



Quality Progress Report for 2023

Cambridge Country Manor

March 2024

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2023:

Building and Environmental Improvements:

We replaced flooring in Harvest Café dining room as well as some flooring in resident rooms was repaired and this will continue in 2024.

We continue to upgrade lighting in resident rooms. We improved the lumens in resident rooms and the Harvest Café lounge.

We purchased new dining room chairs and lounge furniture for the Harvest Café lounge area. We continue to add decorative art to the home to improve the esthetics and create a more home-like atmosphere.

We replaced the flooring and repainted our Family Room to enhance the experience for our residents.

The home purchased additional outdoor furniture and umbrellas for our large outdoor courtyard.

Clinical Programs:

The following clinical programs have been reviewed and revised in 2023: continence management, IPAC and responsive behaviours. We are continuing to enhance the use and functionality of our electronic documentation system Point Click Care (PCC) by scheduling assessments and updating the care plan library.

We also participated in several lunch and learn sessions to enhance care planning knowledge.

The Home was a trial home for the Amplifi program.

Communication and Technology:

Caressant Care continues to update and revise our infrastructure by updating WIFI and connections.

Caressant Care continues to update and restructure our online learning management system to ensure required education modules are available and current.

We continue to implement our communication strategy with more mobile devices, so we can connect residents and people of importance to them virtually. We continue to encourage the use of virtual technology and software to participate in Communities of Practice both internally within Caressant Care and externally with our community partners.

Compliance and Conformance

In 2023 we began an extensive auditing process. The Comprehensive Proactive Home Visit through the corporate clinical and operations teams with subject matter experts doing a thorough review with several audits for every department. Corporate team members complete various audits and identify gaps. Once completed, a plan is created with corrective actions and dates for implementation.

Additionally, a process has been implemented for any compliance issues, with a monthly call where action plans are reviewed, updated, and revised with opportunities for discussion and support to assist in moving forward.

The corporation continues to manage any areas of non-compliance through our centralized reporting system. Caressant Care continues to support a learning environment as it pertains to compliance by sharing information about inspections with all homes through our Compliance Key Messages, and Compliance Communication Tips program.

Infection Control:

Caressant Care recognizes the correlation between infection control practices and keeping our residents safe. Caressant Care has supported the introduction of a dedicated IPAC lead. Monthly Community of Practice calls were implemented for networking and sharing resources. A comprehensive review of all IPAC policies and procedures was completed in 2023 to ensure that policies and procedures are current and align with best practices with a certified IPAC professional.

The re-implementation of the IPAC Module in PCC along with the development of various corporate tracking tools has now allowed for homes to begin trending and analyzing of IPAC data.

Equity and Indigenous Health

Caressant Care is committed to driving improved and equitable outcomes to reduce health inequities in our organization and to ensure appropriate treatment of all individuals regardless of race, gender identity and/or expression.

All management and supervisors have completed cultural awareness and safety education modules which includes Indigenous Relationship and Cultural Awareness courses, anti-Black racism, and gender diversity education modules.

Resident and Family Experience:

Surveys are completed throughout the year, and summarized semiannually with results returned to the home, to be communicated and reviewed for improvement initiatives. This process supports a nimble turnaround time for actionable items.

We had some positive results indicating a high level of satisfaction with areas on the Resident Satisfaction Survey, some examples are below:

- ✓ Residents get the health services they need – 87 %.
- ✓ Residents feel privacy is respected – 76 %.

Families additionally had positive feedback in many areas, some examples are:

- ✓ Residents get the health services needed 90%.
- ✓ Families feel staff engage in friendly conversation with residents – 82%.

Based on feedback received from residents and family members we have again revised our Satisfaction Survey process. We have streamlined the survey with relevant questions and created a shorter survey with less options to answer questions and a comment section to provide further feedback, as well as added “if I wish to” as ultimately resident choice is our number one priority.

Quality Program

We continue to revise on an ongoing basis and update many of our policies, education packages, program audits and operational audits to reflect and improve quality practices and to align with the relevant legislation.

Progress Summary from our Quality Plan 2023

Please see attached QIP Progress Report for 2023.

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year	
Indicator #2	71	75	65	NA
Residents' Experience - Having a voice				
Residents respond positively to the statement "I can express my opinion without fear of consequences". (Cambridge Country Manor)	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

Continue to encourage residents to speak openly, and educate agency staff on residents rights and opportunities to engage with residents to promote open communication. Continue to recruit staff for vacancies. Increase communication with residents and update them regarding any situations in the home, to express any concerns or questions that they have. Recruit if possible through resident population a Resident Ambassador to assist residents with move in and transitioning to their new environment. Create a monthly Support Group for residents to enhance communication and further encourage any adjustments to their new home.

Process measure

- % increase in satisfaction evidenced by surveys throughout the year

Target for process measure

- % of residents that respond positively "I can express my opinion without fear of consequences" increased to 75 % by December 31, 2023

Lessons Learned

Upon further investigation into the resident and family surveys it was noted that both resident surveys and family surveys scored high with the feeling that residents were treated with respect. Upon further review and comparing to other survey question results we query if this question has been misinterpreted by families and residents.

During CQI and PAC meetings our resident representative has voiced that residents generally do not want to initiate small talk with individuals (agency personnel) who they do not know. In the last few months, we have improved our staffing levels and we are using less agency workers (direct care providers specifically), so we are hoping to see improvement in this area.

Comment

We will continue to work on this QIP for improved results.

Indicator #1	Last Year		This Year	
	Resident experience: Overall satisfaction Staff take time to have a friendly conversation with me. (Cambridge Country Manor)	67 Performance (2023/24)	70 Target (2023/24)	66 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

1. Provide "All about Me" personal information about residents for awareness to all staff. 2. On Admission huddles with all staff to inform them of new resident likes/dislikes and some history to promote resident-centred care. 3. Educate staff to utilize down time to promote interaction with residents and include residents in conversations when working.

Process measure

- % increase in satisfaction evidenced by surveys throughout the year

Target for process measure

- 75 % of residents will respond positively to "Staff take the time to have a friendly conversation with me throughout 2023.

Lessons Learned

It was noted that in the family satisfaction survey that 82% of Families did feel that team members engaged in friendly conversation with their loved ones. When speaking with our most cognitive residents it was identified that at times they do not feel comfortable sharing with new team members until a level of comfort/ trust has been established.

The Home is also aware that newer team members typically are new to the country and in most cases English is a second language. It was noted that cultural upbringing dictates that elders need to be treated with respect and friendly banter is not always appropriate.

During CQI and PAC meetings our resident representative has voiced that residents generally do not want to initiate small talk with individuals (agency personnel) who they do not know. As staffing levels have improved in past months, we are using less agency workers (direct care providers specifically) and so the use of agency staff has been reduced greatly.

Comment

We will continue to work on this QIP for improved results.