



1972

THE PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA

*Parliamentary Standing Committee on Public Works*

## REPORT

relating to the proposed construction of

# PATIENTS' AND STAFF ACCOMMODATION

at

Kingshome Rehabilitation Centre  
Taringa, Queensland

(THIRTY-SECOND REPORT OF 1972)

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PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

PATIENTS AND STAFF ACCOMMODATION  
KINGSHOME REHABILITATION CENTRE  
TARINGA, QUEENSLAND

R E P O R T

By resolution on 14 September 1972, the Senate referred to the Parliamentary Standing Committee on Public Works for investigation and report to the Parliament, the proposal to construct patients and staff accommodation at the Kingshome Rehabilitation Centre, Taringa, Queensland.

The Committee have the honour to report as follows:

THE REFERENCE

1. The proposal referred to the Committee is for the construction of a five storey residential building for 78 male and female patients and a two storey building for staff required to live in.
2. The buildings are required to replace outmoded and substandard structures and to cater for general growth in the demand for rehabilitation services.
3. The estimated cost of the work when referred to the Committee was \$1.8 million.

THE COMMITTEE'S INVESTIGATION

4. The Committee received written submissions and drawings from the Departments of Social Services and Works and took evidence from their representatives at public hearings in Canberra on 10 and 12 October 1972. The proceedings will be printed as Minutes of Evidence.

5. Before the hearings the Committee had inspected facilities at the centre and the sites proposed for the new buildings.

COMMONWEALTH REHABILITATION SERVICE

6. The Commonwealth Rehabilitation Service is operated by the Department of Social Services and provides, without charge, rehabilitation treatment and vocational training for persons suffering from a physical or mental disability who:

- receive or are eligible for an invalid or widow's pension;
- receive or are eligible for a sickness, unemployment or special benefit;
- receive a tuberculosis allowance; or
- are young people 14 or 15 years of age and who, without treatment or training would be likely to qualify for an invalid pension at 16 years of age.

7. Commonwealth employees receiving Commonwealth compensation are also eligible for treatment and training.

8. The Department of Social Services is also responsible under the Defence (Re-establishment) Act for providing rehabilitation services for discharged National Servicemen who are not eligible for this type of assistance from the Repatriation Commission.

9. Disabled persons not eligible for the service without charge may be provided with treatment or training on a payment basis.

10. Rehabilitation Centres In each of the mainland States, the Department operates a rehabilitation centre which is equipped and staffed to provide specialised programmes of remedial treatment and to assess employment potential.

11. Skilled therapists working under medical supervision and using modern methods and equipment help the disabled to achieve maximum physical restoration. Patients requiring artificial limbs or other surgical aids or appliances are prepared for the fitting of the aids and are trained in their use. The severely handicapped learn to meet the demands of daily living, confidence is restored and residual abilities that can aid physical and economic independence are developed. Preliminary training, education, sporting activities and a wide range of amenities are provided to help in the treatment, in physical, mental and social adjustment, in assessment and in the development of future work capacity.

12. Resident patients can be accepted as well as those who are able to live at home and attend daily.

13. Rehabilitation in Queensland The Kingshome Rehabilitation Centre is the only centre serving Queensland. It commenced operations at Taringa in 1950 in buildings constructed some 80 years ago as a private residence. Prior to acquisition for the Department of Social Services the buildings had been used as a home for crippled children and later, for aged war veterans.

14. A number of permanent buildings have since been constructed in the grounds including in recent years, a medical and therapy block and an amenities building.

4.

Other buildings on the site accommodate occupational therapy activities, vocational counselling, tutorial groups and general administration. A smaller residence adjoining the main building, originally quarters for domestic staff and stables has been converted to living in accommodation for staff. A manager's residence is also located within the grounds. It was noted that ultimately it is proposed to replace several other buildings which although presently fulfilling useful functions, have limited economic life.

15. The centre now provides residential accommodation for 50 male and 17 female patients and has a total treatment capacity of over 150 persons.

16. We noted with satisfaction that up to June 1972 the centre had assisted over 8,500 disabled persons, of whom 6,158 were returned to suitable employment. During 1971/72 276 persons were placed in employment after treatment and training.

THE NEED

17. Growth in Demand Evidence presented to the Committee showed Queensland's population growth rate between June 1961 and June 1971 as being 20 per cent. Yearly averages were two per cent over the first five year period then becoming 1.8 per cent. Over the same 10 year period the population growth rate of the Brisbane metropolitan area was 25.6 per cent.

18. The number of patients requiring treatment in the centre fluctuates from time to time but on the basis of highest end-of-month attendance figures a steady increase is evident over recent years, from 140 in 1969/70 to 157 in 1971/72. The proposed facilities are planned to cater for up to 165 patients daily which is an increase of around 10 per cent on average attendances in recent years.

It appears that this increased capacity will meet Queensland's need for some time to come.

19. Inadequacies of Residential Accommodation The main building which provides residential accommodation for 67 patients was built 80 years ago. The smaller building nearby now used for staff accommodation was originally constructed for domestics and stables and has been renovated on several occasions. Sleeping accommodation for patients is of the dormitory type and does not provide the degree of amenity or privacy considered necessary to meet the varying requirements of disabled persons.

20. The buildings are of timber construction and the main building particularly is regarded as having a high fire risk for the disabled, notwithstanding the extensive fire precautions which have been taken. At the site inspection we noted that the kitchen and cold rooms are outmoded, equipment and fittings are inadequate due to insufficient space and the area is poorly ventilated.

21. We were told that the Department of Works had recently assessed the useful life of the main building in its present state at two years at the most. Maintenance costs have been inordinately high reaching over \$77,000 for the last three financial years. As part of the design studies for the present proposal the Department had investigated the feasibility of retaining the building for kitchen/dining/lounge facilities in the event that a separate dormitory block only were to be erected. The Department concluded that the cost involved in bringing the building to a reasonable standard could not be justified.

22. Committee's Conclusion Increases in population, invalid pensioner and sickness benefits, referrals to the Commonwealth Rehabilitation Service, the rising incidence of accidents and improved treatment techniques

are contributing to a growing and continuing need for modern rehabilitation services. It is also significant that improved treatment techniques have resulted in acceptance of cases previously considered unremedial, further increasing the demand. It is therefore clear that there will be a growing demand for services at the centre.

23. At the site inspection it was evident to the Committee that both patients and staff accommodation are in urgent need of replacement.

24. We therefore concluded that there is a need for the work in the reference.

#### THE BUILDING PROPOSAL

25. The Site The centre is located in an established residential area in the Brisbane suburb of Taringa,  $3\frac{1}{2}$  miles from the city. The site of five acres is bounded by Seven Oaks Street, Swann Road, Whitmore Street and some residential properties. The main entry is off Swann Road from which the site falls steeply. It has been terraced and ramped for ease of access by patients and staff and has been attractively landscaped to retain a residential character.

26. The site of the patient residential building is that currently occupied by the original residence. The staff building is to be located 80 feet to the west on the site of the present building. There is a fall in level of 20 feet from the Swann Road frontage and a cost penalty will be involved in building on the sloping site. However, the steep slope affords extensive views and will enable the present residential character of the centre to be retained thereby providing an appropriate environment for patients. The Committee concluded that the site is suitable.

27. Description of Proposed Buildings The main building will be a five storey structure of lower ground, ground and three upper floors. The separate staff quarters building will comprise three floors. To create an environment that will assist in the rehabilitation of patients, the buildings have been designed to have a domestic character in harmony with the surrounding residential area. From a patient viewpoint, the amenity of the main building will be enhanced by extensive sun decks and glazing.

28. Vehicular traffic access to the patients' residential building will be restricted to that at ground floor level off Swann Road. A 10 ft wide tunnel will be constructed to provide basement level access to the remedial centre and other buildings at the lower levels of the site.

29. Patients Accommodation Patients residential quarters are to be located on the three upper floors of the main building. The facilities will accommodate 45 males in 23 single and 11 two-bed rooms and 33 females in 13 single and 10 two-bed rooms. Bedrooms will have wash basins, built-in wardrobes and dressing tables, overhead fans and radiators. Lounge rooms, television and writing rooms, toilets, bathrooms and laundries will be provided on each floor within easy reach of bedrooms. Linen rooms, cleaners' rooms, pan rooms and box rooms are also to be provided. The accommodation has been specifically designed to meet the particular needs of disabled persons. The design is based on experience gained from operating centres elsewhere in Australia and also recognises overseas practice.

30. Kitchen and Dining Room Patients and staff dining areas will be provided on the ground floor level of the building. The patients dining room will seat 160 persons and the staff dining room 30 persons. A lounge for patients and staff will also be provided.

8.

The kitchen and dining room have been designed to provide meals on a self-service cafeteria basis, but there will be waitress service for patients unable to manage the self-service arrangements. A special diets bay will be provided in the kitchen.

31. Administrative Offices and Sick Bay The administration area will be located at ground floor level and will include a vestibule and waiting area for incoming patients, offices for the manager, assistant manager, clerks and housekeeper, a room for official visitors and toilets and storerooms. An adjacent sick bay will contain a sister's office, treatment room, dispensary, orderlies room, male and female sick bays, ablution facilities, a pantry, store and utility room.

32. Therapeutic and Exercise Pool A pool, measuring 50 ft by 25 ft will be located on the lower ground floor level for the use and treatment of patients under the control and supervision of therapists. An enclosed sun deck will be provided adjacent to the pool.

33. Staff Accommodation Staff living in accommodation to be provided in the separate two storey building will comprise a self-contained one-bedroom flat for the senior sister, three single bedrooms, a lounge, kitchen and bathrooms for sisters, a single bedroom flat for the housekeeper, a three bedroom flat for the assistant manager and a motel type bed-sitting unit for visiting parents or escorts. Undercover parking will be provided for seven cars. The building will be constructed over the lower ground floor of the existing structure which will be converted to storage and staff amenities.

34. Building Structure Foundations will comprise reinforced concrete strip footings with spread reinforced concrete footings under columns. Bored piers will carry footings in areas of fill.

35. The main building will be of reinforced concrete frame construction with suspended concrete floor slabs. Walls will be of ~~face~~ brickwork, window frames will be of anodised aluminium and the roof will be covered with galvanised steel decking.

36. Internal Finishes and Fittings Generally, internal finishes will be selected to minimise maintenance. Floors will be finished with ceramic tiles, quarry tiles and carpet, walls with hard plaster, face brickwork, sheet vinyl and ceramic tiles and ceilings with off-form concrete, plaster and acoustic tiles. The choice of material for individual locations will depend on function.

37. Special room fittings will be provided, including wall mounted hand rails, wheelchair guard rails and bed hoists. Particular attention will be given to the positioning of such items as door knobs, taps, light and power switches and wash basins.

38. Engineering Services Bedrooms, lounges, bathrooms, toilet areas and orderly rooms will be heated by electric wall radiators. The patients' and staff lounge, dining areas and the medical and administration areas will be air conditioned. Exhaust ventilation will be provided in other areas of the building including the kitchen and tunnel. The therapeutic and exercise pool will be heated. Other equipment to be provided will include ceiling fans in bedrooms and lounges, kitchen equipment, cool room units, drinking water coolers and an incinerator.

39. To ensure adequate protection of incapacitated persons, an automatic fire sprinkler system will be installed in sleeping quarters. Elsewhere, protection will be provided by automatic fire detectors.

40. Electricity supply will be taken from a transformer to be installed by the local authority in the main building. Fluorescent lighting will be installed generally throughout the buildings and will conform with the lighting code of the Standards Association of Australia. Electrical services and fittings will include bed and dressing table lights, night lights, clock system, a public address system and lighting and telephone cabling and ducting.

41. Two automatic lifts will be installed and will serve all levels including the tunnel.

42. Water and sewerage lines will be connected to mains in adjacent streets.

43. Road access will comprise three entry points from Swann Road. Parking spaces for twelve visitors and seven staff will be provided. Pavements will be bitumen surfaced and provided with concrete kerbs and gutters.

44. Committee's Recommendation      The Committee recommend construction of the work in the reference.

#### OTHER OBSERVATIONS

45. Regional Rehabilitation Centres      As part of our enquiry, consideration was given to the suitability and coverage of the Brisbane based, Queensland facilities of the Commonwealth Rehabilitation Service. It was noted with interest that in the long term it is proposed to establish a regional centre in Townsville. We also noted the recent statement of the Minister for Social Services that it is proposed to open rehabilitation clinics in provincial centres on a national basis. In Queensland this means that a clinic is to be established in Rockhampton.

46. The present proposal conforms with Government policy on the provision of rehabilitation assistance by the Commonwealth and will fill the need for additional services for some time to come. Whilst the proposals for the future in both the short and long term will make facilities more widely available, it seemed appropriate that an examination might now be made of whether the facilities of the service should be even more uniformly spread on a regional or some other decentralised basis.

#### ESTIMATE OF COST

47. The estimated cost of the proposed work when referred to the Committee by the Senate on 14 September 1972 was \$1.8 million. However, we were informed during the course of the enquiry that by refinement of structural design and the application of stringent cost control procedures, it is expected that savings of the order of \$50,000 can be made in the cost of the proposal without detriment to the concept.

48. The estimated cost at \$1.75 million is made up as follows:

|                                 | \$          |
|---------------------------------|-------------|
| Building work                   | 1,105,000   |
| Mechanical services             | 286,000     |
| Fire Protection                 | 64,000      |
| Lifts and electrical services   | 145,000     |
| Siteworks and external services | 150,000     |
|                                 | <hr/>       |
|                                 | \$1,750,000 |
|                                 | <hr/>       |

#### PROGRAMME

49. After an approval to proceed is given, it is estimated that the preparation of contract documents, invitation and analysis of tenders and the letting of a contract will take 9 months. Construction time is estimated at 15 months from the date a contract is let.

RECOMMENDATIONS AND CONCLUSIONS

50. The summary of the recommendations and conclusions of the Committee is set out below. Alongside each is shown the paragraph in the report to which it refers:

|                                                                                                         | <u>Paragraph</u> |
|---------------------------------------------------------------------------------------------------------|------------------|
| 1. IT IS CLEAR THAT THERE WILL BE A GROWING DEMAND FOR SERVICES AT THE KINGSHOME REHABILITATION CENTRE. | 22               |
| 2. PATIENTS AND STAFF ACCOMMODATION ARE IN URGENT NEED OF REPLACEMENT.                                  | 23               |
| 3. THERE IS A NEED FOR THE WORK IN THE REFERENCE.                                                       | 24               |
| 4. THE SITE IS SUITABLE.                                                                                | 26               |
| 5. THE COMMITTEE RECOMMEND CONSTRUCTION OF THE WORK IN THE REFERENCE.                                   | 44               |
| 6. THE WORK IS ESTIMATED TO COST \$1.75 MILLION.                                                        | 48               |

  
(G.R. KELLY)  
Chairman.

Parliamentary Standing Committee on Public Works,  
Parliament House,  
CANBERRA, A.C.T.

19 October 1972.