



Caressant Care
Nursing and Retirement
Homes Limited

Quality Progress Report 2025

Caressant Care Arthur

March 2026

Brief Summary of Quality Improvement Achievements fiscal year 2025:

Environmental & Infrastructure Improvements:

- ✓ Installed surveillance equipment
- ✓ Repairs to accessibility ramps at entrances
- ✓ Enhanced insulation to windows
- ✓ Replaced flooring
- ✓ Upgraded Appliances

Clinical Programs:

Care Plan Library: Caressant Care has developed and continues to update our customized care plan library to further promote our philosophy resident-centred language. We have reduced the number of focuses to minimize overlap and established clear parameters for care plan content.

Other: In 2025 we also upgraded the Safe Lift Transfer program and enhanced falls prevention equipment and offered identified continued education through Resident Council.

Technology and Innovation:

InterRAI Pilot: The Resident Assessment Instrument (interRAI), replacing RAI MDS 2.0, will be adopted across Ontario by April 2026. Our home was selected for the first pilot group of 50 Homes in the province, positioning us at the forefront of this transition. This initiative provided us with increased support and the opportunity to offer feedback to the Ministry of Long-Term Care (MLTC), Canadian Institute for Health Information (CIHI), and PointClickCare (PCC). The interRAI is a more streamlined assessment tool, and (PCC) has optimized their software for user-friendly and efficient coding and submissions, demonstrating our organization's knowledge, flexibility, and leadership in the sector.

In 2025, Caressant Care began utilizing an application designed by PointClickCare. The companion application to the electronic health record system has been designed specifically for handheld devices. The companion application connects directly to our electronic documentation system and promotes efficiency, eliminates paper forms, and streamlines data flow, which enables and results in direct care team members spending more time with and providing care to residents in the home.

Education: In 2025 the online learning management system was updated and reviewed to ensure required education modules are available and current.

We continued to advance our communication strategy by investing in additional mobile devices, tablets, and laptops to improve team member documentation efficiency with enhanced security updates.

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. In 2025 we continued to maintain accreditation standards and work towards our next surveys to be scheduled in 2027.

Internal Auditing Process: In 2025 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 2025 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 Prevention & Control (IPAC):

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

A comprehensive review of Infection Prevention and Control (IPAC) policies was conducted in 2025 input incorporating emerging best practices, with updated guidelines.

We have automated some processes with regards to IPAC reporting, to reduce duplication, ensure better record maintenance and automated clinical IPAC audits.

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 team members completed cultural awareness and safety education modules which included Indigenous Cultural Safety in Health Care (Key Terms and Historical Context) and Diversity, Equity, and Inclusion in the Workplace (DEI).

Resident, Family, & Team Experience:

Surveys are completed throughout the year, and summarized semi-annually 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 – **95 %**
- ✓ Residents feel privacy is respected – **94 %**

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

- ✓ Families feel staff engage in friendly conversation with residents – **93%**
- ✓ Loyalty Question – Would you recommend this organization to others? **86%**

Please see attached Progress of Survey Actions 2025

Community Partnerships:

Community Engagement Day - Last year's event was a tremendous success, and we saw incredible engagement from our local communities. This province-wide initiative was a great opportunity to connect with our local community, advocate for our industry, and showcase our home with external partners and others. Caressant Care Arthur was honoured to welcome Community Government Leaders for a memorable visit that brought together residents, families and team members in celebration and connection.

Celebrating 50 Years of Care

Since 1975, Caressant Care has been dedicated to supporting families and enriching the lives of residents across Ontario. Last year we celebrated our 50th anniversary in September 2025 honouring both our long-tenured Residents and team members. This celebration was a testament to the trust our communities have placed in us and the unwavering dedication of our team members and volunteers. We were proud to mark this milestone by celebrating the people, both past and present, who have made Caressant Care what it is today.

Other Comments:

Resident Centred- Language: In 2025 we continued to promote 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.

Additionally, our Care Plan Library includes our Resident-centred words of choice (i.e., nurse vs. Registered Staff, team member vs. staff) to ensure care plans are clear, accessible, and meaningful to those receiving care.

Team Member Appreciation: Nurses Week at Caressant Care Arthur continues as whole Team approach in celebrating all we do. This year all team members received *A Daily Dose of Gratitude* with small tokens of appreciation each day. We are proud to continue building a workplace culture where gratitude is shared openly, and often.

Progress Summary from our Quality Plan 2025

Attachments include:

QIP Progress Report for 2025

Progress of Survey Actions 2025

Experience | Patient-centred | Custom Indicator

Indicator #1	Last Year		This Year		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of residents responding positively (most of the time/always) to: "I feel I have a voice and staff listen to me." (Caressant Care Arthur)	70.00	75	79.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

1. Survey Residents and Team Members for ideas for improving how Residents can feel respected by team members. 2. Continue to promote participation in Resident's Council 3. Implement multiple avenues of communication for Residents to provide feedback

Process measure

- 1. Review survey results mid-year and adjust change ideas methods as necessary dependent on current methods effectiveness 2. Report monthly attendance records (attendance/# of beds), quarterly at CQI meetings and annually with Quality Progress Reports 3. Report Surge Learning education completion rates, record observations on daily walk throughs use of person-centred language, suggestion box and relevant signage

Target for process measure

- Our goal is to increase overall satisfaction by 5 % of the percentage of residents responding positively (most of the time/always) to: "I feel I have a voice and staff listen to me." from January 2025 to December 2025.

Lessons Learned

Action Plan outlined change ideas introduced to drive overall satisfaction within the Team Members category which ultimately drove results:

- Team members ask how needs can be met 88%
- Team members engage in friendly conversation 84%
- Residents feel they have a voice and team members listen to them 79%

Comment

This initiative was successful.

Progress of Survey Actions 2025

Resident Survey

Actions Taken (Need to enter previous score and list each action):	Date Implemented :	Outcome of the Actions (Need to enter the new score/result):	Role of Resident Council/Family Council/PAC and CQI:	Comments or Feedback (need to enter the result with why it was/wasn't achieved):
<p>1. Team Members - Staff Staff engage in friendly conversation 2024: 76%</p> <ul style="list-style-type: none"> Customer Service Module 1 & 2 completion for all staff through Surge Learning Share information about Residents personal history through move-in process, informed huddles, Trivia Team Building exercises such as 'who am I' Conversation Starter boards posted in dining room with questions to engage the residents. To be monitored through daily walkthrough with in the moment feedback. 	February 28/25	Implemented February 2025 &ongoing throughout the year Monitored daily through MBWA FNM. Students responsible to update Conversation Starter boards	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council	<p>1. Team Members - Staff Staff engage in friendly conversation 2024: 76% to 2025: 84% QI Goal for 2025: 85% (met)</p>
<p>2. Team Members - Staff Staff ask how needs can be met 2023: 50% 2024: 65%</p> <ul style="list-style-type: none"> Customer Service – Complaints, Concerns & Comments education for all staff through Surge Learning Reminder pins 'how can I help?' Questionnaire to team members regarding familiarity of the resident history, preferences, and person-centered care approach 	March 31/25	Pins distributed during Nurses/Staff Appreciation week. Managers wear daily and promote staff to continue to wear as reminders for customer approach first	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council	<p>2. Team Members - Staff Staff ask how needs can be met 2024: 65% to 2025: 88% QI Goal for 2025: 75% (exceeded)</p>
<p>3. Health and Wellness - Activities There are meaningful things to do in the evening if I wish to 2024: 76%</p> <ul style="list-style-type: none"> Create mini surveys that asks the residents if the activity was meaningful after finishing the program Based on resident feedback, reintroduce evening programs such as card games, pub nights, external entertainers, and fire side chats 	April 30/25	Verbally surveyed Residents satisfaction with the program offered Thirsty Thursday's 6pm Church Group monthly during the evenings, many outdoor programs during summer months, fire side chats/smores, etc. Pickling party Thursday's for 2025 doubled evening programming for further engagement as a trial. <ul style="list-style-type: none"> Resident feedback at council meetings to create new activities based on resident interest and involvement. Reminders of programming on White boards in Dining rooms which also prompted conversations for staff and residents about the activity Added 2 more activities daily to programming. 	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council	<p>3. Health and Wellness - Activities There are meaningful things to do in the evening if I wish to 2024: 76% to 2025: 79% QI Goal for 2025: 85% (unmet with some improvement)</p>

Family Survey

Actions Taken (Need to enter previous score and list each action)	Date Implemented :	Outcome of the Actions (Need to enter the new score/result):	Role of Resident Council/Family Council/PAC and CQI:	Comments or Feedback (need to enter the result with why it was/wasn't achieved):
<p>1. Resident Focus - Staff engage in friendly conversation. 2023: 59% 2024: 89%</p> <ul style="list-style-type: none"> Customer Service Module 1 & 2 completion for all staff through Surge Learning Share information about Residents personal history through move-in process, informed huddles, Trivia Team Building exercises such as 'who am I' Conversation Starter boards posted in dining room with questions to engage the residents. To be monitored through daily walkthrough with in the moment feedback. 	February 28/25	As above	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council	<p>1. Resident Focus Staff engage in friendly conversation. 2024: 89% to 2025: 93% QI Goal for 2025: 90% (exceeded)</p>
<p>2. Staff - Staff ask how needs can be met 2023: 76% 2024: 78%</p> <ul style="list-style-type: none"> Customer Service – Complaints, Concerns & Comments education for all staff through Surge Learning Reminder pins 'how can I help?' Questionnaire to staff regarding familiarity of the resident history, preferences, and person-centered care approach 	March 31/25	As above	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council	<p>2. Team Members - Staff Staff ask how needs can be met. 2024: 78% to 2025: 79% QI Goal for 2025: 85% (unmet)</p>
<p>3. Health and Wellness - Participates in meaningful activities 2024: 25%</p> <ul style="list-style-type: none"> Reach out to families via phone calls with customer service specific to meaningful activities for their loved ones and provide updates on the resident's interaction and available programming. Ask family if they would like to participate in the upcoming programs. 	April 30/25	ONECALLNOW monthly Calendars/'What's Happening' sent out to Families, Family attendance to Annual Car Show increased from previous year. ONECALLNOW to Families celebrating successful Resident Programming, requesting ideas for meaningful activities, volunteering, attending <ul style="list-style-type: none"> OneCall monthly updates of completed activity highlights to family. Reminders at care conferences open invitations to participate with their loved one 	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council	<p>3. Health and Wellness Participates in meaningful activities. 2024: 25% to 2025: 64% QI Goal for 2025: 50% (exceeded)</p>

OneCall messaging to families on what is happening in the home.	<ul style="list-style-type: none"> • Meaningful engagement pictures sent to families of resident participating in activities. • Photo stations set up at socials designed for residents and families for families to capture special moments • Increased management attendance and engagement at weekend family events such as (Resident Bake sale, Christmas tea and social 		
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Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	March 12/26	NO comments, concerns brought forward at Resident Council
Family Council	April 8/26	
Team Members	March 30/26	
PAC/CQI	April 17/26	
Others (please list)	March 9/26	Posted on Quality Board with highlights

Surveys were available for both families and residents to participate in throughout 2025. Surveys were available in hard or soft copy with links provided and were also posted in the home. Results were summarized in July 2025 (January-June participation) and January 2026 for overall review (January-December 2025 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.