



# Quality Progress Report for 2024

Caressant Care Fergus

March 2025

Caressant Care Nursing and Retirement Homes Ltd.

## **Brief Summary of Quality Improvement Achievements fiscal year 2024:**

### **Building and Environmental Improvements:**

In 2024 we had several home improvement projects such as hallway flooring replacement, a new sprinkler system installed in all common areas, residents' rooms and bathrooms, offices, nursing stations, as well as new lighting and parking lot repairs. Additionally, we repainted all the residents' rooms and hallways and replaced the chairs in our lobby.

### **Clinical Programs:**

New equipment: We replaced all our lifts in the first part of 2024. All lifts now include weigh scales to promote consistent weight review. We replaced several mattresses, purchased new fall(s) equipment, a new spa tub and several new cabinets. We purchased a projector and monitors on wheels to help with team member training as well as purchased new laptops for our Nursing Stations.

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.

### **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 redundance 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.

Education provided in 2024 included topics such as, Huntington's disease, DementiaAbility training, education on sexual expression, and Gentle Persuasive Approaches for all team members.

We partnered with Homewood to train team members on different approaches to respond to residents with responsive behaviours.

### **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 Caessant Care began an extensive internal auditing process. In 2024 we experienced a Caessant 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:**

Caessant Care recognizes the correlation between infection control practices and keeping our residents safe. Caessant 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 get the health services they need – 94.73 %
- ✓ I can participate in meaningful activity if I wish to – 89.47 %
- ✓ I can decide how I spend my time-89.47%

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.

***Please see attached Progress of Survey Actions 2024***

## **Other Comments:**

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.

Team Members: In 2024 we introduced a Social Committee, and a team member wellness program, which was organized by team members with support from management. Additionally, in 2024 we moved from agency usage to using our own PSW team members with minimum use of agency staff.

## **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 #2	Last Year		This Year		
	Percentage of residents who responded positively to the statement: "Staff take time to have a friendly conversation with me if able to?" (Caressant Care Fergus Nursing Home)	<b>67.00</b> Performance (2024/25)	<b>75</b> Target (2024/25)	<b>68.00</b> Performance (2025/26)	<b>1.49 %</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

Provide opportunities to engage in conversation. Discuss at team members meetings and promote other opportunities for discussion. Plan for continued recruitment and retainment to ensure adequate staffing levels. Seek input from residents and team members for improvement. Encourage residents to complete the resident satisfaction survey.

**Process measure**

- Overall Percentage increase of 8 % of residents responding positively to: "Staff take time to have a friendly conversation with me if able to"

**Target for process measure**

- Survey results will increase positively by 8 % to 75 % by December 2024 for results to the question: Staff take time to have a friendly conversation with me if able to.

**Lessons Learned**

We did not meet the target. Some of this may be due to a culture shift with newer team members from various backgrounds that feel it is disrespectful to engage in conversations with older adults and ask questions.

**Comment**

We will continue with this initiative in 2025.

Indicator #1	Last Year		This Year		
	Percentage of residents who responded positively to the statement "I feel I have a voice and staff listen to me" (Caressant Care Fergus Nursing Home)	<b>65.00</b> Performance (2024/25)	<b>70</b> Target (2024/25)	<b>70.00</b> Performance (2025/26)	<b>7.69%</b> Percentage Improvement (2025/26)

**Change Idea #1**  Implemented  Not Implemented

1. Re-education on resident rights, addressing and resolving complaints and concerns. 2. open door policies of management team. 3 providing necessary training and orientation for newly hired team members, encourage more resident participation

**Process measure**

- In house survey results will be tabulated corporately. Results will be provided mid year to determine changes in percentages. This will be measured the responses of the residents that responded positively to the question "I feel I have a voice and staff listen to me". (most of the times and always)shared quarterly at Resident Council and CQI Meetings, staff meetings, etc.

**Target for process measure**

- Overall Percentage increase of 5 % of residents resulting in a score of 70 % responding positively to: I feel I have a voice and staff listen to me by December 31, 2024.

**Lessons Learned**

We feel the changes we made were successful in helping us meet our target.

**Comment**

We will continue to encourage resident's rights and open expression.

## Progress of Survey Actions 2024

### Resident Survey

Focus and Score:	Date Implemented:	Outcome of the Actions:	Role of Resident Council/Family Council/PAC and CQI:	Comments:
<p><b>"Staff Responsiveness" - 2023 score 67.74%</b>  <b>Audit call bells daily to ensure residents request are being answered.</b>            Managers are on the floor daily watching and timing call bells answering.            Call bell answering is always included during staff meetings, town hall etc            Environmental manager also completes call bell audits to ensure they are working properly.</p>	On going	This survey saw a slight increase on the question of <b>"Staff Responsiveness" 2024 score 73.68%</b>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Managers will continue to monitor for staff responsiveness when the call bell goes off. All team members are to answer call bells not just nursing staff. Call bell Audit will continue to be done and audited. Resident Council will be asked quarter how this is going.
<p><b>Food and Meal- 2023 score 79%</b>  <b>Request for input from residents during resident council meeting on meal preferences.</b>  <b>1. Provide a 3rd option for resident who do not want the two options</b></p> <ul style="list-style-type: none"> <li>The option of sandwich and soup was introduced and FNM made this available to all staff for residents. This was implemented February 20<sup>th</sup>/2024</li> <li>PSW/Dietary education completed in weekly huddles and Townhall meeting on always available list and encourage to offer items if meal is refused. Monthly reminders provided.</li> </ul> <p><b>2. Meal are served at the right temperature</b></p> <ul style="list-style-type: none"> <li>This has been an ongoing discussion with dietary team members.</li> <li>FNM reviews survey results dietary team members meeting and also at townhall and encourage staff to work together to ensure all meals begin on time.</li> <li>Implement all hands-on deck for portering residents to dining rooms. FNM/RCC increased auditing at beginning of meal service until improved start times and consistent compliance. RRC follow up at staff meetings. Good overall improvement in start times noted still.</li> </ul> <p><b>3. Dietary Manager to attend Resident council meeting to find out what the concerns are.</b></p> <ul style="list-style-type: none"> <li>Resident Council meeting and Food Committee meeting are sometimes ran together, so FNM can answer questions from residents.</li> </ul> <p><b>4. Provide a pleasurable dining experience for all residents.</b></p> <ul style="list-style-type: none"> <li>Managers are always present in the dining including the Dietary Manager to ensure noise levels remain low and team members are following proper hand hygiene.</li> </ul>	Feb-20/24 and on going  Aug/24  On going  On going	We saw an decrease on the question "On the question on <b>Food and Meal- 2024 score 76%</b>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	On going education and training will be provided to all staff on Food been served cold.
<p><b>" Staff-Resident bonding" -2023 score 66.66%</b>  <b>1. Provide more varieties of activities that will include staff.</b></p> <ul style="list-style-type: none"> <li>Activity and Dietary department organizes special events that includes both team members and residents- In September they organize a fall fair that saw both residents and team members outside playing games.</li> <li>Guessing Game- This a guessing game was done in Sept 2024 and are going to continue with this. We are working on a slide show that can be put on a moving tablet for staff. As well as continue to have games like this during staff appreciation events.</li> </ul>	Sept./2024  Feb/24	There was a slight increase on the question " <b>Staff-Resident bonding" -2024 score 68.42%</b>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Activity Coordinator will continue to invite team members on joining recreation activities.  New Hires will be trained on introducing self during shifts. This is going to be added to their orientation package.  Team members will be encourage to utilize the all about me in the residents rooms as a conversation starter.

<p>2. <b>Provide opportunities for staff to sometimes lead activity when able.</b></p> <ul style="list-style-type: none"> <li>• Due to shortage of staffing we have not been able to achieve this.</li> <li>• Social worker and BSO PSW leads programs sometimes</li> </ul> <p>3. <b>Ask for staff input on creating program and activities that will include staff and residents.</b></p> <p>AC does program planning in the dining room and staff have the opportunity to contribute to programs they feel the residents have told them they enjoy.</p> <p>4. <b>Staff will be reminded on communicating with residents when providing care, assisting in the dining etc.</b></p> <ul style="list-style-type: none"> <li>• Activity department is creating a conversation starter to help staff in communicating with residents. All about me in residents' rooms will be completed by the end of week Feb 28/25</li> <li>• Communicating with residents when providing care is included on all PSW staff meetings monthly</li> </ul>	Feb/25			Resident will be featured in our monthly newsletter for new staff to be able to know more about their past leisure activity.
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**Family Survey**

Focus and Score:	Date Implemented:	Outcome of the Actions:	Role of Resident Council/Family Council/PAC and CQI:	Comments:
<p>Unfortunately, we did not have adequate family participation in 2024 for a survey summary to provide results. We will continue to aim to increase participation in 2025. This will be done by provide QR Codes to family members via OneCall and also posting it at the front entrance to the home, printing extra copies of the survey and placing them at the Nursing station, BOM office to and to family members.</p>	January 2025 ongoing	NA	<input checked="" type="checkbox"/> Shared Initiative <input type="checkbox"/> Supported by Resident's Council/PAC and CQI	We will continue to encourage participation throughout the year using a variety of methods.

**Communication of Results**

Who:	Date Shared:	Feedback/Comments:
Resident Council	February/15/2024	
Family Council	NA	
Team Members	February/14/2024	
PAC/CQI	April/23/2024	
Family	February/15/2024	

**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.**