

2018 - 2019



Staff celebrating International Women's Day in 2019

QUALITY ACCOUNT

Welcome to the 2018-2019 Quality Account



Maree Cuddihy, CEO

On behalf of the board, management and staff at Kyneton District Health, I'm pleased to present the 2018-2019 Quality Account.

The Quality Account describes the quality and safety initiatives we undertake as we continue to deliver on our goal of providing high quality, local health services that meet the needs of our community. Through this report, we present our actions, achievements and performance in ways that we hope are easy to understand. We particularly hope that by telling some of our patient's stories, we are able to show our quality and safety initiatives in action.

We are extremely proud of the work we do here at Kyneton District Health. Our team's commitment to excellence and innovation was acknowledged at the Victorian Public Healthcare Awards where, for the third year running, we were Finalists in the category of 'Premier's Small Health Service of the Year'.

We were also named as the Winner of the 'Innovation in Clinical Governance Award' at the Victorian Healthcare Association (VHA) Annual Awards. This accolade recognised the work we have undertaken to continually improve the quality of our services whilst safeguarding our high standards of care.

Our innovative approach to reporting our quality and safety performance was further acknowledged at the Small Rural Health Service CEO Forum and the International Forum on Quality and Safety in Healthcare, where we presented our Clinical Governance Dashboard outlining the significant improvement it has made to the organisation's appreciation of clinical governance.

These achievements reflect the commitment of our staff to provide high quality care that is personal, safe, connected and right, which in turn should give our community continued confidence in us.

Copies of this report are available on the Kyneton District Health website www.kynetonhealth.org.au or can be obtained from the KDH reception desk or patient information display. As always, we welcome your feedback and I invite you to get in touch at ceo@kynetonhealth.org.au.

Best wishes,
Maree Cuddihy
Chief Executive Officer



Victorian Public Healthcare Awards

Providing Best Care

At KDH, we aim to ensure a positive experience for every person, every time, and we call this “Best Care”. In practice, this means we deliver care and services which are:

- Personal – responsive, respectful and sensitive; involve patients in a meaningful way in decisions; and where their preferences are respected.
- Safe – designed and delivered to minimise risk of harm. When something does go wrong, we take action to prevent it happening to someone else.
- Connected – accessible, timely, consistent and coordinated.
- Right – based on the best available evidence and knowledge and right for that person.

We understand the challenges associated with the transition between hospital and home, and we make it easier for patients to move between services as they need to – including coordination with other services and hospitals.

Our comprehensive approach to care ensures patients can access the right care for their needs.

For patients who have a complex or chronic condition, multidisciplinary meetings are held twice weekly with allied health, acute and community nursing staff as well as the patient and their family members. We discuss the patient’s care goals, plans for discharge or transition to other forms of health service.

We also have systems in place to support our staff to escalate care when a patient’s condition requires additional support. On any given shift, at least one staff member is trained in Advanced Life Support and all nursing staff participate in regular training sessions in recognising and responding to a deteriorating patient. We have eight RIPERNS (Rural Isolated Practice Endorsed Registered Nurses), and aim to have one rostered on to support patients attending the Urgent Care Centre.

Whenever patients are transferred to a higher level service, we review the matter and conduct a case review to identify whether we could have prevented the clinical deterioration and whether, when it did occur, we managed the situation appropriately.

All of these actions help support our staff to provide Best Care to our patients at all times.

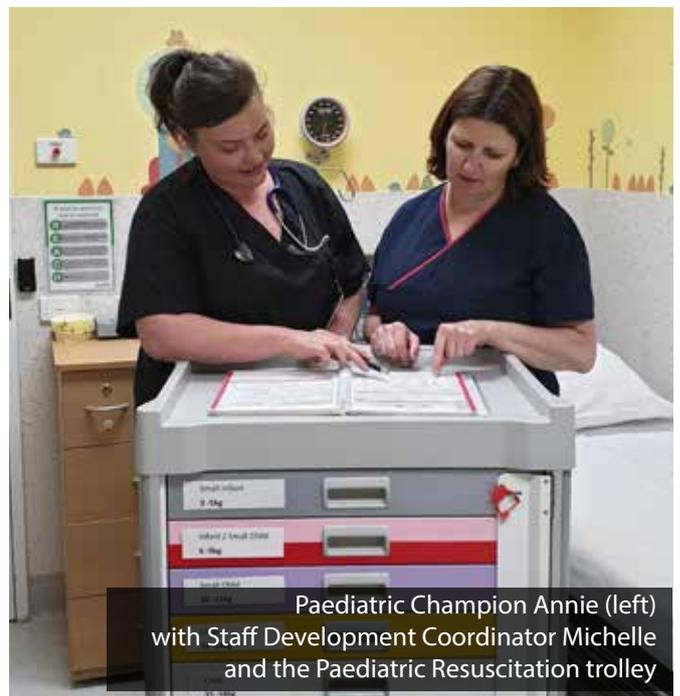
Best Care for our children

To ensure the safe care of children presenting to our Urgent Care Centre, we introduced a coloured-coded resuscitation trolley that utilises the Broselow method of emergency paediatric care.

Each of the carts colour-specific drawers corresponds to a child’s weight range and the equipment, instructions and medications are pre-prepared and specially tailored.

In an emergency this saves valuable time allowing the staff to focus on caring for the sick and/or deteriorating child. Staff are also supported by online access to the Paediatric Emergency Medicine Book.

Our paediatric champion, Annie, has conducted training sessions in the use of the trolley and common paediatric presentations.



Paediatric Champion Annie (left) with Staff Development Coordinator Michelle and the Paediatric Resuscitation trolley

Seeking and Responding to Feedback



KYNETON
DISTRICT HEALTH

YOUR STORY MATTERS

Help us to understand what we are doing well and where we might need to improve.
What we learn from you can improve the experience of other patients and their carers.

We know our patients, clients and visitors like to communicate in different ways so we have a range of methods available to capture their feedback. Patient Feedback Forms are at each bedside and in waiting areas, and we happily accept feedback in person, in a letter or email, via Facebook or through our Patient Stories program, 'Your Story Matters'.

By interviewing patients and/or their carers who volunteer to tell us about their experience in more detail, we learn more than we would from a form. Hearing these first person accounts through the 'Your Story Matters' program is an important marker for measuring our patient's satisfaction and for learning how to improve the care and service we provide to patients.

Since starting the 'Your Story Matters' initiative in 2017, several patients (or their carers) have volunteered to tell their story about how the health system worked for them and how they felt about their Kyneton District Health experience.

Ronald's Story Matters

83 year old Ronald volunteered to participate in the 'Your Story Matters' program following five days of respite care on our acute ward.

Ronald had received care at other private facilities and based upon his experiences elsewhere, suggested a number of areas for improvement:

Ronald said....	Our Action
"There was no general introduction or orientation – what you can and can't do"	We revised the information available at the patient beside and introduced a new system to ensure it was always available as patients arrived.
"I just felt a bit isolated. It would be good to be able to share meals with others sometimes – not always eat in your room alone"	We are investigating how to better use our patient lounge. Patients will be asked if they would like to have their meals delivered to the lounge so they can dine with others.
"I would have liked to have been encouraged and supported to walk outside into gardens or use the gymnasium"	Our physiotherapy team have committed to actively recruit patients to join others in physical activities, such as walking or participation in gym exercises. This may also help patients establish links for ongoing conversations as desired.

Victorian Healthcare Experience Survey

Our internal feedback systems complement the data we receive from the Victorian Healthcare Experience Survey (VHES), a quarterly report provided by the Department of Health and Human Services. In the last year, nearly 400 patients have responded to the VHES survey, which equates to an average participation rate of 40%.

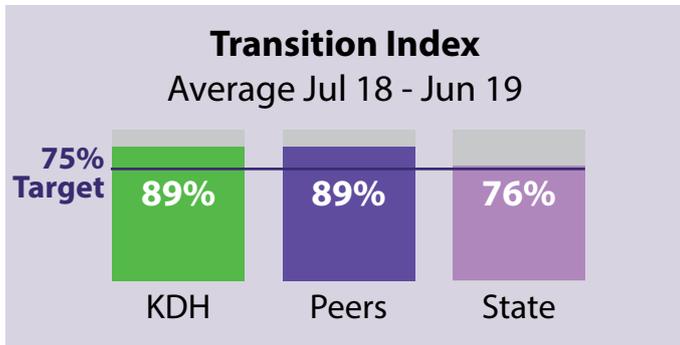
Transition Index

The Transition Index assesses patients experience at discharge. It is an average score from four questions on the VHES survey.

These questions relate to:

- receiving sufficient information to manage your health and care at home
- taking your family and home situation into account when planning for discharge
- making adequate arrangements for any services needed, and
- providing necessary information about your treatment in hospital to your GP.

The State target for Transitions Index is 75% and KDH has achieved an average of 89% over the past year.

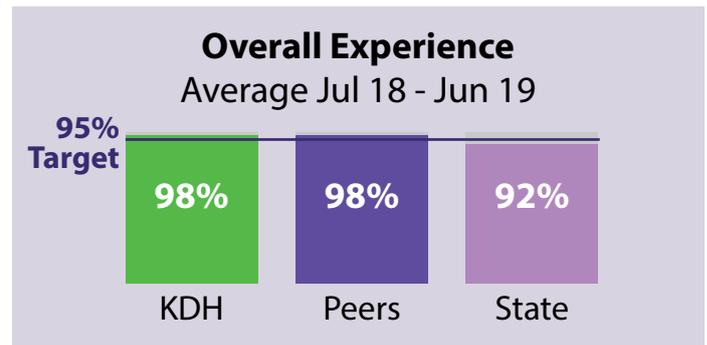


Our VHES results confirm that we are on the right track supporting people to participate fully in their own care. When asked 'Were you involved as much as you wanted to be in decisions about your care and treatment?', an average of 85% of patients in the last year say "Yes, definitely". This is on par with our peers in other small rural health services and much better than patients in other Victorian public hospitals, where an average of 64% answered 'Yes'.

Overall Experience

The overall experience question helps us determine whether our patients have a positive experience at our health service. This question is asked at each of the 116 Victorian public hospitals so we are able to accurately track our performance against others across the state.

98% of these patients told us that their overall experience was either 'very good' or 'good'. This compares favourably to the state-wide average of 92%, and our internal target of 95%. We are on par with our small rural health peers.



Complaints help us improve

The Victorian Healthcare Experience Survey (VHES) reported KDH patient satisfaction at an average of 98% in 2018/2019. While satisfaction is obviously high, we did receive seven formal complaints during the same period, compared with ten last year.

Unfortunately, all complaints related to concerns regarding perceived poor communication on the part of staff. The perception on the part of many complainants was that staff were too busy; that they brushed them aside or they did not take their concerns seriously.

As well as individual staff counselling, we have reminded all staff to ensure that competing demands do not influence their demeanour when dealing with patients or their families. A number of education sessions were implemented to further enhance communication between staff, patients and carers. We refreshed "Teach Back", a tool used to ensure that time is taken and information has been explained clearly. Patients are encouraged to repeat in their own words what they need to know or do.



Physiotherapist Seon walking with a patient

Escalation of care enhances Dorothy's outcome



TCP Patient Dorothy

"TCP is a wonderful innovative scheme and I couldn't have asked for better.

It really lives up to its name as it transitions you from hospital to home – such a valuable service."

Long term Metcalfe resident, Dorothy, was struggling at home following shoulder replacement surgery at a Melbourne hospital. After two days, she realised she wasn't able to carry out the simple every-day tasks needed to look after herself. Her GP wanted to find her a short term placement in residential aged care, but wasn't able to find a suitable bed so admitted Dorothy to Kyneton District Health for immediate care.

Our team quickly assessed Dorothy and suggested she participate in our Transition Care Program (TCP), where she could be given rehabilitation support by our allied health team to build her strength and practical skills.

Dorothy stayed in one of our dedicated TCP rooms for four weeks where she built up the skills to slowly be able to do things independently again. The Transition Care Program gave Dorothy the time and space she needed to get back on her feet and safely return home.

TCP focuses on continuity of care by giving patients the extra time they need to recover after a stay in hospital. In the ambulatory care centre patients build their strength in the gym and cook in the patient kitchen. The outdoor mobility garden has stations to practice day-to-day activities like hanging out washing or walking safely and confidently across a range of surfaces.

Helping interpret Fangbao's needs



Fangbao with volunteer and translator Julie

68 year old Fangbao lives in Gisborne with his daughter Angie. In 2018, he was diagnosed with Parkinson's Disease (reducing motor skills) and cognitive impairment. He was referred to KDH Treehouse by his physiotherapist who felt he would benefit from the socially supportive program.

As well as his cognitive and motor impairment, Fangbao speaks very little English and has significant dietary requirements. With the help of Angie, the Treehouse Facilitator Tessa conducted a pre-attendance interview, where Fangbao's likes, dislikes, interests, needs and capabilities were discussed. Tessa obtained resources, created tools and recruited a Mandarin speaking volunteer to help Fangbao feel at home in the Treehouse.

“Dad is a lot happier and smiles a lot more” said Angie. “The staff at the Treehouse are very talented people. The program is well designed and they take away a lot of the pressure on me as carer. Dad comes home and tells me about the stories and jokes of the day - and he revels in his board game wins! We are both very happy!”

Since starting at the Treehouse in May 2019, Fangbao also attends Healthy Mind and Movement (HMM) classes, which support community members to build exercise endurance, general fitness and improve overall independence and wellbeing. Fangbao's mobility has improved significantly and he is now able to walk 500 metres without a mobility aid and get in and out of a low chair without assistance or the use of his arms – both activities were impossible for him only a few months earlier.

Fangbao's successful integration into the Treehouse and HMM programs is due in part to Mandarin interpreter and volunteer, Julie. This is our first experience engaging an interpreter to support one of our Treehouse clients and it is fantastic to see how it has dramatically improved his experience.

Partnering in Healthcare

In recent years, we have introduced a number of initiatives to help staff to partner with patients and carers so that patients can be more actively involved in their own care.



Patient Care Boards

Patient Care Boards were placed in each patient room in 2017. A review in 2018 noted improvements could be made to enhance their use. We modified the layout of the boards and changed the focus of the prompts for the patients (and

their carers) so that information could be shared about their own goals, capabilities and support networks. Nursing staff can also help complete the Care Boards in the patient's own words and there is also an opportunity for patient/family questions. The Patient Care Boards have also improved planning for discharge as the patient's goals and expected arrangements are clearly outlined for patients, staff and family members to see.

In March 2019, we rolled out a new resource for

families and carers of patients with cognitive decline or dementia. 'About Me' is a form which helps staff understand a patient's needs, likes, dislikes and interests to enhance the care and support they receive whilst in an unfamiliar environment. It provides a 'snapshot' of the person behind the dementia and can be completed by the person with dementia (with the help of their carer if necessary).

In August 2019, we undertook a review of the REACH initiative, originally introduced in 2016. REACH is designed to support families and patients to raise any concerns about their own condition or that of a loved one. As a result of the review, we revised the information in the Patient Information Guide and redesigned the poster in each patient room.

We also revised our bedside notepads so that patients are prompted to jot down 'What's on my mind?', so we can address any questions or concerns.

This notepad forms part of the Bedside Information Pack, which includes:

- Feedback Form
- Patient Information Guide
- Best Care Big Tick form (to nominate a staff member for special recognition)
- Your Story Matters brochure (to volunteer to tell us about your experience as a patient).

Continuity of Care – Transition between services

Robyn was diagnosed with a brain tumour in early 2019. She underwent surgery at the Royal Melbourne Hospital in February and commenced chemotherapy soon after. Unfortunately chemotherapy wasn't easy for Robyn and her oncologist reached out to our palliative care community nursing team to request daily support for Robyn at her home in Romsey.

"The help we received from the community nurses was amazing" said Bailey, Robyn's son and full time carer. "Whatever question I had, they would answer. They always had a smile on their face and would never leave Mum until she was feeling comfortable".

As her illness continued, Robyn's condition worsened and she was admitted to the KDH Acute ward for round the clock care. Her care team expanded to include our physiotherapists who worked with Robyn to improve her mobility. The community nursing team continued to check in with Robyn and Bailey during her admission and resumed their palliative care support once she returned home.

Sadly Robyn passed away in October 2019.



Robyn with her son Bailey

Consumer Partnerships



2018-2019 CACAC Committee

Our Consumer and Community Advisory Committee (CACAC) was first introduced in 2015 and continues to meet four times each year to advocate on behalf of the community, consumers and carers and to provide direction and leadership in developing and improving our operations, planning and policy.

Our consumer representatives have a diverse range of backgrounds and experience. They receive orientation and training when appointed and are regularly given further opportunities and support for ongoing relevant education. KDH consumer reps actively participate in Safer Care Victoria forums and the chair of CACAC (board member) was supported to attend the National Rural Health Conference when there was a focus on consumer / community partnerships.

Part of the consumer representative's induction and training includes confidentiality, privacy, and conflict of interest agreements, and these are all signed in the same way as any new employee. Consumer representatives are also voting members of our Clinical Governance Committee, Urgent Care Clinical Advisory Committee and Clinical Practice Forum.

One of the ways our consumers contribute to the organisation is through the review of patient brochures. Each CACAC member is provided with a 'Checklist for Assessing Written Consumer Health Information' so that documents can receive a CACAC 'tick' of approval once they are satisfied it meets the needs of the consumer in a language and format that is easily understood and meaningful.

CACAC volunteers are vital to KDH's success, advocating on behalf of the consumer and helping the organisation to continue to improve.

CACAC Initiatives

- ✓ 'About Me' form introduced for patients with cognitive decline
- ✓ Your Story Matters (Patient Stories) project, using patient stories to support improvement
- ✓ Health Literacy Strategies, such as notepads and 'Teach Back' training
- ✓ Patient Care Boards modified following evaluation by CACAC
- ✓ Overseeing our Delivering for Diversity and Vulnerability Plan as well as our Disability Action Plan

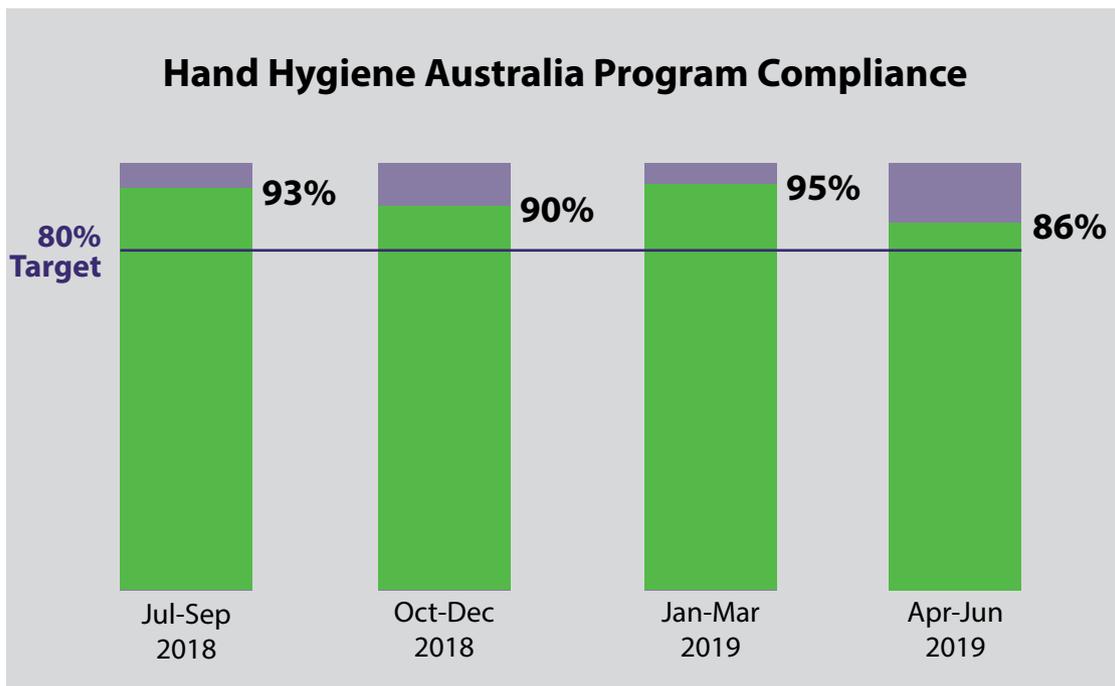
Infection Protection

Maintaining a high level of immunity in our staff and volunteers ensures the risk of transmitting influenza to co-workers, vulnerable patients and their family is minimised. It also provides an additional layer of protection to our staff, their families and the wider community. In 2019, KDH achieved a staff influenza vaccination rate of 95.5%, exceeding the Department of Health and Human Services target of 84%.

Staff, students and volunteers are also required to complete training which emphasises the importance of Hand Hygiene in preventing and controlling the spread of infection between healthcare worker, the patient and the environment. We regularly assess our staff on their compliance with the '5 Moments for Hand Hygiene' and reassuringly our 2018-19 average performance of 91% exceeds the Victorian Target of 80%.



La Trobe student Michael using an alcohol based handrub prior to providing patient care



Staphylococcus Aureus Bacteraemia infection

Staphylococcus Aureus Bacteraemia (SAB) infection is a serious infection that is monitored and reported across the state. KDH had no cases of SAB infection in 2018/2019.

KDH has a program of continual surveillance of healthcare-associated infections including SAB, MRSA (Methicillin Resistant Staphylococcus Aureus), VRE (Vancomycin Resistant Enterococci) and CDI (Clostridium Difficile Infection) for transmission within our health service. In addition, there is continual monitoring of potential surgical site infections and haemodialysis port infections, as well as periodic surveillance of peripheral intravenous catheters.

Delivering for Disability

Kyneton District Health welcomes people with a disability.

Delivering health services safely and effectively means our facilities, services and programs do not exclude people with a disability, or treat them less favourably than other people.

In 2019, we developed our Disability Action Plan where we laid out our commitment:

- ensuring patients and visitors with a disability receive the same courtesy, attention, information and service as any other patients and visitors;
- ensuring candidates with a disability applying for employment obtain the same opportunities as any other candidate; and
- having information available in different formats so that anyone can be informed, regardless of their ability to see, hear or understand.

The plan details our goals and we are working hard to address the actions required to achieve them.

Progress so far includes:

1. Engagement of an accredited access auditor to prepare a report outlining places in the building or site that might be problematic for a person with a disability and suggestions to remedy them. We are now working on a plan of action to ensure services and programs are more accessible.
2. As part of enhancing organisational access we have done a full review of directional signage, including actively involving people with a disability in the review and planning of the new signage
3. We have developed a Communications Action Plan to ensure we make information more accessible.

Looking through their eyes – walking in their shoes



Lynette standing alongside our new signage

71 year old Lynette is a regular attendee at KDH's Treehouse program, a socially supportive program for people with dementia, a palliative condition or chronic illness. Lynette has a form of dementia where visual impairment is a key feature of the disease.

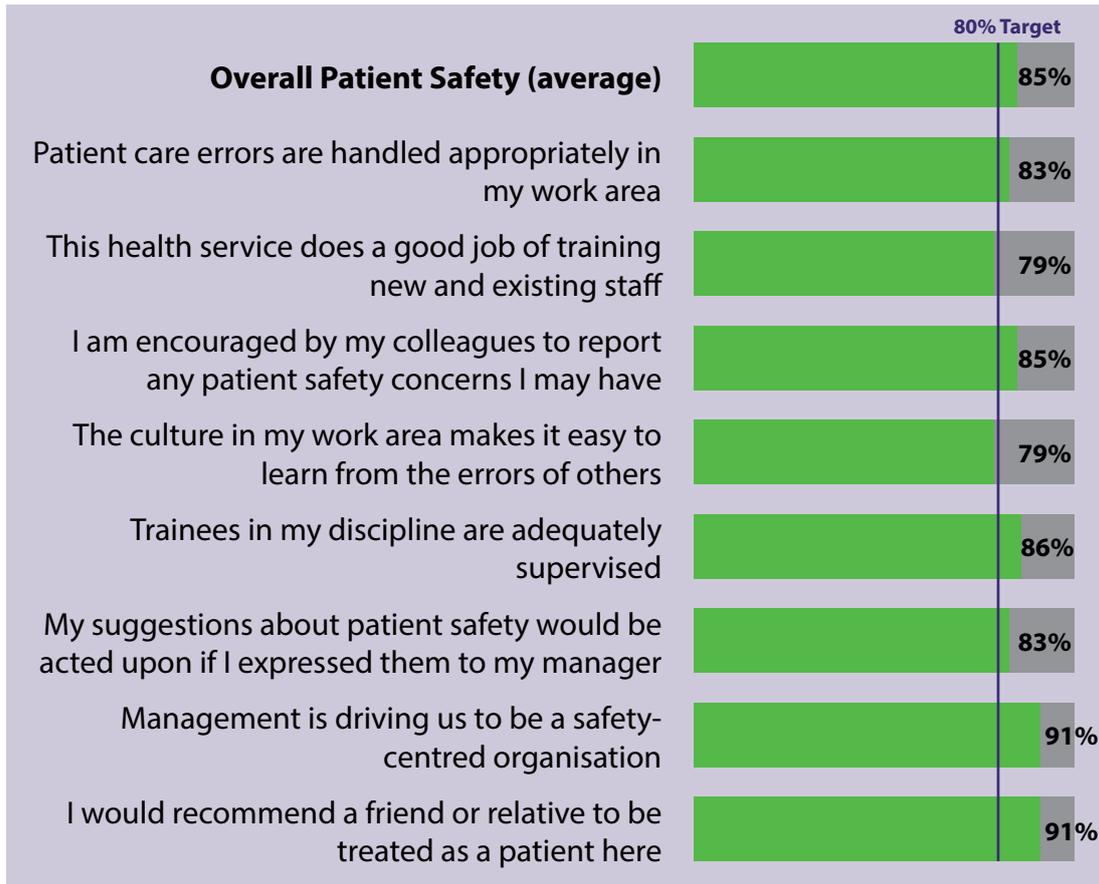
Lynette is passionate about improving the lives of those with dementia, and has worked with us to make small changes to the hospital's environment so that our facilities are easier to navigate. As part of our review of signage, Lynette provided guidance and advice on the proposed redesign and made suggestions to create an environment better suited for those with visual and/or cognitive impairment.

Lynette is a Dementia champion but we think she's a champion in her own right!

Listening to our Staff

Each year, staff are invited to participate in the Victorian public sector 'People Matter' Survey. The results from the survey help us to identify ways to maintain a positive workplace. It gives us an understanding of how our employees view things such as our approach to equal employment opportunity, discrimination, fair and reasonable treatment and diversity and inclusion. It also helps us to understand our employee engagement and job satisfaction.

Importantly, the survey also asks questions about our staff's perception of the organisation's patient safety culture. In achieving an overall patient safety average of 85%, we exceeded the target of 80%.



Continuing to look after our staff's wellbeing

We know the staff at Kyneton District Health are our most important asset. In the coming year, we will focus upon:

- Psychological Safety and Wellbeing – ensuring all employees at KDH feel safe and are support to speak up when needed. We will also look at developing and promoting strategies to prevent stress.
- Equal Opportunity Employment, Diversity and Inclusion - Further strengthening our commitment that cultural background, gender, disability or sexual orientation is not a barrier to success at KDH.

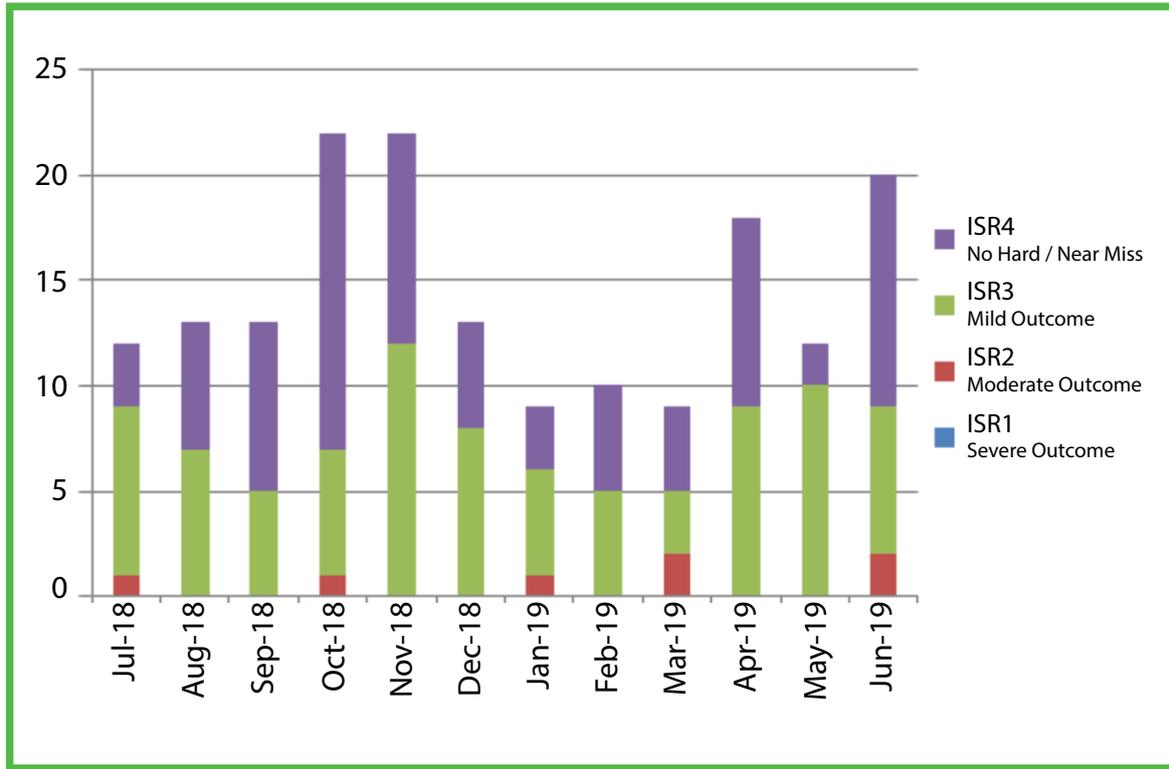


Best Care Big Tick Nominations

Learning from clinical incidents

85% of respondents confirmed that “I am encouraged by my colleagues to report any patient safety concerns I may have” in the 2019 ‘People Matter’ Survey. The number of clinical incidents reported in the period July 1 2018 – June 30 2019 demonstrates a strong reporting culture amongst our staff.

Of the 173 incidents reported, none were considered severe or classified as a ‘sentinel event’, meaning there was no serious harm or death of a patient due to an adverse event while in the care of our health service. In total, 7 incidents were classified as having an Incident Severity Rating (ISR) of 2 (moderate outcome), 85 incidents were classified as ISR 3 (mild outcome) and 81 incidents were classified as ISR 4 (no harm / near miss).



In response to these incidents, amongst other strategies, KDH has changed the locks on the bedside drug cupboards to enhance drug security and introduced a new electronic solution to manage stocking and counting of scheduled drugs. We have also reviewed the systems required to confirm patient ID on documentation and pathology samples.

The incidents rated as ISR 2 predominantly related to cases where patients required transfer to a higher level of care. Review of all such cases confirmed appropriate identification and management of the clinical deterioration.

We continue to report, act and learn from each clinical incident, however we also know there is an opportunity to learn from “Near Misses”; when no incident occurred because corrective action was taken. We introduced ‘Good Catch’ cards at the end of August 2018. As a result, staff are encouraged to quickly complete the “Good Catch” card to document how an error or accident was prevented. Since launch, 53 ‘Good Catch’ cards have been completed and actions taken to respond to identified hazards or risks.

KDH "GOOD CATCH" CARD
Quickly let us know how you prevented an error or an accident

A 'good catch' is a circumstance or an event that has the potential to cause harm but did not because corrective action was taken.

Area	Date	Time
What happened?		
What did you do?		
Why do you think it happened?		
How could we prevent this happening again?		
Your name:	If the good catch is about patient care, place a patient ID label or UR number here:	

Please give this to your Area Manager / Shift Supervisor
 Area managers – forward to NBM Perioperative Services for collation

Good Catch card

Introducing the Safety Scan

Children are a small but very important part of our patient cohort. Approximately 30% of presentations to our Urgent Care Centre are children, where we assess, treat or transfer patients depending on the assessment of the illness or injury. Children are not admitted to our acute facility however we do have a number of children regularly having surgery as day cases.

We know how important it is to make children feel safe whilst in our care. We know that the clinical environment can be scary and intimidating, particularly for children.

Working alongside the Central Victorian Primary Care Partnership and the Loddon Children and Youth Area Partnership, we implemented the 'Health Care that Counts' framework. This is a terrific resource that provides guidance for health services to improve care for vulnerable children and their families.

The project complemented work we were undertaking with other partner organisations focused upon vulnerable groups in our community.

With the support of Women's Health Loddon Mallee (WHLM), Kyneton District Health (KDH) undertook an organisational gender equity audit.

This assisted in identifying challenges and opportunities for increasing gender equity in the organisation, and to create a Gender Equity Action Plan.

The rationale behind this initiative include:

- KDH is committed to the prevention of violence against women as a key priority health area
- Workplaces play an important role in addressing the drivers of violence against women and their children, and
- KDH can support the creation of gender equitable and inclusive communities by promoting gender equity in the workplace

The 'Strengthening Hospital Responses to Family Violence' project aims to embed the practice of identifying and responding to family violence experienced by patients and their families (partnering with Western Health).

One of the outcomes of these collaborative projects was the introduction of the 'safety scan' cue card. Worn by staff with their hospital ID, the cue card acts as a prompt during our admission assessment to consider whether a patient or anyone they care for might be at risk.

Although we do not offer family services within our acute facility, we work closely with agencies such as Cobaw Community Health. These relationships enable our staff refer vulnerable children and their families to appropriate services if identified.



SAFETY SCAN



Family Violence, Child Safety, Elder Abuse

Consider whether this patient or anyone they care for is at risk:

- Are they AFRAID of someone?
- Have they been HURT by someone - physically, emotionally or financially?
- Are they WORRIED about their children?
- Are they/their children SAFE?

Patient Safety is our first priority - do not ask if you feel it is not safe to do so.

Monitoring Maternity

KDH vigorously monitors and reports the outcomes and experiences of women and their babies during pregnancy and childbirth. We submit data to the Victorian Perinatal Services Performance Indicator (VPSPi) program which monitors 10 performance indicators of care spanning antenatal (during pregnancy and before birth), intrapartum (during birth) and postnatal (following birth) periods.

These indicators are regarded as key areas for assessing the quality of care provided to mothers and babies. The report provides a level of benchmarking, so we can compare our results and monitor variation against peer group hospitals and state-wide data.

Two of the key indicators are "Poor wellbeing at Birth", which reports the percentage of full-term babies who are considered in poor condition shortly after birth, (i.e. with Apgar score < 7 at 5 minutes after birth), and "Severe Fetal Growth Restriction".

In 2018/2019 (as in the four preceding years), there were no babies born at KDH with an Apgar score < 7 at 5 minutes (and therefore required additional care). Similarly, no babies were born at KDH with severe fetal growth restriction, which refers to poor growth of a baby during pregnancy.



Some of the KDH babies born in 2019

Fully Accredited KDH

In August 2019, the Australian Council on Healthcare Standards (ACHS) carried out an organisational-wide assessment against the National Safety and Quality Health Service Standards Second Edition. Kyneton District Health was assessed on our compliance across 8 National Standards with 48 actions and 290 separate criteria, and we successfully met all criteria required for ongoing Accreditation, with no recommendations for improvement. KDH is now fully accredited until the end of 2022.

The Community Nursing service was successfully accredited by the Australian Aged Care Quality Agency (AACQA) against the Home Care Common Standards in October 2017 and will be next assessed in 2020.



Accreditation success!



KYNETON DISTRICT HEALTH

Location

7-25 Caroline Chisholm Drive, Kyneton

Postal

PO Box 34, Kyneton VIC, 3444

Phone (03) 5422 9900

Fax (03) 5422 9918

Email info@kynetonhealth.org.au

Online

www.kynetonhealth.org.au

www.facebook.com/KynetonDistrictHealth

Hospital Hours

Urgent Care Centre: open 24 hours, 7 days a week

Visiting Hours: 11.00am - 8.00pm daily (other times by arrangement)
