Health Vision UK Limited

Healthvision UK Ltd - North Kensington

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection was announced and took place on 7 November 2017. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

Whilst we have taken into account any wider social care and support provided to people in their homes and in the community, the Care Quality Commission (CQC) carried out this inspection only in relation to the regulated activity of 'personal care'.

Healthvision UK Ltd - North Kensington is a domiciliary care agency providing personal care to adults living in their own homes in and around North West London.

At the time of our inspection 653 people were using the service of which 630 were being supported with personal care tasks.

We rated the service good at our previous inspection in August 2015. At this inspection we found the service remained Good.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's needs were assessed prior to them receiving a service. This ensured the care provided would be appropriate and fully able to meet their needs.

People were provided with a service user guide and were asked to sign a contract of agreement (where appropriate) before a package of care was delivered.

People's care plans were developed with them and their relatives (where appropriate) and updated on a regular basis or when there was a change to their care needs.

People were treated with kindness and compassion and staff had established positive and caring relationships with the people they were supporting.

Staff were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation and sought people's consent before providing any care and support. Staff ensured people's privacy and dignity was protected and promoted.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise the signs and symptoms of abuse. Safeguarding training was refreshed on a regular basis in line with the provider's

policies and procedures.

There were risk management plans in place to protect and promote people's safety. Staff understood how to protect people from harm and were confident that any concerns would be reported and investigated by the registered manager.

People's medicines were managed safely and in line with best practice guidelines. If required, staff supported people to access healthcare services and other organisations.

Where the service was responsible, people were supported to access the food and drink of their choice.

There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their role. Staffing numbers were sufficient to keep people safe and double up care was in place for people who required this.

Staff received an induction when they first commenced working at the service. Staff were supported by the registered manager and had regular one to one supervision and annual appraisals with their line managers.

People were able to express their views and to be involved in making decisions in relation to their care and support needs.

The service had a complaints procedure in place and most people said they would feel comfortable making a complaint if the need arose. The majority of complaints stemmed from late visits and the use of care staff who were unfamiliar to people using the service.

Accidents and incidents were appropriately recorded and appropriate action had been taken to reduce the risks of any repeat accidents.

People and staff were positive about the registered manager and felt well supported in their roles.

The provider had systems in place to monitor staff visits and evaluate staff performance. The provider was developing communication technology and was serious about driving forward improvements that benefited people using the service, relatives and staff members.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service was responsive.

People using the service and their relatives were involved in the initial and on-going planning of their care.

Staff demonstrated a good understanding of the needs of each individual they supported and were aware of their current and changing needs.

Where people had made formal complaints these had been responded to, dealt with effectively and in most cases, brought about people's desired outcome.

Is the service well-led?

Good

The service remains good.

Healthvision UK Ltd - North Kensington

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 7 November 2017. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

Before the inspection took place we looked at information we held about the service including registration information, complaints and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is information we ask providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information with us that they felt was relevant, during and following the inspection process.

One inspector visited the provider's office location on 7 November 2017 to review people's care records, the provider's policies and procedures, meeting minutes and communication records. We spoke with five staff on site including the registered manager, the managing director and three care supervisors. We reviewed care records for 12 people using the service, 10 records in relation to staff recruitment, training and supervision, as well as records related to the quality monitoring of the service.

Following the site inspection, four experts by experience spoke with 36 people using the service and 19 family members. An expert by experience is a person who has personal experience of using or caring for

someone who uses this type of care service. We also contacted seven members of care staff to gain feedback about their roles and the management of the service.

Good

Is the service safe?

Our findings

We asked people using the service if they felt safe and whether they trusted the staff who visited them in their homes. People responded, "Yes of course", "Absolutely", "I trust the carers and feel safe with them", "Yes, they're wonderful" and "Yes, [my family member] feels safe with the regular carers."

The provider had recently acquired a new contract from the local authority following the de-registration of a large provider in September 2017. As a consequence, some packages of care had been transferred to different members of care staff. The provider had managed this transition well and disruption had been kept to a minimum. However, some people were still getting to know new members of care staff and this situation was reflected in some of the comments fed back to us. For example, people told us, "I wish they would send in someone who knows me", "I would like them to send one or two carers only [not] different people every day" and "It would be nice to have regular carers instead of lots of different faces." We also heard that although staff aimed to arrive at and leave people's homes on time, this wasn't always being achieved, particularly at weekends and during public and school holidays. The managing director told us they were aware of these issues and were in the process of developing more robust systems to monitor and minimise lateness, delays and any missed visits.

The provider had systems in place to safeguard people from abuse and avoidable harm. The provider's safeguarding policy had been updated in November 2016. The policy provided staff with clear guidelines in relation to identifying, reporting and preventing abuse. Staff told us they were up to date with their safeguarding training and clear about the action they would take in order to keep people safe including; using the provider's whistleblowing policy and reporting any concerns to the management team and external authorities (if necessary). Records demonstrated the provider had reported safeguarding concerns to the relevant safeguarding authorities and the Care Quality Commission (CQC) as required.

Where risks to people's health, safety and welfare were identified, appropriate management plans were in place to minimise them. Risk assessments covered areas such as personal care provision, safety within the home, financial security, skin integrity, mobility and falls. Risk assessments were used to promote and protect people's safety and independence in a positive way. People told us, "[Staff] give me a good reason if they can't do something for me like take my cash card to the bank to get me money", and "[Staff] are respectful; when we go out they ask if I would like them to take my arm when we cross the road. I couldn't go out at all if I didn't have them with me to help." Relatives told us, "There might be a problem with my [family member], [they] might not let [staff] in or take [their] medication. [Staff] notify the office and also let me know", and "If [staff] notice something they will point it out. For example; a mark on [my family member's] back…they were able to work out it was from the hot water bottle." Staff told us, and records showed that risk assessments were reviewed on a regular basis and updated when required.

Staff were employed following a thorough recruitment procedure. Records showed that criminal records checks had been carried out for staff before they started work at the service. The provider's safeguarding policy made it clear that they would make referrals to the DBS if they had concerns that a staff member has caused harm, or posed a future risk of harm to vulnerable groups, including children. The Disclosure and

Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

There were appropriate arrangements in place for the management of medicines. We asked people if they received their medicines in the way they preferred and at the right time. We were told, "Yes [staff] give me my medicines at the right time", "Yes, they prompt me and record it in the care plan", "They do my medicines for me and that's done very satisfactorily." One person told us, "They prompt me to take my medication...in blister packs. Sometimes I don't remember…this is not in the care plan…they are showing initiative." Staff had received training in the safe administration, storage and disposal of medicines. Staff told us that they always signed the medicines administration records (MAR) after giving medicines or entered this information into people's daily logs. Records were collected from people's homes on a regular basis and checked by senior staff before being archived safely and securely. We looked at a small sample of MAR charts and noted they were fully completed with no gaps or omissions.

Some people using the service had complex care needs, displayed behaviours that challenged the service and staff or required staff to operate hoisting equipment. We were told by one person, "[Staff] do hoists, they appear to be well trained, the supervisor comes to observe them." A relative reported, "We have two carers each time and they tolerate [my family member] even when [they] are shouting and being rude to them. Some are well trained with manual handling, others don't seem so confident." Another relative told us, "We don't have a hoist but we do have various aids in the house to help mobilise and most of [the care staff] seem to know how to help [them] with these." Staff told us they used hoists to move and reposition people when they were unable to do this for themselves. A member of staff told us that using a hoist required skill and this developed over time the more often equipment was utilised.

Staff were required to wear name badges when visiting the people they provided support to. People confirmed they were shown these badges when staff arrived at their homes. Staff had access to personal protective equipment (PPEs) such as gloves, shoe covers and aprons to help prevent and control the spread of infection. We asked people using the service whether care staff always used these items when in attendance. We were told, "Yes they do…pinnies and everything and they wear gloves all the time", and "[Staff] wear pinnies, put things on their shoes and wear gloves." However, some people told us staff sometimes worked without PPEs. One person commented, "Some of the time they don't have the correct equipment – no aprons, no gloves. Luckily I have some, but I shouldn't have to supply them. I feel really bad if they don't have the right equipment, then they get wet helping me shower and have to go out in the cold."

The provider endeavoured to learn from mistakes and make improvements where needed. A member of staff told us that they now received feedback if they raised a concern about any of the people they were caring for which gave them reassurance that action was being taken. Other staff members told us that rostering systems and communication between office staff and care staff had improved following our last inspection.

Good

Is the service effective?

Our findings

People using the service and their relatives confirmed they were involved with the initial and on-going planning of their care. One person told us, "Healthvision put a new care plan in place when they took over the company." Where possible, people had signed a working contract to agree to the care provided. Care plans were updated as and when people's needs changed and reviewed in line with the provider's policies and procedures. People told us, "They do review my care plan, it was done earlier this year", "The care plan has been updated with us two or three times", and "The care plan is followed, agreed to and reviewed every year." The registered manager told us that care supervisors were provided with a laptop and portable printer which was used during the initial assessment process meaning people had immediate access to their care and support plans.

The provider had systems in place to monitor care delivery. Each person using the service had an individual log book that staff used to record information and details of the care and support they had provided. People told us, "They sort my medicines out for me and watch me take it. Everything is written up in a book each day" and "I do get visits from someone from the office from time to time to check the book and see how things are going." Any identified concerns were communicated to the office. Examples of this included, people appearing unwell, declining their medicines, any changes to their skin integrity or food and fluid intake and no response to calls. These issues were recorded by senior staff who provided further advice and/or took the necessary action required.

Each member of care staff was provided with a mobile hand set which was used to log in and out of people's homes via a simple scanning mechanism attached to people's care plan folders. People we spoke with confirmed that care staff logged in and out each time they visited. Visits were monitored by staff working in the main office. When staff were running late or where visits appeared to have been missed, systems triggered a call to staff who were able to explain their whereabouts and/or the reason why they had been unable to log in and out. Staff received their work schedules via email. These could be updated by office staff in good time via the rotas stored on staff mobiles. One member of staff told us, "The new phones make it a lot easier, we have access to the [phone] numbers for the double up carer, the client's number, rotas etc. These innovations make the job much easier and us more efficient."

The managing director explained how this communication system and accompanying applications (Apps) enabled staff to be kept up to date with relevant information and practice guidance. The managing director told us that they were planning to develop a new 'Task' function on the App which would allow care staff to record their completed tasks for each visit and record medicines prompting or administration. This information would then be immediately visible to the care coordinators and family members (if appropriate). In the event of critical tasks not being completed in the 'Task' function (i.e. medicines not prompted) staff would not be able to log out of their visit; prompting them to check and complete all tasks. The managing director believed that this system would significantly reduce any risk of critical tasks not being performed. The system was due to be piloted amongst a sample of care staff in January 2018.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). When we asked people if staff sought their consent prior to care delivery, they told us, "My regular lady is very competent, really respectful. She always asks before helping me" and "The carers are polite and involve me in whatever they are doing for me. They treat me with respect." We found the provider was working within the legislation and care records evidenced that consent to care and support had been obtained and recorded. Staff we spoke with were able to demonstrate a good understanding of how they supported people to make their own decisions in all aspects of their lives when this was possible. Records we reviewed confirmed that referrals were made to health care professionals, for example, peoples GPs, social workers and district nurses, when this was required.

We asked people if they thought staff had the training and skills to meet their needs. Comments included, "I think my two regular carers do"; "As far as I can see it's all good", and "The carers I have are very well trained. They are polite and involve me in whatever they are doing for me. They treat me with respect." Most people told us there were enough staff with the right skills to provide the care and support they required. However, some people felt that staff could talk to them and pay them a little more attention when providing support. Other people also commented that staff were not always able to communicate effectively in English and that this sometimes led to misunderstandings.

Staff were required to support people to eat and drink enough and maintain a balanced diet where this had been agreed as part of people's care package. People's views were mixed about how this task was achieved. We were told, "The general level of cooking is interesting, some are good, some are terrible", "The girl in the morning will ask what [my family member] wants to eat and get a portion out of the freezer so that by the evening it's defrosted. The evening girl puts it in the oven for [them]", and "[Staff] do my shopping and know what I like."

Staff we spoke with told us they had completed an induction prior to working with people using the service. New staff were supported through the induction process and had their skills and development assessed until they were confident and competent in their role. Records showed that managers had signed people's induction records to identify they had completed and met the requirements to undertake their role independently. Staff told us they received regular supervision and appraisal and had regular observations of their performance by senior staff. We saw evidence to confirm staff had completed a range of training to ensure they had the skills and abilities to meet the assessed needs of the people who used the service.

Good

Is the service caring?

Our findings

We asked people using the service whether they felt cared for and treated well by the service and staff. Comments included, "Some of the staff are very good, very kind, natural carers…it's their vocation", "The carer that I have regularly is absolutely brilliant. [They] are friendly and amenable and we have a good rapport", and "The regular girls are really kind to me."

When we asked people if staff showed them respect and maintained their dignity when supporting them with personal care tasks, people responded, "I always feel that [staff] show me respect when helping me with personal care", and "There's trust in our relationship and you have to have that when you have someone in your home performing intimate tasks for you." A relative said, "[Staff] do provide dignity with showering. [Staff] take [my family member] through to the bathroom and [they] give a shout or unlock the door when [they] are ready for help. They don't rush [them].

We asked people if staff were polite and helpful and were told, "[Staff] are lovely", [I'm] very, very happy, they are lovely, lovely…very polite…very good", and "We are blessed with the carers we have." We heard that staff developed caring and supportive relationships with people using the service. People told us, "[Member of staff] is more like a friend now…very caring, very kind, the job suits her, lots of patience", and "I've got very pleasant people coming. They've been coming since 2013. I find them very good. I'm spoilt – I've got the same two people. They've got to know me. They're lovely."

Some people told us that care staff went the extra mile to help and support them. People told us, "[Staff] go over the top to try and make you feel special… [They] go the extra mile", "[Staff] do stuff that's not in the care plan, like water the plants" and "I would trust [member of care staff] with my life…my carer is always so sorry (if they are late) and she is so lovely." A relative told us, "[Member of care staff] even does the washing, which I don't ask for. If [my family member] has had an accident, [staff] put the bedclothes in the washer and hang them up. Another girl does the hovering. I can't say enough about them. They give [my family member] breakfast. Even baked [them] a cake one time. It's nice and it's caring. Sometimes they might bring in a scourer or a little bottle of disinfectant. [Member of staff] really is an extra special girl. The small things mean a lot. [Staff member] is a credit to the company."

Staff demonstrated a good awareness of people's needs and abilities. We heard from people using the service that staff promoted their strengths whilst also taking in to consideration their limitations. One person told us, "Because my condition varies from day to day, quite often on a day when I feel good I can be inclined to overdo things and then I pay for it afterwards. [Member of staff] knows this and [they] will often ask me if I think it's a good idea to try and do something that [they] know will leave me wiped out the next day. [Member of staff] is very aware." Another person commented, "When I have a good day [member of staff] helps me to stay independent, when it's a bad day and I need to stay in bed [they] just get on with what needs doing. I never worry about [them] being here."

Good

Is the service responsive?

Our findings

During our inspection, we reviewed the care and support plans for 12 people using the service. We found care plans to be well organised and easy to follow. Staff we spoke with told us they read people's care plans before providing support. When we asked people if staff followed their care plan, responses include, "Yes, they do definitely", "Yes they do…lovely carers" and "Yes, they do what I want them to."

Staff demonstrated a good understanding of the needs of each individual they supported. This included what people needed support with, what they may need encouragement with and how they communicated and expressed their wishes. One person commented, "I think my care is very person centred, perhaps because I have such a variable condition it has to be, I can be different every day. It is very definitely defined care for my needs on a day to day basis. I think that is in part down to the fact that I have a carer who knows me well and understands me." Relatives told us, "[Staff] do encourage [my family member] to do what [they] can for [themselves]", "If [staff] notice something, they will point it out."

Staff told us they did their best to meet people's needs, sometimes under difficult and time pressured circumstances. Some people using the service told us, "My care package has been cut back by social services and I have less time now. I need help with meals as I'm partially sighted but there isn't enough time in my care plan. Sometimes the carers will prep meals for me but they haven't got time to cook it. Another person told us, "I could do with more help but social services have cut my care package and I would worry that if I challenged it I might lose even more." Another person said, "They have cut the time by 15 minutes. 45 minutes is not enough time to do everything. I move slowly because of my arthritis. I feel I am rushed." A member of staff told us they were concerned for a person using the service who required more time to eat their food due to the risk of choking. And another member of staff told us, "Internally everything that can be done is done to keep people safe."

Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's well-being. People using the service told us, "[Member of staff] appear to know what they are doing. [They] make me feel comfortable…when I am unwell [they] seem to know what to do", "[Member of staff] notices when I am not well and calls the doctor and makes an appointment after asking me first" and "[Staff] manage to adapt to my needs." Staff told us they reported any concerns they had about changes in people's capacity or health status to the care coordinators who in turn made a decision as to whether to contact GPs, family members or other representatives involved in people's care.

Each person using the service was provided with a service user guide outlining the provider's statement of purpose, service principles and service values. The registered manager told us that upon request, the service user guide was available in other languages or braille and in an audio version. The guide also informed people and their relatives about how to make a complaint and to whom. A care co-ordinator told us, "We take complaints very seriously. We have a three strike policy. We investigate, carry out a disciplinary and provide extra training." The provider monitored trends in relation to safeguarding incidents and complaints. Each complaint was logged onto an internal electronic system. This was tracked by the registered manager to ensure complaints were processed in line with the provider's complaints policy. We saw there was

evidence of learning outcomes from incidents and whenever possible, these were shared with staff to improve the level of service provided. We asked people using the service and their relatives if they knew how to make a complaint and to whom. Responses included, "No, I'm happy with everything", "I would phone the office" and "I would complain if I needed to."

Where people had made complaints we asked them if their complaint had been dealt with effectively and brought about the desired outcome. We were told, "I complained once about time keeping and they sorted it out for me. I'm happy with the way they dealt with it", "[There were] a couple of bleeps in the beginning, I phoned them and it was sorted, someone came round in one day", "One particular incident…I spoke to a senior supervisor. She dealt with it effectively and instantaneously", and "I did complain about one member of staff who was very rude to me but it was dealt with – [they] never came back again."

Some people told us "I don't know if I would feel able to complain" and "I don't know whether I would feel comfortable about complaining." A number of people using the service complained about staff arriving late for their visits. Despite this, most people accepted that travelling in London was a challenge at the best of times and that delays to visits were sometimes inevitable. People's comments included, "The timekeeping's not always good. Some come by bike, some by bus or train. By and large, they do stay the right amount of time", "My regular girl is good with her timekeeping and if for any reason she is going to be late she will phone and let me know", "The roads around here are terrible", [Staff] can be late with the traffic. Last night the carer was held up [due to] building a lot of new houses", and "I don't care, as long as they come, that's fine."

Good

Is the service well-led?

Our findings

When we visited the provider's office to carry out our inspection staff were friendly and welcoming. The office appeared well managed and we noted that staff communicated between themselves and with people using the service in a supportive and professional manner.

People and their relatives told us, "I think the service is good"; "I have found the office staff helpful and approachable. I think it's well run and meets our needs. I'm very pleased", and "For me and my needs I find them very good. Their help is invaluable. There is a good manager who listens and is flexible. If you say anything, it's followed up, they are very helpful." However some people told us, "I think the service is good, but the admin side of things really lets them down", I think [the service] would be better if it was better organised", and "Often there is a breakdown in communication."

We asked people using the service and their relatives how they would describe the service and whether or not they would recommend it to others. Responses included, "Yes, I would…I am recommending to a friend of mine", "This agency is more organised… [They] give me the service I need…paper work etc. More efficient….I would recommend them" and "Best I have had…most reliable. I would definitely recommend them to a friend and have. Another person told us, "[Staff] are kind and courteous. I feel I am looked after…I don't have to keep pushing them" and "At first I did not want a carer…..since getting Healthvision I have changed my mind."

The service had a registered manager in post who was supported in her role by a managing director and a team of care-coordinators and team supervisors. We spoke with three members of the care coordination team, all of whom were qualified health and social care practitioners with a wide range of experience, skills and knowledge in their respective fields. Staff across all levels told us the managing director and the registered manager had a friendly approach, were kind and easy to talk with. Comments included, "The registered manager is the gentle power" and "I have never seen a managing director like it!" All of the staff members we spoke with told us they loved their jobs and enjoyed working with people. Some staff members were in the process of applying for nursing placements and all appeared to be genuinely interested in caring for others.

The provider utilised effective quality assurance systems to ensure shortfalls were identified in a timely way and to drive continuous improvement within the service. A care co-ordinator demonstrated how the provider's internal electronic quality assurance system was used to manage and schedule rotas and record quality audits. Audits included the management of complaints and safeguarding incidents, care plan reviews, staff training and development, care records and staff files. These systems helped the provider to evaluate the processes and procedures in place and implement corrective actions when errors or omissions were found.

The registered manager was aware of her registration responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were notified of incidents, which affected the safety and welfare of people who used the service. The registered manager had notified us of events that had occurred which

meant we had an awareness and oversight of serious incidents and safeguarding concerns and were able to confirm that appropriate actions had been taken. The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support.

People told us that they were invited to feedback about the service and the staff supporting them on a regular basis. Some people told us they had received questionnaires to complete and others told us that senior staff had visited them in their homes to evaluate their care. One person commented, "The woman in charge always comes in when the carers are here…they're listening in, and I can't say anything. I wish she would come at other times so we can talk." Whilst a relative stated [Senior staff have] brought my faith back into the care job. I know it's not all bad." Staff told us they asked people to give feedback about their experiences through surveys and made telephone calls and visits to people using the service. We saw evidence of collated feedback used to develop the service where possible.

Staff received regular training, supervision and support. We saw staff competencies were reviewed and staff meetings held to share best practice. Staff we spoke with told us meetings were useful and provided them with an opportunity to share information with their colleagues and to keep up to date with any changes. Training records were stored on an internal electronic system, so when a staff member required training updates or was due to have a competency check, an automated alert was sent to the care delivery manager. They then allocated the task to the appropriate supervisor for further action.

Staff told us hours were flexible, that they got their schedules on time and felt supported by senior members of the team and each other. Staff also told us, "We all get on really well", "Everything is fine", "It's a good company to work for", and "We have regular meetings, do refresher courses, make suggestions and [the management] take it on board and are very receptive." Following the recent staff Christmas get together, a member of staff had provided written feedback as follows, "I am writing to appreciate the entire Healthvision team for all their support to us and most of all for listening to us and the client. In my years of working with Kensington and Chelsea as a carer this is the first time I have been appreciated and valued as an important part of the team. Thank you Healthvision for the Christmas party. I felt a sense of belonging. Thanks again and I look forward to a greater 2018.