

Springfield Healthcare

READING TIME

10 mins

TYPE OF INNOVATION

- Social
- Business model
- Systems

TARGET POPULATION FOR THE INNOVATION

Older people, largely operating towards luxury end of the market

1 THE INNOVATION



Springfield Healthcare is a well-established, family-owned, for-profit care home group operating largely at the luxury end of the market. The company operates seven care homes with 620 places in Yorkshire, with one more care home in development. Residents in the homes are largely self-funders (70–75%), with the exception of the original home. Here the CEO remains the sole owner and the majority of residents are council funded (60%). Springfield has also expanded into home care and supported living.

Springfield is focusing on changing the care home business model through improving the value proposition for residents and its workforce.

Innovations include:

- Improving building design by introducing more light and space and through the adoption of the ‘care village’ model;
- Developing connections with local communities;
- Programmes for resident and employee wellbeing; the ‘Nurturing Innovation in Care Home Excellence in Leeds’ (NICHE-Leeds) collaboration with the University of Leeds, which aims to improve residents' quality of life by addressing research questions initiated by care staff;
- Various technologies, such as digital social care records and related applications.

The vision

Springfield is driven by the CEO's vision of making a difference to people's lives through delivering “amazing care” in “amazing environments”.

Despite operating more towards the luxury end of the market, Springfield prioritises quality over profit and has a family ethos. By embracing innovative, forward-thinking strategies, Springfield aims to maintain a competitive edge over other organisations, anticipate future preferences and demand for care, and ensure both staff retention and a stable resident base. Capturing Springfield's spirit, the leadership are described as being “open to new ideas and trying to create something that other [providers] don't have”.

The innovation journey

Springfield's commitment to innovation originates in the CEO's childhood experiences in his parents' care home, where, despite his parents' kindness, he observed the challenges of providing high-quality care, especially due to building design issues such as lack of step-free access. When he took over the family care home in 1994, he drew on his retail experience to develop a vision for how it needed to change.

Recognising the outdated design of the care home he had inherited and a sense there would be demand for improved facilities and more person-centred care, the CEO decided to modernise. He

TIMELINE

1994

Start of development of vision for person-centred care

Improvement of facilities in the original care home



increased bed capacity from 30 to 55, introduced en-suite rooms, and improved the space with more natural light and step-free access.

While also launching a home care service, the CEO sought to develop a 'care village' in a central location of the city but was out-bid in 1998. The central location of the home was key to the CEO's vision of "bringing the outside in" combining building design and location to create care homes where people "really want to be, to live a life" and maintain connections with their communities.

The site once again become available in 2007, and the CEO took a significant risk to purchase and convert the building into a high-specification care home. In 2011, he secured private equity funding for a minority stake in the company, and Seacroft Grange Care Village opened in January 2014.

Following the success of Seacroft Grange as a proof-of-concept and with the support of private equity investment, five more care villages have been developed and opened. These include new builds and listed building conversions. By 2020, there were seven homes in operation.

The organisation also branched out over this period, introducing non-building related initiatives to improve the wellbeing of its residents and realise the CEO's vision of connecting the care homes to their communities. This work is led at the group level by the Dementia and Resident Wellbeing Lead, but each home has a Resident Wellbeing Team. This team are responsible for collating ideas for improvement from staff and residents, forging links with their local communities in new ways and organising local activities, including arranging for local groups of all ages to visit homes for joint activities and projects with residents.

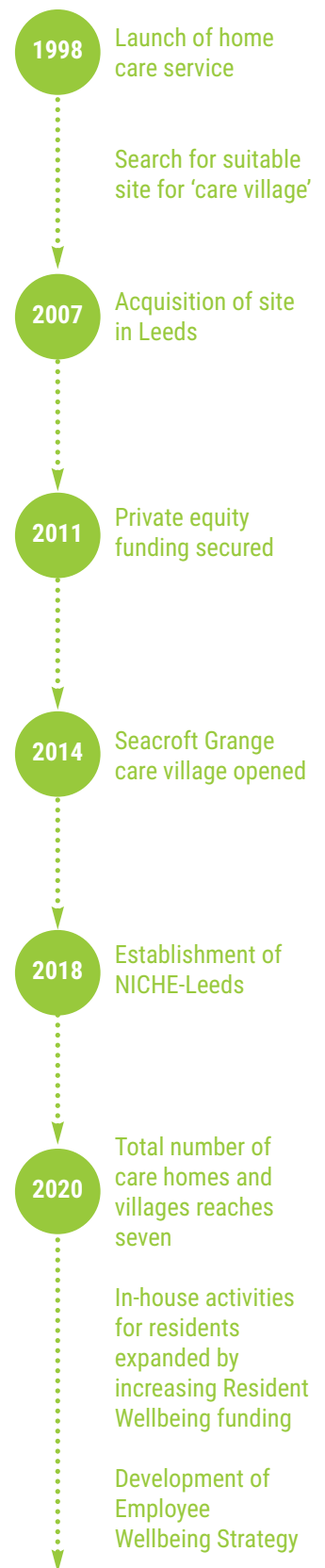
In 2018, Springfield established the NICHE-Leeds partnership¹ with the University of Leeds and another care home. The partnership is based on the 'living lab' model used in Maastricht. Springfield makes a financial contribution for a researcher to spend time in their care homes with staff, residents and their families. The academic and practice partners then work together to improve care home residents' quality of life and care by responding to research questions initiated by people involved in everyday care home life.

When the pandemic started in 2020, although it meant some innovations were paused, such as the NICHE partnership, it served as a catalyst for further wellbeing-related initiatives:

- The suspension of family visits and community interactions led to a Board decision to increase Resident Wellbeing funding by 50% to expand in-house activities for residents. This funding has been maintained post-pandemic.
- The impact of COVID-19 on staff mental health also prompted the development of the Employee Wellbeing strategy. The programme is led at group level by the Employee Wellbeing lead. Wellbeing Committees have been established in each care home, comprising managers and staff, to ensure the wellbeing offer is adapted to local staff needs. The members act as their home's wellbeing 'ambassadors'. The CEO believes the focus on wellbeing helps Springfield stand out from other providers in a difficult market for recruiting staff.

Continuing the innovation journey

The CEO stressed that being innovative was a never-ending, evolving journey. Although he envisaged creating a small



¹ For more information about NICHE Leeds see <https://niche.leeds.ac.uk>



number of further care homes, his goal is to be a strong regional provider rather than seeking continued growth.

Initiatives spread across Springfield homes through group-level roles like the

Dementia and Resident Wellbeing Lead and the Employee Wellbeing Lead and registered manager meetings, but there are some factors that constrain the extent to which these ideas are adopted across the group.

2023 Continuing development as strong regional provider embracing innovation



2 ROCKS/CHALLENGES

Financing

The CEO took considerable financial risk to deliver his vision of care villages, centrally located in communities. Many considered the purchase too risky due to unknown demand and an impending recession. After some searching for the right investor, the CEO was able to attract external private equity investment to deliver the new care village. The investor was willing to be a minority stakeholder ensuring the CEO could preserve Springfield's ethos and values. The CEO continues to work with the investor as he expands the estate, but compromise is often necessary due to finances, listed building restrictions, and the need for a return on investment.

Funding for other innovations, like the Employee Wellbeing programme, comes from profits, but the goal is that these investments will be self-financing over time, in this example through improved staff retention and reduced agency fees.

Capacity of the organisation

Skills gaps were also identified as a common problem, which Springfield addresses through creating new roles and training. Additionally, crises limited Springfield's capacity to innovate. Like all providers Springfield struggles to attract and retain staff and periodically faces severe shortages. During these periods all

attention is focused on ensuring day-to-day care work is maintained, which can involve the Home Manager and other senior staff with appropriate skills taking a hands-on role. Such crises leave staff feeling overstretched and reduce the available "headspace" to think about taking on anything new.

Interactions with the regulator

A challenge that cannot be mitigated is the inconsistent approach of different Care Quality Commission inspectors. Springfield have found that they do not always recognise innovative practices leading to inconsistencies in their grading of homes.

Resistance to innovation

Resistance to change is an ongoing issue that cannot be entirely eliminated, as some staff are more open than others to doing things differently. Resistance among staff can be a brake on innovation, and Springfield uses several strategies to keep resistance at a minimum. Key are embedding a positive culture for innovation, framing 'innovation' broadly and taking a managed and incremental approach to change. For example, an electronic care planning system was introduced first in a home that was open to replacing paper systems, demonstrating clear benefits that helped motivate staff in other homes.

Embedding a positive culture for innovation, framing 'innovation' broadly and taking a managed approach to change are key to aiding staff receptiveness to innovation

Like all providers Springfield struggles to attract and retain staff and periodically faces severe shortages



3 NAVIGATING ROCKS

Leadership

Springfield’s CEO has a strong influence over the direction of the organisation and is supported by a small and stable leadership team, described as a “tight four”. The size of the leadership team is believed to contribute towards making the organisation more agile – an attribute that is important for innovation as it means decisions can be taken more quickly and it is easier to be flexible and adapt to challenges along the innovation journey.

The CEO’s vision for Springfield, to make a difference to people’s lives, is captured in the family ethos and prioritisation of kindness and person-centred care. It is articulated through the Mission and Values Statement, which uses the acronym INSPIRE (Integrity, Nurturing, Supportive, Passionate, Innovative, Respectful, Empathy and kindness) to promote behaviours consistent with the vision. Springfield has invested in new roles – the Director of Kindness, Care and Quality – and leadership training for home managers to embed this vision throughout the organisation.

Staff are encouraged and empowered to develop ideas that will make a difference to residents. Alongside this, managers are trained to listen to and empower their staff, and make sure that everyone, regardless of their role, sees themselves as contributing to a single team pulling in the same direction, focused on the bigger picture of making a difference to people’s wellbeing.

To ensure availability of funding does not dampen creativity and new ideas, staff are encouraged to try out low-risk inexpensive ideas. More expensive and risky ideas, for example on the structure of the home or with staffing implications, require group-level business review to

consider the cost versus benefit to residents. An example cited of a recent innovation decision made centrally was to introduce ‘Oomph’, an interactive platform of activities to boost personal wellbeing, which required an institution-wide subscription

Learning and the innovation journey

Springfield has developed different strategies for capturing learning from innovations and using this learning to both spread the ideas to other homes within the group and improve subsequent innovation attempts.

One approach is testing ideas through proof-of-concept or small-scale experimentation. An example relates to the new build developments, where learning from previous developments is taken forward to subsequent developments, while preserving key building features and adapting to local site and planning requirements. Once the home is operational, the use of space evolves through further experimentation. A staged approach is also used to manage resistance to and concerns about innovations, as was the case with the implementation of the electronic care planning system.

Springfield has developed structures and routines for managing innovative work, as illustrated through the Resident and Employee Wellbeing programmes, which follow similar approaches. There are dedicated roles for leading these initiatives and mechanisms in place to listen to staff and residents to develop ideas. Springfield has invested in reporting systems to see the impact of changes more clearly, and thereby more formally recognise what staff are doing. Good ideas evidenced in this way can then be shared across the group by leads for the programmes.

A small and stable leadership team means it is easier to be flexible and adapt to challenges along the innovation journey

Staff are encouraged to try out low-risk inexpensive ideas

A staged approach is also used to manage resistance to and concerns about innovations



The NICHE partnership is enabling care staff to see the relevance of research findings to their everyday practice and reinforces Springfield values. It is encouraging care staff to voice questions they have about care practice, which the researchers turn into research questions. Staff value the way findings are reported back in NICHE Know-Hows which they can easily relate to their work.

Relationships within and beyond the organisation

Springfield has in place various formal structures and practices to manage relationships across the group and ensure efficient two-way communication between homes and between the leadership team and homes. These include the managers' meetings and regular leadership team visits to homes.

To deliver innovations, Springfield works with other organisations. The CEO has a long-term partnership with a trusted building company, whose understanding of the Springfield vision proved crucial in navigating complex decisions during care home conversions within strict planning constraints. For different reasons, the Employee Wellbeing lead is developing relationships with NHS and third sector organisations, as they are a source of ideas and resources to improve the wellbeing offer for Springfield staff. Additionally, there is the NICHE partnership and the relationships individual homes build with their communities to improve resident wellbeing.

Springfield also hopes that these relationships will help to develop more positive perceptions of social care.

Culture

Building a unified team around a shared vision is central to Springfield's culture. The INSPIRE values underpinning the vision are a guide to behaviour. They encourage staff to generate ideas for ways of doing things differently and to think creatively in their interactions with residents to 'make a difference'.

The vision and values are reinforced through ongoing 'culture work' to embed the ethos in the organisation. The role of the Director of Kindness, Care and Quality is key as is training and regular visits by the leadership team to care homes to maintain close contact with staff and residents and challenge staff to explain how they are "making a difference today". Senior leadership are sensitive and flexible in the timing of innovation work to ensure staff are not put under too much strain, e.g. during times of crisis.

Managers are empowered to lead and, along with key individuals in the homes, take ownership of the innovations. Staff are encouraged to question their practice, share their ideas and are trusted to try out low-cost innovations. Writing down how they work with people is encouraged to help staff recognise the value of their interactions with residents and ensure practices can be shared across the organisation.

Small quality improvements are intentionally framed as innovation to challenge the assumption that innovation has to be large scale and complex. This framing focuses attention on the value of the change and opens staff's minds to the possibility of doing something larger-scale.

Developing relationships with NHS and third sector organisations provide a source of ideas and resources

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4 KEY LEARNING

Springfield demonstrates how a medium-sized, for-profit care home provider, majority-owned by its CEO, manages to successfully balance future-oriented innovation alongside the day-to-day demands of delivering care.

Central to its success is the strong ethos of the organisation, which permeates all activity, combined with a strategic approach to delivering on the CEO’s positive vision. The vision and its underpinning values guide behaviours within the organisation and decisions around innovation. Risks are managed through proactive strategies, including:

- Routines for managing financial risk associated with innovation and for innovating as efficiently and effectively as possible;
- Developing processes, roles and the skills of people to strengthen Springfield’s ability to innovate; and
- Cultivating an innovative culture to address resistance to innovation and encourage and empower staff to innovate every day to make a difference to people’s lives.

Springfield staff believe that being a medium-sized organisation helps them to preserve their family ethos and innovative culture, providing capacity but also ensuring short communication channels and efficient decision-making.

To further support innovation these areas need consideration:

- Improving the profile of social care careers, including awareness-raising among nurses to improve recruitment and retention of staff
- Improving the awareness of research and supporting care staff to develop research careers alongside their care practice
- Improving CQC inspectors’ understanding of innovation and how this can be captured in processes

Being a medium-sized organisation helps to preserve their family ethos and innovative culture

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Acknowledgements

We would like to thank everyone who contributed to our research including staff at Springfield Healthcare and the people we interviewed from organisations associated with Springfield, including NICHE-Leeds. We are also grateful to Kate Baxter for her work on the study.

This study was conducted as part of the Supporting Adult Social Care Innovation project, led by the Care Policy and Evaluation Centre based at the London School of Economics and Political Science, in partnership with the University of York and King’s College London. The support of the Economic and Social Research Council is gratefully acknowledged (ES/T001364/1).

Suggested citation

Malley J, Maddison J and Birks Y (2024). *Innovation Case Study Briefing 5: Springfield Healthcare*. London: London School of Economics and Political Science, Care Policy and Evaluation Centre, SASCI project (Supporting Adult Social Care Innovation) [www.sasciproject.uk/briefings].

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