

**Name of facility:** Maranoa Retirement Village  
**Located:** Mitchell, Queensland  
600km from nearest capital city (Brisbane)  
90km from nearest town (Roma)

**No. of approved places:** 20

**Current places filled:** 20

**High Care:** 1 (category 4)

**Low Care:** 19

**Staff:** 1 permanent (Supervisor)  
15 casual (Personal Care Attendants. Laundress,  
Domestic Cleaner)  
1 Golden West Trainee

\*\* All staff (except Supervisor) are casual employees to enable hours to be altered according to resident numbers.

Although it is clear that our facility is providing services to a majority of residents classified as being eligible for "low care" subsidies, it is expected that at least 5 of our residents will require re-assessment to a "high care" level within the next 12 months due to failing health and increased frailty.

The Maranoa Retirement Village Management Committee strongly supports the Inquiry into Nursing Home Subsidies. While we believe that subsidies should be the same across the nation, we believe the following points are relevant to the inquiry, and particularly in relation to the provision of care by facilities operating in the rural regions of Australia.

## **1. LOCATION**

It is very important that Aged Care facilities in rural areas encourage and promote "Ageing in Place" for their clients because the majority of residents have lived in the area most of their lives and prefer to remain close to family and or friends. A move to another town or city can be very distressing to the elderly members of our community.

### **1(a) Staffing levels**

Assistance to meet the medical needs of "**high care**" residents is available from other organisations in the community who are required to attend at our facility but obviously base staffing levels in Aged Care facilities need to be increased to meet the general personal care needs of "**high care**" residents. If a significant number of our clients were classified as "**high care**" residents, subsidies received for those residents would assist in supporting the increased staffing levels. But, people do not all change from requiring 'low cares' to 'high care', as a group, rather as individuals, and staffing levels have to be increased for only one or two people and remain that way for an extended period of time causing financial difficulty for the facility. As noted before, our facility is expecting several of our residents to move from requiring 'low care' to "**high care**" in the next 12 months and we may have to organise to re-locate these people if our funding does not cover the extra staff required to meet those peoples' needs. We consider this to be most unfair to our clients who may actually be required to leave the area to obtain the assistance they need, and it certainly does not support the "Ageing in Place" ideal.

### **1(b) Training**

Our experience has shown that it is very difficult to employ people who have already had some form of training in Aged Care in our rural area, and because of our location, the cost of providing training for staff

(especially to meet the needs of people with "**high care**" needs) should be considered. Training usually involves long distance travel and accommodation for either the trainees or tutors brought In to provide such training. The facility is still required to backfill hours at the facility whilst people are attending training sessions.

#### **1(c) Equipment**

The ordering and purchasing of equipment to meet the needs of "**high care**" residents is made more difficult for facilities in rural areas and incurs additional costs such as transport.

### **2 CULTURE**

Our experience has shown that facilities in rural areas have a great expectation of providing services, usually above and beyond what is required by them to provide, placed on them by the local community.

#### **2(a) Family**

Many of our clients have no family contact whatsoever and not only does our facility have to actually arrange for the person to move to our facility but staff are also required to provide ongoing support in all areas of the person's life usually provided by family eg: organising finances, purchasing of goods, paying of bills, transport etc. Some of our residents arrive at our facility with only the clothes on their back and it is up to staff to organise extra clothing, toiletries etc.

#### **2(b) Bonds**

Our facility has chosen not to charge accommodation bonds for the simple reason that our clientele cannot pay them. Whilst many of our clients have never owned a home and have no assets, clients who have owned their own home are unable to sell -some houses having been on the market for 5 years.

### **3 TRANSPORT**

Our community is not large enough to support a public transport system or even a taxi service and thus transport is always provided by staff members in personal cars. Those people without family are very dependant on staff for transportation and those people classified as "**high care**" usually require staff assistance to attend any functions in the community - placing great strain on finances because their position at the

facility has to be backfilled so that the facility can continue to meet the needs of other residents.

- 3(a) Transport to the nearest town for specialist medical appointments is provided by the local ambulance service. but most "**high care**" residents require staff assistance and it is often necessary for staff to accompany residents - raising staffing levels to backfill that time, to meet the needs of other clients.

**The Maranoa Retirement Village Management Committee** thanks the Productivity Commission for inviting them to participate in this inquiry and hopes that our difficulties in providing Aged Care Services in a rural area will be noted.

Our facility is greatly appreciated and strongly supported by our local community but will face troubled times if funding is not available at an adequate level to employ staff to meet the increasing care needs of our residents.