

Springfield Court Limited

# Springfield Court Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Springfield Court is located in the village of Aughton, Ormskirk. Accommodation is provided on one level for up to 60 adults requiring support with personal or nursing care needs. Single occupancy and shared rooms are available with ensuite facilities. Pleasant lounges and dining areas are provided. A variety of amenities are close by including pubs, a restaurant, shops, a post office and churches. There is a car park to the front of the premises. There were 51 people living at the service when we visited.

Springfield Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection in May 2016 the service was rated overall good. At this inspection we found that the service had improved to outstanding.

Why the service was rated outstanding.

The registered manager had been in place for 15 years and was supported by a clinical lead who had also been in place for 12 years. The management team shared a thorough understanding of people in their care and the combination of business and clinical management contributed to the exceptional service delivery. A registered manager is a person who has registered with the Care Quality Commission 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.

The service had built on its sustained good rating and demonstrated outstanding qualities across two domains: responsive and well-led. Springfield Court had an inclusive ethos throughout service delivery and this created exceptional positive outcomes for people that lived at the service, people's relatives and staff.

We saw examples of outstanding person-centred care which enabled people who lived at the service to maintain their identity and independence. The team at Springfield Court were confident in positive risk taking and showed how they helped people who lived at the service to achieve their goals and aspirations.

The providers and registered manager worked in a united way to continually review the quality of care and support provided. Staff told us that they thoroughly enjoyed their work and felt included and valued. The providers invested in staff wellbeing and an inclusive family approach was embedded throughout.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw good examples of people being assessed in line with the Mental Capacity Act and when a person lacked capacity staff fully considered their best interests in a person-centred way.

Springfield Court is a passionate provider of social care and this was led from the senior management team. The providers live on site and have owned the service for 30 years. They know the needs of all service users and consider them to be family.

In 2010 the providers built an extension to the service initially with the intent to increase the number of bedrooms available. However, the providers decided to turn the extra space into a 'Theatre of Dreams'. The theatre of dreams is a large communal area for people to access social activities and enjoy time with visitors. Six to eight times each year, the theatre was turned into an extravagant venue and the providers organised West End acts to perform. The elegant dinner evenings were enjoyed by people who lived at the service, their relatives, staff and the wider community. In excess to this the providers told us that they did not want people who were unable to leave their bedroom to miss out and therefore used innovative technology to live stream each event to people's bedroom televisions. This showed an exceptional level of responsive and considerate work achieved and sustained by the service.

We found that the service had sustained and built on its exceptional links with the community. Springfield Court was a community hub and this enabled people who lived at the service to engage in exciting and creative social activities on a frequent basis. The service showed great ingenuity to ensure that its service users had access to their community.

Staff had a very good understanding of medicines management and how to assess individuals' risk in a person-centred way. The environment was clean and well maintained. We found that the providers continually invested and took pride in the building.

There were high staffing levels and a work force with the required skill mix to ensure people's wellbeing, safety and security were protected. A robust recruitment and selection process was in place. This ensured prospective new staff have the right skills and were suitable to work with people living at the service.

The service provided personalised, caring and excellent end of life care. The sensitive team approach meant they could obtain a wealth of information about each person's end of life preferences. We saw staff showed genuine sensitivity and compassion.

Staff engaged with people who lived at the service on a very frequent basis to obtain their feedback and provide them with opportunity to express any need for change. We found that the registered manager was extremely passionate about enabling people to feel involved and listened to. There was a complaints procedure and this was accessible for people who lived at the service and visitors. The manager maintained robust records to show how people's concerns had been dealt with.

The service understood the importance of facilitating positive communication and showed great initiative around the Accessible Information Standard, including treating each person as an individual to ensure that their needs were assessed and facilities provided to enable them to be fully engaged.

We found that the service wholly considered people's equality, diversity and human rights. A non-discriminative workforce meant that the service embraced change and welcomed diversity.

Further information is detailed in the findings below.

## 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?

Outstanding ☆

The service has improved to outstanding.

There was an extremely responsive approach.

Care plans gave clear indication of people's needs and preferences.

People and relatives told us that Springfield Court was an extremely responsive service.

The workforce was highly devoted, experienced and skilled at providing an empathic approach to people's end of life care.

We found the registered manager and staff went the extra mile in the provision of activities and social inclusion. People's lives were enriched by person-centred, innovative and meaningful recreational activity programmes.

### Is the service well-led?

Outstanding ☆

The service has improved to outstanding.

The service was exceptionally well-led.

We found the registered manager excelled at creating an inclusive environment to strongly encourage staff, people and visitors' involvement in Springfield Court's development.

The management team had extremely effective procedures to assess the quality of the service, people's welfare and everyone's

safety.

Staff were highly valued by Springfield Court's management team, which the provider reinforced with strong recognition of and respect for their expertise. This promoted a high staff satisfaction and retention.

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# Springfield Court Nursing Home

## 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 was planned to check 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 inspection took place on the 13 November 2018 and was unannounced. The inspection team consisted of three inspectors and an Expert by Experience who had personal experience of caring for an older family member. An Expert by Experience is someone who has experience of using services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the Commission know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used observation to gain feedback on people's experience at the service. We sat with people in communal areas and observed the care and support people received.

During our inspection, we spoke with eight people, two relatives, two of the providers the registered manager, the clinical nurse lead, an external compliance contractor, two care workers, two senior care assistants and two registered nurses. We also spoke with two visiting healthcare professionals.

We carried out a pathway tracking exercise. This involved us examining the care records of people who lived at the service closely to assess how well their needs and any risks to their safety and wellbeing were addressed. We carried out this exercise for six people who lived at the service.

We looked at a sample of records including three staff files, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance records and certificates, policies and procedures and quality assurance audits.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. One person told us, "Yes, this is now my home and I feel safe. I have accepted I'm not going to my old home so here is home and its nice, I really enjoy it here." A person's representative told us, "[name] is extremely safe here, I couldn't ask for better care."

Staff understood how to keep people safe and protect them from harm. Staff were trained and able to identify how people might be at risk of harm or abuse and what they could do to protect them. Staff were aware that the service had a safeguarding policy and felt confident to make an alert directly to the local safeguarding authority. The registered manager worked in partnership with the local authority to fully investigate any concerns and protect people.

We found that the service maintained a transparent and open culture that encouraged creative thinking in relation to people's safety. For example, one person was admitted to the service with a high risk illness that placed them at significant risk of injury when they left the building. The registered manager and nursing staff evidenced how they considered different ways to maintain the person's independence and quality of life. This showed an exceptional level of positive risk taking to enable people who lived at the service to gain positive outcomes and maintain their independence.

Through our discussions with staff and people who lived at the service we found that the service had maintained an open culture of learning from mistakes, concerns, incidents, accidents and other relevant events.

People were cared for in a safe environment. Infection control was closely monitored, and processes were in place for staff to follow to ensure people were protected from infections. We found that routine safety checks were undertaken for equipment supplied by the provider.

The service had fire prevention systems and these were checked regularly. Staff were trained in fire safety and everyone who lived at the service had a personal emergency evacuation plan.

We asked people who lived at the service if they felt staffing levels were sufficient. People told us, "Yes there is always someone around to help."

The service continually reviewed its staffing levels to ensure that people's needs could be met. We checked staff recruitment files and saw a good standard of safe recruitment had been maintained. The providers had a policy in place for staff disciplinary procedures and the registered manager showed good knowledge of employment law.

We found a good standard of medicines management. People were supported to receive their medicines and staff demonstrated excellent knowledge of people's physical and mental health needs in relation to the medicines they were prescribed. Medicine management systems were audited and shortfalls were addressed. People who lived at the service told us that they were informed of any changes in their medicine



regime. One person told us, "I keep a diary of all my medication as I like to know what I'm taking."

## Is the service effective?

### Our findings

We asked people who lived at the service and their representatives if they were supported by skilled and experienced staff. People who lived at the service told us, "They [staff] know to involve me with my [relative's] care every step of the way, the girls are all great here." And "Exceptional, all of the staff are exceptional."

We looked at people's care records and found a good standard of recording in relation to their needs. People were assessed on an individual basis and care records had been developed to reflect best practice and evidenced based outcomes. One person's care records showed a very good standard of information about their oxygen therapy, this included information from a visiting respiratory nurse.

We saw examples throughout all the care records we looked at of referral to community professionals. Professional advice and guidance were clearly added to people's care plans and the service used best practice resources to ensure that care and support for people who lived at Springfield Court was delivered in the best way possible.

We looked at staff training records and found that the provider ensured staff had access to a range of training courses. These included basic first aid, infection control, safeguarding adults and health and safety. We checked how registered nurses were provided with training to maintain their skills in line with expectations of the Nursing and Midwifery Council (NMC) revalidation programme, we saw that nurses had access to courses such as venepuncture, catheterisation and syringe driver training.

We asked staff if they felt supported and if they were provided with training to enable them to undertake their role and responsibilities. Staff told us, "I am happy working here, the manager and senior team are very supportive. I am up to date with training and able to do extra training if requested to fulfil registration requirements." And "Yes I had a good induction and continue to undertake training courses."

We checked how the providers ensured people were supported to eat and drink enough to maintain a balanced diet. Throughout the six care records we looked at we saw good examples of nutritional risk assessments and care planning. People were referred to external health care professionals for dietetic and swallowing assessments if they were found to be at risk of malnutrition and/or choking. People who lived at the service provided positive feedback about the quality of food and dining experience.

During our inspection we spoke with two visiting professionals who were supporting the service to improve on end of life care planning and medicines management. We received positive feedback about how staff at Springfield Court understood the needs of people they supported and how the service was effective in information sharing.

We saw that people were supported to live healthier lives and had access to healthcare services.

The environment at Springfield Court enabled people to access all areas including the garden. Directional

signage was available and this helped people maintain their independence when finding their way around. The provider took great pride in the presentation of the building and especially within the communal areas such as the 'theatre of dreams' and garden room. People who lived at the service told us that these areas facilitated comfort and enjoyment whilst their families and friends visited.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular 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 so that they can receive care and treatment with appropriate legal authority when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes, and some hospitals, this is usually through MCA application procedures are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that people were assessed in line with principles of the MCA and mental capacity assessments were undertaken.

The providers had robust systems in place for supporting people who were deprived of their liberty. Records were kept and staff demonstrated a good understanding of the MCA and associated DoLS. We looked at staff training records in relation to the MCA and DoLS and found that staff had undertaken training in such subjects and further training had been scheduled. The registered manager explained that training had been scheduled and some staff had already received MCA training when they completed the care certificate.

We checked how the service delivered in line with the equality, diversity and human rights principles (EDHR). We saw some good examples of EDHR throughout the inspection. This included access to monthly church services and the provider had sourced appropriate services for the variety of practicing faiths which included the Catholic Church and the Church of England. People who were unable to attend group sessions were also supported to receive prayer and Mass if they wished to do so, in their own private space. The service worked in an inclusive way and was keen to promote leading initiatives such as integrating the Lesbian, Gay, Bisexual and Transgender (LGBT) community through its recruitment, staff support and engagement with people that lived at the service.

# Is the service caring?

## Our findings

Throughout our observations and discussion with people who lived at the service and their representatives we found that people were truly respected and valued as individuals and were empowered to maintain their personhood.

Springfield Court provided an exceptional standard of personal care for people who relied on staff to assist them with all aspects of daily living. We visited people in their bedrooms who were unable to get out of bed due to advanced illness and some with end of life care needs. Staff ensured that people's identities were preserved and this showed positive outcomes for people.

We saw that staff went over and above to ensure that people who lived at the service felt included in all aspects of daily support and the standard of dignity and privacy all staff provided was excellent. People who lived at the service told us, "Yes I would certainly say that staff are respectful.", "It's the little and simple things, they ask you when they wake you in the morning 'how are you this morning', It's genuine and nice." And "It is so reassuring to always see the same faces when staff come to help me." Everyone we spoke to told us that staff provided exceptional care and support.

Without exception, staff interactions towards people who lived at the service centred upon equal relationships, respect and dignity. We observed staff engage with individuals in a kind and respectful way. People who lived at the service were encouraged to express their thoughts and to feel included in the general daily ongoing. We observed staff approach people with genuine compassion, hold people's hands whilst they sat talking to them and without fail engaged with people on their level in a non-patronising way. A persons' representative told us, "All of the staff accept my level of involvement and respect my needs."

We observed staff provide a very high standard of person-centred care. Staff understood the needs of each person and it was obvious they had created meaningful relationships. Springfield Court had an overall happy and homely ambiance. People despite having advanced and complex physical health needs were encouraged and supported to use their remaining abilities. The service was inclusive and focused on getting the best outcomes for all. A care worker told us, "We always have a brilliant day, this is the most important thing for our residents." From our observations we could see that staff believed every day mattered for people in their care.

The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. We saw examples throughout people's care records of family involvement and when difficult discussions were held, the recording of such was made in a sensitive way. A relative told us that the service was "incomparable" in relation to how important information was effectively communicated.

We saw that advocacy information was available for people who lived at the service. Staff understood about types of advocacy including Independent Mental Capacity Advocates (IMCA). One person who lived at the service had involvement from an IMCA, the service referred for the advocacy support when they applied for a

DoLS authorisation for the individual because they did not have a Lasting Power of Attorney to act on their behalf.

The providers hosted a dinner dance six to eight times per year. People who lived at the service and their relatives were invited. Relatives of people who previously lived at the service and had sadly passed away were also invited and many attended. This continued level of involvement on a regular basis showed how the providers valued and invested in their stakeholders both new and old.

People who lived at the service told us that they were in control of their care and support and could make decisions about who supported them and when. A person's representative told us, "I informed the registered manager before [name] was admitted that [name] did not want male staff providing personal care, this has always been adhered to." We checked the person's care records and saw that clear instructions had been recorded in relation to female care support only to be provided. This showed that people's preferences and rights were respected.

The service's ethos was strongly focused on providing highly personalised care. Excellent standards centred on the holistic approach to each person, who they were and their individualised support requirements. Personalised information was included in care records, such as life stories and this strengthened staff understanding about the people they supported. We asked staff about their knowledge of people we pathway tracked and found staff had an excellent holistic understanding of people in their care.

## Is the service responsive?

### Our findings

We found Springfield Court to be an extremely responsive service. We found that care planning information had significantly improved since the last inspection. People's care records showed how their needs had been assessed and care planned. The registered manager told us about recent changes in care documentation to improve the standard of record keeping and this enabled staff to capture more person-centred information.

At this inspection we found a comprehensive approach to care planning. We discussed wound care planning for a person who lived at the service with two registered nurses and found that they understood the person's needs and a person-centred approach to wound care was provided. This included, good record keeping, pain management, impact on the person's social engagement and end of life care planning.

We spoke with staff and observed support and engagement throughout the inspection. We were reassured by the genuine feelings from staff when they told us about the individual stories for people they cared for and their passion for making a difference to every person's life. For example, an activity worker told us in great detail about the past history and life experience of a person they supported at Springfield Court, they also told us how they tailored the person's social activities to facilitate positive outcomes for the person, these included keeping active with exercise classes. People who lived at the service told us, "I love it here, if I had to go somewhere else I am not sure what would happen to me." "I wouldn't go anywhere else, ideally I would still like to be at home but that cannot happen, so this is the next best thing." And "I have everything I need and want here."

Springfield Court is a passionate provider of social care and this was led by the company directors and senior management team. We found many examples of how people were supported and encouraged to maintain independence and control over their lives. One person was admitted to the service with a known history of unpredictable illness that placed them at significant risk in the community. The registered manager ensured person-centred support for the individual was provided and this included short term recruitment of a specialist nurse to enable them to maintain the level of independence they wanted and this had a significant positive impact on the person's wellbeing. This showed that the provider took extra measures with a financial impact to ensure that the individual had exactly what they needed.

The service enhanced and enriched people's lives by providing innovative recreational activity programmes. For example, a dementia art programme was implemented by the service to encourage people living with dementia to express themselves through art. This was supported by relatives who volunteered weekly to assist people with the art sessions. A person who lived at the service had shown improvement in their ability to concentrate and throughout the therapeutic art sessions they clearly demonstrated a sense of fulfilment and pride in their work. Therapeutic activities like art meant that people who lived at the service had access to recreational activities that generated a positive impact on their mental wellbeing.

Staff told us how they realised through life story work that a person who lived at the service was a former member of the Army and was involved in the D-Day landings in 1944. Staff could understand the importance

of D-Day for the individual and organised for them to be presented the L'Ordre National de la Legion d'Honneur by the French ambassador. The presentation was enjoyed by many people who lived at Springfield Court, staff and visitors and was an extremely fulfilling experience for the person awarded. Another person celebrated their 100th birthday, staff identified that they were a huge Billy Butler fan (a popular local radio DJ) and a huge party was held at the service and Billy Butler was the star guest, organised by the providers this showed an imaginative approach to person centred care.

Social activity and engagement at Springfield Court was core to service delivery. All staff embraced the importance of maintaining people's individual interests and used activities to engage with people in a meaningful way. People had access to a multitude of activities which included, Thai chi, quizzes, frequent day trips, art, seasonal and cultural celebrations and gardening. Springfield Court is well known for its entertainment and famous acts have performed in the theatre of dreams over the years including Ken Dodd, Jimmy Cricket and The Searchers.

The service supported people, or those with authority to act on their behalf, to contribute to planning their care and support. People were encouraged to participate in the development and review of care plans. We saw excellent examples of including people in the decision-making process. For example, a person recently admitted to the service for end of life care was provided information before admission and the pre-admission record clearly evidenced their preferences and wishes. Staff told us how they had thoroughly assessed the person's physical health and supported them to make decisions about what was important to them. The team at Springfield Court undertook comprehensive clinical assessments and supported the person to improve their quality of life and as a result they were no longer approaching end of life and had started to show signs of improved mood, including enjoyment when visited by their family.

Staff told us about the support they had provided for another person who lived at the service to help them make decisions about long term accommodation plans. The individual had told staff about their previous bad experience of care services and this had a significant impact on their mental health and wellbeing. We saw how staff had formed empathic relationships with them and discussed ways in which they could maintain their independence such as having control over their medicines, this had reduced the individual's anxiety about living in a care home and enabled them to make the decision to stay at Springfield Court long term.

People told us that they could access their care plans and felt included in decisions made about their care and support. Care records showed clear communication with people's representatives when they were unable to consent. Staff told us how they used various ways to communicate with people to gain their understanding before engaging in care regimes. For example, staff told us that one person they supported was not able to verbalise so staff held their hand throughout personal care to reassure them. Staff told us that touch was often a positive way to gain people's confidence during personal care.

We saw that an exceptional level of considerate work had been undertaken in relation to the use of information technology to enhance people's lives. In 2010 the providers built an extension initially with the intent to increase the number of bedrooms available. However, they decided to turn the extra space into a 'theatre of dreams'. The theatre of dreams is a large communal area for people to access social activities and enjoy time with visitors. Six to eight times each year the theatre was turned into an extravagant venue and the proprietor's organised West End acts to perform. The elegant dinner evenings were enjoyed by people who lived at the service, their relatives, staff and the wider community. In addition to this, the providers told us that they did not want people who were unable to leave their bedroom to miss out and therefore used innovative technology to live stream each event to people's bedroom televisions.

The providers had invested in a new nurse call system that created analytic reports to show response times when people had requested staff assistance. The registered manager told us how they used the information technology not only to review staffing levels, but to also gain feedback from people who lived at the service in relation to their experience and areas for service development. Two people that lived at the service were being supported to learn how to use a computer. Information technology was available for people who wished to use it.

People who lived at the service were listened to. The registered manager and providers were involved in service delivery on a daily basis. The providers lived on site and during the inspection we saw them both walk around the home, interact with people who lived at the service and be very much involved in the daily running of Springfield Court. There was a complaints procedure and this was accessible for people who lived at the service and visitors. The manager maintained robust records to show how people's concerns had been dealt with.

The service employed three activity workers. We saw that each morning at least 10 people who lived at the service were visited by each activity worker. During their conversations staff were encouraged to try and discover if the person had any issues causing them concern and if there was anything the service could do to help in their comfort and contentment. Staff had reported to the management team that the approach had made "a real" difference to people's lives.

Springfield Court's mission statement was 'Staff should treat each resident like they are mum, dad or a favourite relative'. During the inspection we saw this ethos embedded throughout the service.

End of life care at the service was an area of specialism. The service employed registered nurses and training records showed advanced training such as 'syringe driver training' had been provided to ensure that people at the end of their life could be cared for by staff with the clinical skills and competencies required. The service was accredited to the Six Steps end of life care programme in October 2015 and this incorporated enhanced training for staff who attended courses provided by the local hospice. Springfield Court approached end of life care in an empathic and person-centred way. People were individually supported in the creation of end of life care planning and the records we looked at evidenced communication with involved relatives and legal representatives. The service was trusted by its most senior staff members. We were sadly informed that one of the company directors passed away this year, they were cared for at Springfield Court and surrounded by their close family and friends.

We received feedback from a visiting professional who worked with the service to implement advanced care planning, "I always feel very welcome at Springfield Court and I note many examples of compassionate care being delivered by care staff on a regular basis." The service welcomed funeral wakes for people who had lived there. The registered manager told us that six wakes had been held in the theatre of dreams and often families liked to continue the party theme embedded throughout Springfield Court and celebrate their relatives wake with an 'end of life bash'.

The service maintained positive links with external professionals and worked in partnership to gain the best outcomes for people in their care. During the inspection we spoke with a visiting professional who was assisting the service to undertake end of life care discussions and care planning. We received positive feedback from them in relation to the way staff communicated and assisted them with the information they needed.

We checked how the service met people's needs in relation to Accessible Information Standards, we found that people were supported to access facilities from The Blind Association such as magnifying glasses,



talking books and talking clocks for visual impairment. The service evidenced how people were assessed in relation to their ability to communicate and linked with external health care professionals such as opticians and audiologists to ensure people were provided good health care.

The service encouraged people to engage with their families and the registered manager told us how they had created 'space for people to feel free', this included indoor and outdoor areas. The garden had a Folly (a permanent building to shelter) for people to enjoy in summer months, staff told us how the Folly was a therapeutic setting for people when they were asked to discuss and make end of life care decisions.

## Is the service well-led?

### Our findings

Springfield Court was very well led and had a committed workforce. The registered manager had been in post for 15 years and was also a legal director for the business. There was a clinical lead who had been employed for 12 years and worked closely with the registered manager in a supernumerary role, this meant that clinical oversight was robust because the clinical lead was able to quality assure areas of clinical practice at the service on a daily basis.

The providers lived on site and had owned the service for 30 years. Very much involved in the daily running of the service, the providers acknowledged the whole staff team contribution to maintaining a long-standing history of compliance with regulations and the previous two inspections were rated good.

The providers valued the registered manager's commitment. The registered managers time in service had been recognised and rewarded and we were told by staff that the providers and registered manager worked together as a united team.

There was a clear vision and credible strategy to deliver high-quality care and support for people that lived at the service and we found that this also extended to people's relatives. There was a very positive culture that empowered people to maintain their identity and this showed through the outcomes for people we have reported on in this report.

Staff retention was exceptional at 90% in 2018. The providers and registered manager were committed to helping staff get the most out of their employment. For example, six staff had engaged in weekly art work classes, funded by the providers and held at the service. This had excellent outcomes for staff and had really made a positive impact on their wellbeing at work. The providers supported staff to attend an art course in Ireland, the course helped staff understand the benefits of art and how it could be a positive experience for their health and wellbeing. Staff gained confidence in their abilities to paint and have since held an exhibition at Springfield Court which was enjoyed by people who lived at the service, visitors, colleagues and the local community. Staff had also transferred their learned art skills to supporting people living with dementia in therapeutic art sessions.

Staff told us, "I love working at Springfield, it can be hard work but it is a lovely place to work and I intend to be here until I retire." And "I love it here, absolutely love it. It is an amazing home." The overall feedback from staff was that they felt listened to and able to approach the management team at any time.

There was a distinct inclusive ethos to service delivery at Springfield Court and this enthused staff to make a difference in people's lives. We observed family values embedded throughout and this was the crucial part to achieving positive outcomes for people that lived at the service. We received consistent positive feedback from people who lived at the service and or their representatives about the registered manager's approach. People told us, "The manager has got a lot of work to do, but she manages it very, very well and always with a smile on her face and never fails to have a quick chat with everyone." And "The manager here should be given a medal, she is truly one of the nicest people ever and the distance she travels every day just to be here

is unreal, she is fantastic." We also received positive feedback about the providers, "Yes the owners are very much involved, it is always great to see them." And "Yes they [the providers] come down [they live upstairs] and have a chat with you, if they can help with anything they do they are really nice."

We found that staff were motivated and engaged. The service was well staffed and this meant that staff were able to fulfil their responsibilities and enjoy their work.

There was a clear emphasis on service development being structured around people's experience and feedback. People that lived at the service and their representatives told us that they felt involved in decisions made and monthly resident forums were used as an opportunity to communicate with stakeholders.

The service continually learned by use of effective auditing and listened to the experiences of its stakeholders. We saw examples of lessons learned to be fully considered and reviewed. For example, an external professional had highlighted improvements required around falls prevention. The registered manager showed us how they had researched best practice, considered the organisations policies and procedures and reviewed the changes made to ensure that they were understood by staff and sustained.

The service had shared best practice with another care provider and named the initiative 'care partners, twinned care homes'. Shared practice included auditing, care planning, activities and compliance inspections. This practice showed innovative engagement and partnership working. The registered manager engaged in partnership working across the adult social care sector and was keen to support staff to enhance their skills and knowledge by learning from others, such as external health care professionals. This standard of best practice and information sharing benefited people who lived at the service, for example the improved standard of care planning found at this inspection was learned through shared practice with the twinned care home. Springfield Court was accredited to the Six Steps end of life care programme.

We received positive feedback from professionals who visited the service they told us that the service worked in a transparent way and welcomed advice in relation to individual's support and service delivery.

People that lived at the service and their representatives provided consistent feedback about staff morale and clear direction from the management team. Throughout the inspection we found an exceptional level of staff awareness in relation to their role and accountability. For example, staff we spoke to understood the importance of record keeping and updating their knowledge about clinical best practice. The registered manager told us that staff had come forward with ideas for how they could be a champion for different areas of service provision, including end of life care and safeguarding.

Governance and continual oversight at the service had been sustained. The service was scrutinised and an investment towards continual improvement was prioritised. The providers commissioned an external quality assurance auditor to assess the service and this was ongoing at the time of the inspection. We looked at quality assurance audits and found proactive action planning. We looked at minutes from provider and registered manager meetings and these showed a transparent and positive working relationship.

Springfield Court demonstrated exceptional engagement with the local community. We saw examples where the service regularly interacted with local schools and nurseries, children have taken Spanish lessons with people that lived at the service and brought sports day into Springfield Court to encourage their older aged friends to maintain an active lifestyle. A local children's nursery attended bi-weekly to show case dancing and singing. The service evidenced how it valued the importance of social interaction for people of old and young age and people who lived at the service told us how they thoroughly enjoyed interaction from the school children.

The providers were keen charity fund raisers and often opened the service for big events to help raise funds, the links with the wider community helped people who lived at the service maintain a very good standard of social inclusion. The mayor visited frequently and guest speakers were organised, for example, the former Home Secretary, the former Brexit Secretary and a local historian.

People who lived at Springfield Court were encouraged and supported to access their community. The service had sourced accessible amenities in the community for people living with dementia, these included a sensory farm and a specialised dementia day at Liverpool Museum. This meant that people living with dementia were provided tailored activity packages that not only gave them a sense of independence but also enhanced their wellbeing.

The creation of the theatre of dreams had a significant positive impact on enabling and empowering people to maintain social inclusion and community lifestyle. The service had the space and facilities to bring the community into people's lives on a regular basis and this enhanced their quality of life and evidenced exceptional person-centred outcomes. We watched a video created by the provider of a recent charity event (black tie ball) held in the theatre of dreams and we saw clear enjoyment by the people who participated.

Staff told us they were continually empowered to be involved in development and service provision. We found staff were included in meetings and their contribution was valued. The service had a transparent working ethos and prioritised good communication.