Not For Profit charities given practical help and encouragement. Running Aged Care facilities is daunting..

7. Pensioner Bonds Recommendation 1.6 & Paras. 4 & 5 Page 33. Would the Pensioner's Bond Scheme take away the independence of the home owner to manage his own affairs?
8. Para. 4 page 37. How will the insurance scheme work? How is it affected by a superannuation scheme or the Medi Care levy? Does "risk pooling" mean your contribution goes to an unknown person?
9. Page 40 The Australian Aged Care Regulation Committee. What will the difference between the AACRC and the current Ministry of Aged Care? Will this change lead to a substantial increase in bureaucracy? Is there any change contemplated in the current accreditation procedures? The current methods have been described as somewhat authoritarian.
10. Page XL1. & Recommendation 12.2 The proposed independent aged care regulator will control Complaint Handling and Review. Is it true that the current Aged Care Commissioner does not have the authority to implement his/her findings? Any change should guarantee impartiality and that findings will be implemented.

We support the attempt by the Productivity Commission to bring about Aged Care reforms and realise the tremendous difficulties that need to be overcome. We appreciate the opportunity to submit our comments on behalf of the Glenara Lakes Residents' Committee.

Terry Childs OAM & Faith Layton AM

Confirmed by Tricia Bennett President Residents' Committee.