

Bolton New Care Limited

Home Instead Bolton

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

About the service

Home Instead Bolton is a domiciliary care service providing personal care, support and companionship enabling people to remain in their own homes. At the time of the inspection there were 50 people receiving support from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The service placed people at the heart of the service and its values. It had a strong person-centred and local community-based ethos. The management and CareGivers were passionate about providing a high standard of person-centred care to clients when they needed it. Clients and relatives spoken with were eager to tell us how good the service was and how the CareGivers had become firm friends. They were complimentary about the reliability, kindness and flexibility of CareGivers and office staff. The registered manager told us that the service went out their way to accommodate clients wishes.

Client's needs, preferences and wishes were met by a dedicated team who went out their way to get to know the clients well. This was done through initial meetings, matching clients and CareGivers and regular reviews.

The service was good at helping people to achieve positive outcomes and goals and helping clients to remain independent and allowing them to stay in their own homes for as long as possible. Clients were supported to maintain their interest and hobbies and to experience new pastimes.

Staff were safely recruited, well trained in both mandatory and specialist training as required. All staff spoken with were aware of how to report any concerns of abuse and were confident that these would be addressed by the registered manager. Staff felt supported by the registered manager and senior management. Staff felt listened to and felt very much involved in the organisation.

Clients were supported safely, and risk assessments about their care and support were assessed, met and regularly reviewed. Some clients were supported with their medication. Audits and checks were in place to show that medicines had been administered safely and as prescribed.

Clients and their relatives confirmed that all CareGivers treated them with respect for their dignity and privacy. The open, inclusive and supportive nature of the service meant that promoting equality and diversity and respecting people's human rights ran throughout the whole of the service.

The service provided and supported clients with individual and community activities. Some clients had

CareGivers who offered just companionship and spent time chatting and watching television together.

Clients care, and support plans were comprehensive and were followed in practice. Clients confirmed that CareGivers did what they were supposed to do and often went above and beyond their daily tasks.

The leadership and the registered manager was dedicated to providing support and care to a high standard.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The rating at the last inspection was Good (Published 14 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

we will continue to monitor information we receive about the service until we return as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-Led findings below

Home Instead Bolton

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' notice of the inspection. This was to ensure that the registered manager would be available to facilitate the inspection. The inspection took place on 05 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality team and the local authority safeguarding team and Healthwatch Bolton. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Although clients supported from Home Instead were mainly privately funded the local authority had a duty of care to intervene if needed. No concerns were raised about this service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this

information to plan our inspection.

During the inspection

We spoke with three clients who used service and three relatives, 11 CareGivers, the registered manager, both directors and the training officer and the office staff.

We reviewed a range of records. This included four care files, for staff files in relation to recruitment and supervision records. We looked at a range of policies and procedures, the staff induction and staff training.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people were safe protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Home Instead had robust procedures in place to ensure that people who used the service and CareGivers were safe. These included company and local authority policies and procedures relating to the safeguarding of vulnerable adults.
- All CareGivers had received safeguarding training on commencing work at the service. This area of practice was led by a highly committed and dedicated training and development officer. CareGivers told us they found the training very informative and it had given them the knowledge of how to raise concerns, and told us they were confident to do so, knowing the service would take action. Refresher training was completed as required.
- People told us they felt safe being supported by the service. One person told us, "I do feel safe with the carers that come to help me. They are exceptionally good."
- Records showed there had been no safeguarding referrals within the last year.

Staffing and recruitment

- The service continued to benefit from dedicated CareGivers who had been at the service for a number of years. CareGivers worked flexibly to meet client's needs. For example, changing times of the visit so clients could be accompanied by their CareGiver to appointments.
- Safe recruitment practices were followed. This included a range of pre-employment checks. For example, before a CareGiver commences employment they must provide four references (two professional and two personal), there must be no unexplained gaps in employment history, and an enhanced check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people working with vulnerable people. Home Instead funded an enhanced service that enabled them to regularly request updates on the status of CareGivers DBS records.
- The service had a well-established values-based approach to recruitment of prospective employees. For example, the application, interview and induction were robust to ensure that the people had the commitment, care and dedication to provide the standard of care expected by Home Instead.

Using medicines safely

- Where people received medicines as part of their care support this was done safely. CareGivers had completed training in medicine administration and had their competency assessed. For some people who were supported to do this independently, risk assessments were in place to ensure this remained safe. One person told us, "[Name] makes sure I get my tablets on time, she makes sure I have a drink with them". Others spoken with were able to deal with their medicines or were supported by family members.
- Through the diligence of one CareGiver on checking the clients blister pack of medicines noted that the blister pack had been mislabelled with someone else's name printed on. The CareGiver dealt with the

situation and prevented what could have posed serious of harm if the medicines had been administered.

- Systems were in place to check that medicines had been given safely and as prescribed. Senior staff completed regular client quality assurance visits that checked administration and recorded of medication was accurate.

Preventing and controlling infection

- Clients were protected from infections. Clients told us that the CareGivers did not wear uniforms, however they did have disposable aprons and gloves when carrying personal care tasks.
- All CareGivers had completed training for the prevention and control of infection. One person told us, "I am very particular, and it is important to my health that my care is given safely and hygienically. The girls are very good at what they do".

Assessing risk, safety monitoring and management

- CareGivers were highly skilled in working with clients in order to identify risks. Support was delivered in ways that supported people's safety and welfare. Comprehensive assessments were in place to identify risks from people's care, their home environment and healthcare conditions they were being supported with. Assessments included information on actions to take to minimise risks to clients, including when using equipment. They gave detailed instructions on the numbers of staff needed to support people safely.
- Concerns were raised to the registered manager by a CareGiver regarding unsafe moving and handling by a relative. Home Instead offered training and support to relatives involved in the care of their family member, to facilitate safe moving and handling. The service liaised with an occupational therapist about the possibility of equipment to assist with transfers. This meant the client could remain in their home longer and could be transferred safely.
- The service offered a range of services to meet clients' needs. These included personal care and support, companionship and assistance with daily tasks.
- The service ensured regular contact was maintained with CareGivers to ensure their safety. Systems were in place for staff to log in and out of client's homes at allocated times.
- Everyone we spoke with confirmed their satisfaction with the way the service was managed and with their CareGivers. Comments included, "They [CareGivers] are wonderful, I couldn't manage without them." A relative told us, "They [CareGivers] are reliable and on time. They have taken some of the pressure of me and I know [relative] is in safe hands with them."

Learning lessons when things go wrong

- The registered manager and the leadership team were committed to a 'no blame' culture that sought to ensure continuous learning from untoward events. For example, a CareGiver who could not remember if they had put a client's tracking device on before they left the clients home. On realising this they immediately rang the office who contacted the family to ensure the client was safe. The CareGiver had the confidence to report the error without fear of recrimination.
- Where accidents or incidents had occurred, these were monitored to check for any trends or patterns to help prevent reoccurrences.
- Lessons learned, and outcomes were discussed at staff meetings to promote staff learning.
- Clients and CareGivers told us they could contact the service office or on call person at any time. Staff told us there was always a senior person on call to assist and advise. One client told us how they appreciated this especially at weekends when the office was closed. They felt reassured there was someone they could contact.
- Contingency plans were in place to ensure the service kept running through unforeseen circumstances. For example, adverse weather conditions or staff sickness. Clients would be contacted by telephone and kept informed of what was happening.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff training was overseen by a very enthusiastic, experienced training and development officer. The training officer was out of the country on annual leave on the day of the inspection but wanted to speak with inspector about the training delivered. They were insistent that the inspector contact them at an arranged time instead of waiting till they returned home. Training was at the heart of the service ensuring CareGivers had the right skills and knowledge in place to provide the best care service
- On recruitment of all staff, regardless of their prior experience, they were required to undertake a three-day induction programme. This not only covered the technical aspects of care but was very heavily focused on the Home Instead approach to delivering genuine, person-centred outcome focused care. On joining Home Instead all CareGivers were subject to a 90 day mentoring period. This ensured that each CareGiver received the support and input that matched their abilities and experience.
- CareGivers also completed the 15 elements of the Care Certificate along with basic moving and handling, cardio pulmonary resuscitation (CPR), medication and infection control. During the completion of the certificate CareGivers were trained on an individual basis with the approach to training tailored to match the requirements of each new employee. Specialist training was provided as and when required. For example, the use of suction equipment to alleviate the risk of choking.
- On commencing work at the service, each CareGiver was introduced to a client by way of shadowing with a member of the team who already knew the client. This process had significant benefits for the CareGiver, the client, and the office team. It helped to ensure the CareGiver introduced had the appropriate knowledge of the care plan and the client's needs, and had the appropriate practical skills. Clients confirmed they were always introduced to a new CareGiver. One client said, "They always let you know if someone new is coming. They [management] bring them along to meet you. I think that's important, I want to know whose coming in to my home." One CareGiver told us, "I have not been with the company long, however so far it's been a lovely positive experience, the office team are lovely, and I have been well matched to my clients. I am really enjoying it."
- The registered manager and other senior management ensured on an ongoing basis that CareGivers had the necessary skills to carry out their role effectively. This was evidenced in home support visits where a CareGivers were observed at any time to ensure high standards of care were maintained.
- CareGivers received support to understand their roles and responsibilities through well-structured supervisions and appraisals. Training needs were discussed, and training sourced as part of their individual development plan. CareGivers confirmed they had regular supervisions and said they found them beneficial. Home Instead had invested in an Employee Assistance Programme. This was a fully funded telephone one to one advice service for all staff to discuss any issues causing them concerns.

Supporting people to eat and drink enough to maintain a balanced diet

- During the initial assessment of care needs a nutrition and hydration needs assessment was undertaken along with a speech and swallowing assessment. Any risks or difficulties identified and an individual risk assessment developed from the information gained. For example, preparing the meal with the client, eating with the client; and preparing a meal in the preferred manner such as finger food. There was a strong emphasis on the importance of eating and drinking well. Clients and families were fully involved in meal planning and CareGivers were fully aware of preferences and choice. One person told us, "[Name] helps with my lunch, she makes nice things for me. She always asks what I would like."
- Any concerns regarding nutrition and hydration were reported back to the registered manager to liaise with the client/ family and appropriate actions taken.
- Information was available to clients and families about maintaining a healthy diet and what to do if they had concerns.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and the directors worked alongside local community and medical services to support people and maintain their health and wellbeing. The service had helped with referrals to occupational therapist, community nurse and the Speech and Language Therapy team (SALT).
- In September 2018 Home Instead were invited to join the steering committee of the Age UK nutrition and hydration programme. The purpose of the programme was to educate, inform and provide practical resources to help older people with their nutrition. The programme involved a number of initiatives to reach people in the community and provide resources. One of the central points of the programme is the Paperweight Arm Band which is a simple but highly effective tool for CareGivers to measure body mass index (BMI) for older people, highlighting if the BMI falls below a threshold this indicated the possibility of malnutrition.

Supporting people to live healthier lives, access healthcare services and support

- Clients were supported to lead healthier lives. The service was extremely proactive with providing information on what services and activities were available. The service had produced and distributed free of charge a 'What's on Where (WOW) guide which detailed what was happening locally. Events included; exercise group, coffee morning, social events, arts and crafts and a list of local agencies in place to support people. The WOW guide was used by professional services such as the memory assessment service, Greater Manchester mental health team, community nurse and social workers, so they could share information with others. Training for people living with dementia and their carers was also provided by Home Instead to help people have a better understanding of this illness and some of the challenges it brings.

Ensuring consent to care and treatment in line with law and guidance

- Clients' consent to care was sought and recorded in their care file. Clients and relatives told us staff were very willing and always asked what they wanted them to do. One client said, "Nothing is too much trouble for them, they are lovely."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty to receive care and treatment in their own homes an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA. The registered manager and head of client experience were the nominated champions for mental capacity, restraint and consent. They ensured that all staff were fully educated and trained and had a comprehensive understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS). CareGivers demonstrated a clear understanding of the MCA and DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Policies were in place which promoted equality and diversity. The service respected people's diversity. All staff/CareGivers were open to all faiths and beliefs. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. The service embraced different cultural, religious and ethical issues. For example, around people's choice of food to make sure their wishes were respected making it available on days for festive celebrations.

Supporting people to express their views and be involved in making decisions about their care

- There was good evidence in care records to demonstrate that clients and their relatives, where appropriate were involved in care planning and reviews. When needed the service worked closely with appointed advocates ensuring that clients' needs were met and that the advocate was kept informed.
- The registered manager and senior staff completed regular client quality assurance visits/calls and service reviews to enable them to speak with clients, to ensure they were receiving a consistently high-quality service in line with their wishes. Client reviews were also used as opportunities to assess and review the competency of CareGivers.
- People were empowered to share their experiences which helped them feel valued. The registered manager and the directors had participated in providing dementia training at different venues in the local town. The training has helped raise the level of awareness on dementia and to equip people to better support those who are living with dementia and their families. Home Instead have been very proactive in providing workshops and the Home Instead dementia champion had currently trained 500 people in this topic.
- The service used creative ways to help support people to communicate their wishes about their care, and decisions. For example, CareGivers supported a client who was unable to communicate verbally. A team of regular CareGivers providing support, had developed a relationship where they recognised sounds and body language, and this equipped them to understand and provide the necessary support.

Respecting and promoting people's privacy, dignity and independence

- Privacy and dignity touch points in process and practices. This formed a large part of CareGiver training. CareGivers were well matched with their clients and the registered manager took into account client's preferences for a male or female carer.
- Without exception, everyone we spoke with told us that their CareGivers always treated them with respect and ensured their privacy and dignity was maintained. One client told us, "It's not nice when people have to

help you with bathing. [Name] helps me but never makes me feel embarrassed, [Name] is exceptionally polite and considerate." Relatives were also complimentary about how the CareGivers conducted themselves when they visited their homes. CareGivers were described as a 'God send' and 'absolutely fantastic.'

- CareGivers did not wear uniforms. This was a company decision due to client consensus they did not wish to be accompanied on outings and to appointments by people in uniform as this identified that clients required care and support. Clients confirmed CareGivers always were smartly dressed, neat and tidy and their appearance presented as friends or family rather than a carer.
- Confidential personal information was accessed and securely stored by the management team. This ensured the privacy of client and staff's records.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The ethos of the service was to provide exceptionally, supportive care and companionship which both enabled and encouraged clients to remain independent. This meant each client was treated with kindness and was central to the care planning process. The management believed it appropriate, that a client, be it with or without the assistance of their chosen representative or advocate, chose who, what, when, where and how services are provided. The management listened to what a client wanted and positively encouraged the creation of their own care plan, based around their life experiences, relationships, preferences and routines. For example, continuing with interest and hobbies.
- People told us the care and support was personalised and tailored to meet their needs and preferences. People said how they valued the time and care given and loved to chat with their Caregiver. One client said, "I have used another agency before Home Instead, but they were not organised and always rushing. This company are not the cheapest, but you certainly get what you pay for. They do everything they can to help make my life comfortable and easier."
- A further example of personalised care which affected a client where the original visit time for the evening call meant it was still daylight outside. The client was uncomfortable with going to bed at this time and reported they were unhappy with the visit. The management team reviewed this with the client and arranged a time they were more comfortable with. Following this the evening calls of other clients were reviewed, and suggestions made to those that may be affected to see if they were happy with the bed time visit or if they wanted their visit times adjusting.
- Information on people's needs was available in their home in a care file which mirrored the ones held at the office. Clients confirmed they had access to their care plan and CareGivers completed a daily log following each visit.
- Arrangements for social activities and where appropriate, education and work were encouraged and supported. For example, accompanying a client to watch their favourite football team, where without the support of a CareGiver they would be unable to attend. Another client was supported in assisting to get ready in a morning and taking them to their place of work.
- The service went the 'extra mile' for one client who often fell ill whilst out in the community and required collecting and accompanying home at times different than prearranged visits. This was accommodated by the team partly due to the high level of staffing ratio allowing for a quick response to changes in requirements.
- Clients were provided with information of where they could attend different local events. For example, luncheon clubs, dominos and skittles, art and crafts classes, knit and natter and health and fitness activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (IAS). The standard was introduced to make sure people were given information in a way they can understand. This standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Highly person-centred care and support was provided, which meant people's communication needs were identified and acted upon in a timely manner. For example, information was available in large formats or on audio CDs for clients with visual impairments. This meant that clients were able to independently understand the information available and to make informed choices regarding their support.

Improving care quality in response to complaints or concerns

- Clients/relatives told us they were extremely happy with the service provided. They were all aware who the registered manager was and felt if they had any worries or concern that they would be responded to immediately.
- Systems were in place to address any concerns and actions taken to avoid reoccurrences.
- All staff were extremely proud of the number of compliments sent to the service. Comments included; "Thank you for all your support and kindness looking after dad which has helped him stay in his own home for as long as possible. It was very much appreciated". Another said, "Thank you for all your kindness, patience and understanding. You and your staff have been amazing and delivered care with skill, support and professionalism."

End of life care and support

- At the time of the inspection no one was receiving end of life care. The registered manager confirmed the service was equipped to provide end of life care if needed and they would work in conjunction with clients GPs and the community nurses.
- Home Instead had developed a comprehensive accredited End of Life training programme. This provided insight of how to work with clients and families to deliver care and support in accordance with the clients wishes. CareGivers received training in end of life care which provided them with the skills and understanding to deliver high quality support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Home Instead Bolton had a proven track record of providing good care and has continued to grow since the inspection in 2016. The management team and the registered manager remained a stable team implementing the Home Instead policies, procedures and culture ensuring exceptionally high standards were maintained.
- Without exception people we spoke with considered the leadership team, the office staff and CareGivers as 'wonderful'. Comments from clients included, "For the first time, using this type of facility, I am very impressed how easy everything is and had continued to be so. Nothing has been an issue with regard to the activities undertaken and I have developed a wonderful rapport with my CareGiver". A relative said, "We have been very happy with the care provided. The CareGivers are well matched to my fathers needs and have won his trust. I would have no hesitation in recommending their care and services."
- Staff were equally complimentary about the leadership of the registered manager, and support from the directors. Comments included: "Really well-led, everything is organised, and people know what they are doing." Another CareGiver told us, "This is the best job I have ever had. It's a marvellous company with good communication and support, I love it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open, honest and transparent culture within the service and all staff/CareGivers demonstrated high value on care and commitment. This was led by the directors and the registered manager.
- Any accidents and incidents were investigated, and positive actions taken to prevent reoccurrences. For example, where a client was found to have a number of falls a referral to the falls team had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service continued to benefit from a long-serving registered manager and staff team.
- Accountability within the organisational structure and staff roles were well understood. Regular staff meetings were held, and staff told us they felt valued and their views and opinions were listened to and action taken when required.
- The registered manager had an excellent understanding of their role in ensuring good governance and relevant legislation.

- There were well established and embedded governance quality assurance systems in place. These included meeting and reviewing processes with the directors and management.
- The service was audited annually by the Home Instead National Office and was compliant with Home Instead's high standards and regulations..

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were empowered and enable to take control on how they wished their care and support to be provided.
- Surveys were sent to clients and relatives to gain their views of the service. The results of the 2018 survey were very positive, with people saying they would recommend the service, that CareGivers arrive on time and that the office staff were responsive to any questions or queries they may have. CareGivers responses to the survey were equally positive with staff stating they were proud to work for Home Instead and how their work contributed to Home Instead goals.

Continuous learning and improving care; working in partnership with others

- The management team was extremely proactive in working and sharing information with others including health and social care professional to improve care outcome for their clients.
- The service had ability to deliver quality support, together with the Age UK in Bolton. This greatly increased the outreach to those that needed help to stay at home, but did not currently have access or awareness of other services. This helped to improve the lives of many older people in Bolton, especially support at home on an ongoing basis.
- The service also worked closely with local volunteer befriending organisations. For example: Halliwell Befriending, Horwich Visiting Service, Age UK Befriending and Senior Solutions and provided CareGiver support to the Bolton Dementia Support Group weekly luncheon club assisting them to run the event. Home Instead had raised funds for Halliwell Befriending and the Bolton Dementia Support Group, assisting them to fund local activities. The service worked with many professional organisations, coming together to improve the lives of local people. These included Staying Well Project, the Early Intervention Teams and Healthwatch Bolton.