



Quality Progress Report for 2024

Cambridge Country Manor

March 2025

Caressant Care Nursing and Retirement Homes Ltd.

Brief Summary of Quality Improvement Achievements fiscal year 2024:

Building and Environmental Improvements:

In 2024 the Home upgraded its UV water filtration system. A new roof was added which was an extension of the previous years repairs. Additional electrical outlets were added to the generator which assists the Home in managing equipment during power failures. The Home has been replacing older baseboard heaters and toilets, in resident rooms and will continue to do so in 2025. Flooring in some resident rooms and washrooms was also upgraded. The Home has been switching from fluorescent bulb lighting to LED lighting in resident spaces and offices. Upgrading of the décor and paint in the Home continues and will be a priority in 2025.

Clinical Programs:

New lifts and equipment: We replaced all our lifts in the first part of 2024. (3 ceiling lifts, 2 tub chairs, 9 Hoyer lifts, 6 sit to stand lifts). All lifts now include weigh scales to promote consistent weight review. Additionally, we were able to purchase a bladder scanner for quick diagnoses.

Focus on Electronic Health Record Consistency: In 2024, we conducted a thorough review of Resident Electronic Health Records (EHRs) to identify any gaps and standardize EHR utilization. Consistency in EHRs fosters trust with both those we care for and external stakeholders.

UDA Schedules Turned on: The implementation of automatic scheduling for User Defined Assessments (UDA) in PointClickCare has enhanced visibility of upcoming, due, and overdue Resident assessments. This system provides clear assignments for frontline nurses and allows for easy oversight by managers and the corporate operations team, thereby increasing compliance and streamlining performance management.

Care Plan Library: Caressant Care has developed a customized care plan library that incorporates resident-centered language. We have reduced the number of focuses to minimize overlap and established clear parameters for care plan content. This will result in shorter, more navigable care plans. The Kardex feature is now organized to provide pertinent care directions to frontline team members. This project also promotes increased incorporation of Resident preferences, enhancing individualized care.

Inter RAI:-The Home was chosen along with all other Caressant Care Homes as pilots for the new Inter-RAI system. This involves the streamlining of the way RAI has been completed and sent by each home.

Communication and Technology:

Website Upgrade: In 2024, Caressant Care completed an extensive review and update to our website, promoting transparency, other enhancements and promoting a more user-friendly experience.

Infrastructure: In 2024 we continued to update and revise our infrastructure by updating WIFI and connections.

Accounting: We have streamlined and automated our accounts payable process for redundancy and efficiencies when paying invoices.

Education: In 2024 the online learning management system was updated and reviewed to ensure required education modules are available and current.

We continued to implement our communication strategy with the purchase of more mobile devices and laptops, to promote efficiencies for our team members and to connect residents and people of importance to them virtually.

Compliance and Performance Improvement

Accreditation: In 2024, we were awarded a 3-year accreditation in Person-Centred Long-Term Care Community, which is the highest award achievable through CARF Canada. This achievement is an indication of our dedication and commitment to improving the lives of our person served. Our home achieved an Accreditation Status that only 3% of organizations receive internationally, with no recommendations.

Internal Auditing Process: In 2023 Caressant Care began an extensive internal auditing process. In 2024 we experienced a Caressant Care Comprehensive Proactive Home Visit through the corporate operations team with subject matter experts doing a thorough review with several audits for every department. Corporate team members completed various audits to identify any gaps, and a corrective action plan was created with dates for implementation.

Roadmap to Success: our comprehensive, all-encompassing tool was revised in 2024 and edited to include additional areas to document performance monitoring to track and review all meetings, document performance indicators, complete program evaluations, complete analyses and tracking all emergency exercises.

Infection Control:

Caressant Care recognizes the correlation between infection control practices and keeping our residents safe. Caressant Care has a dedicated IPAC lead. Monthly community of practice calls were implemented for networking and sharing resources.

A comprehensive review of Infection Prevention and Control (IPAC) policies was conducted in 2024 with input from a certified IPAC professional. We incorporated emerging best practices, including the updated Canadian Tuberculosis Standards and Public Health Ontario's recommendations on the screening and management of CPE (carbapenemase-producing Enterobacteriaceae), an emerging antibiotic-resistant organism in Canada. Additionally, we integrated COVID-19 protocols throughout the manual, moving away from COVID-specific processes to adapt to our 'new normal' in alignment with the most recent Ministry of Long-Term Care guidelines.

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 previously 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 in the Resident Satisfaction Survey, Some examples are below:

- ✓ Residents feel they have a voice and team members listen-88%
- ✓ Residents feel they can express their opinions freely-80%
- ✓ Residents feel they get the health services they need – 80%

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

- ✓ Loyalty Question – Would you recommend this organization to others? 96%
- ✓ Families feel staff engage in friendly conversation with residents – 95%
- ✓ Loved one receives the health services needed - 95%
- ✓ Feel their loved ones privacy is respected - 94%

Based on feedback received from residents and family members we revised our Satisfaction Survey process. In 2024 we 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.

The home is pleased to see that the efforts of the team are reflected in our survey results, and we continue to strive for excellence

Please see attached Progress of Survey Actions 2024

Other:

Resident Centred- Philosophy: In 2024 we promoted our resident-centred philosophy with a focus on language. A brief review of language and examples of resident-centred care were provided and discussed at each meeting as well as other initiatives throughout the year.

The Home has a well-established IPAC program which assists the Home in containing outbreaks to last only 8-10 days.

The Home implemented a staff appreciation program, where staff are recognized in real time for their outstanding contributions to the residents and Home atmosphere. Monthly there is a team huddle to recognize the team members achievements as a group.

Progress Summary from our Quality Plan 2024

Attachments include:

QIP Progress Report for 2024

Progress of Survey Actions 2024

Experience | Patient-centred | Custom Indicator

Indicator #1	Last Year		This Year		
	Percentage of residents responding positively to: "I feel I have a voice and staff listen to me". (Cambridge Country Manor)	75.00 Performance (2024/25)	80 Target (2024/25)	88.00 Performance (2025/26)	17% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

1. Continue education with staff on the importance of building therapeutic relationships and the impact it has on resident quality of life.

Process measure

- Inhouse survey completed and tabulated corporately. Results will be provided mi-year to determine change percentages and discussed with the CQI Committee. This will be measured by the positive percentage of resident responses: "I feel I have a voice and staff listen to me"

Target for process measure

- Survey results will increase by 5 % to 80 % by December 2024 results to the question: "I feel I have a voice and staff listen to me"

Lessons Learned

We have reduced our use of agency to provide consistent care, and if needed in an emergency, we have a select few agency members that are familiar with the residents and who the residents recognize, are comfortable to engage with and promotes consistency in care.

Comment

This quality initiative was successful as evidenced by exceeding our initial target with a percentage improvement of 17 %. We are happy with the results.

Indicator #2	Last Year		This Year		
	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Cambridge Country Manor)	65.00 Performance (2024/25)	70 Target (2024/25)	80.00 Performance (2025/26)	23% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

1.continue to educate staff on the importance of open communication with residents. 2.Utilize our PRC and NLOT team Reach out to agencies and have them remind staff of how important communication is. 3.Speak with Resident and Family council and remind them to seek out registered team members or managers if they are uncomfortable speaking with staff on the floor. 4.Management team to follow up directly with resident on any concerns noted in report.5. Have front line team members report to Registered team or management when they feel they have not provided resident with enough information of any questions asked. 6. Review goal mid year and see if residents feel that there is any improvement

Process measure

- Determine change percentages and discuss with the CQI Committee. This will be measured by the positive percentage of resident responses: "I can express my opinion without fear of consequences"

Target for process measure

- Survey results will increase positively by 5 % to 70 % by December 2024 results to the question: "I can express my opinion without fear of consequences."

Lessons Learned

Survey results were shared with team members and interventions were discussed. We feel this was helpful in engaging team members with everyone working towards the same goal. Additionally, the home utilized our external partners for educational sessions with the team.

Comment

This quality initiative was successful as evidenced by exceeding our initial target with a percentage improvement of 23 %. We are happy with the results.

Progress of Survey Actions 2024

Resident Survey

Focus and Actions Taken	Date Implemented:	Outcome of the Actions	Role of Resident Council/Family Council/PAC and CQI:	Comments
1. Would recommend us - 2023 score 67% <ul style="list-style-type: none"> Ask Residents during resident council and during 1:1 with managers, what can we do to improve. Encourage resident to provide feedback, ideas, and their opinions. Remind residents that we have an open door policy and they are welcome to come speak to any of the managers. 	January 31st, 2024 and on going	Would recommend us – 2024 score 80%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	More participation at resident council and being more communicative with providing ideas and feedback. Residents are feeling more comfortable to knock at any of the managers door are request a meeting with them. We see great improvement in this category with a 13 % increase from last year.
1. Can Express Opinion Freely -2023 score 80% <ul style="list-style-type: none"> Encourage residents to express their opinion freely, go to a manger or charge nurse when management are not available. Remind residents that we have an open door policy and they are welcome to come speak to any of the managers. 	January 31st, 2024	Can Express Opinion Freely - 2024 score 100%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Residents feel comfortable expressing their opinion to the team members as well as the management team. We see great improvement in this category with a 20 % increase from last year.
1. Staff engage in Friendly Conversation - 2023 score 80% <ul style="list-style-type: none"> Encourage staff to speak with residents at mealtime and when providing care. Speak and engage with residents sitting in the hallway. Take the time to get to know the residents 	On going reminders during huddles, reports, meetings.	Staff Engage in Friendly Conversation - 2024 score 80%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Percentage remains the same, but we've seen a lot more interaction between team members and residents as well as family members.

Family Survey

Focus and Actions Taken:	Date Implemented:	Outcome of the Actions	Role of Resident Council/Family Council/PAC and CQI:	Comments
1. Explore New Skills and Interest - 2023 score 53% <ul style="list-style-type: none"> Encourage families and friends to tell us about the residents likes and dislikes, what their interests are. Encourage all team members and managers to speak with residents and ask what their interests are. 	Upon admission + on a regular basis.	Meaningful Activities - 2024 score 67%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	In 2024 the question Explore New Skills and Interest was discontinued, as a result of resident and family feedback, so we have utilized meaningful activities to gage the response, and there was 14 % improvement for a similar category.
1. Can Bathe/Shower anytime - 2023 score 57% <ul style="list-style-type: none"> Educate and inform staff that residents may take their bath and/or shower whenever they wish. Inform residents about their right to ask to be bathed or showered when they wish to do so. 	January 31st, 2024 +on going during huddles, meetings, report.	Can Bathe/Shower anytime - 2024 score 80%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	We see great improvement in this category with a 23 % increase from last year.
1. Feel Privacy Respected - 2023 score 73% <ul style="list-style-type: none"> Offer to bring residents and their family to a quiet and private location while visiting. Ensure privacy curtains are used when providing care. Do not speak about residents conditions or personal information in front of other team members, visitors or residents. 	On going.	Feel Privacy Respected - 2024 score 100%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	We see great improvement in this category with a 27 % increase from last year.

Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	February 2025	
Family Council	March 10th, 2025	
Team Members	February 2025	
PAC/CQI	March 25th, 2025	
Others (please list)		

Surveys were available for both families and residents to participate in throughout 2024. Surveys were available in hard or soft copy with links provided and were also posted in the home. Results were summarized in July 2024 (January-June participation) and January 2025 for overall review (January-December 2024 participation).

Feedback for survey content is solicited at Resident Council Meetings and from families throughout the year. We have revised our 2025 surveys based on feedback received.