



Caressant Care
Nursing and Retirement
Homes Limited

Quality Progress Report 2025

Caressant Care Bourget

March 2026

Brief Summary of Quality Improvement Achievements fiscal year 2025:

Environmental & Infrastructure Improvements:

- Sprinkler Installation
- New commercial refrigerator and freezer
- New hot water boiler
- Improved LED lighting

Clinical Programs:

Care Plan Library: Caessant 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.

Technology and Innovation:

InterRAI LTCF 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, Caessant 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 enhance our technology with more mobile devices and laptops, promoting efficiencies for our team members 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 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 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 – 100 %
- ✓ Enjoys Mealtimes – 100%
- ✓ Can express opinion freely – 100%
- ✓ Residents feel like they have a voice and team members listen – 100%
- ✓ Can decide what to wear – 100%
- ✓ Residents feel privacy is respected – 91 %

Families additionally had positive feedback “Thank you for all the wonderful care, time and love put in by all staff members”.

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.

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. This is 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.

We have been pleased to work closely with the Geriatric Psychiatry Team in our region to increase our capacity to provide a home with dignity for residents with challenging behaviors. By increasing our partnership and collaboration, the interdisciplinary approach provides a more complete service to the residents, allowing them to enjoy a quality of life.

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.

Bourget is pleased to maintain a low rate of infection outbreaks due to improvements in infection control monitoring and management.

We are also pleased with improvements seen in Emergency Department transfers which are a result of improved access to services on site and more thorough assessments and treatments available in our home.

Progress Summary from our Quality Plan 2025

Attachments will include:

QIP Progress Report for 2025

Progress of Survey Actions 2025

Safety | Safe | **Optional 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 LTC home residents who fell in the 30 days leading up to their assessment (Caressant Care Bourget)	17.61	15	20.51	-16.47%	NA

Change Idea #1 Implemented Not Implemented In Progress

1. Provide education and training with the help of our external collaborative partners such as Lifemark to review our fall risks and provide additional guidance to the team members on how to manage high fall risk residents and ways to mitigate falls. 2. Improve Fall Committee and communication within the home to identify champions who can educate staff and families on day to day activities that can help reduce falls and provide closer monitoring.

Process measure

- Mandatory fall prevention and injury reduction education will be completed annually by 100 % of team members. Fall Program will be reviewed by clinical leadership annually and when required to ensure team members are following tasks and adapting appropriate interventions to meet resident specific needs. Monthly fall meetings will be completed and staff will have access to documented minutes for review.

Target for process measure

- The home will plan to reduce the number of residents who fell in the 30 days leading up to their assessment by 2 % for a target of 15% by the end of the fiscal year.

Lessons Learned

Trends of fall times are closely monitored and some consistencies found with certain times of day. Implementation of rounds during that time with focus on falls has been beneficial
 Injury prevention strategies have been effective with emphasis on increased safety while maintaining resident choice.

Comment

There was a noticeable decrease in injuries related to falls this past year.
We will continue to make this QIP a priority in 2026.

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):
Team Members engage in friendly conversation - - 2025 score 91% • Person-Centred Language • Encourage conversation in halls/rooms	October 2025	11% Improvement	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	
Can Decide what to wear – 2025 score –100% • Discussion at huddles and team meetings • Reviewed Resident Bill of rights on choice	October 2025	Was 80% = 20% Improvement seen	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	
Would Recommend us – 2025 Score – 82%	October 2025	2% Improvement from previous year	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	

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):
No data available due to lack of participation in 2025 surveys.		Although actions were implemented - unable to identify the outcomes of actions due to lack of participation in survey process.	<input type="checkbox"/> Shared Initiative <input type="checkbox"/> Supported by Resident's Council/PAC and CQI	
			<input type="checkbox"/> Shared Initiative <input type="checkbox"/> Supported by Resident's Council/PAC and CQI	
			<input type="checkbox"/> Shared Initiative <input type="checkbox"/> Supported by Resident's Council/PAC and CQI	

Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	March 26, 2026	Good feedback, satisfied at council meeting
Family Council	March 10, 2026	Good Feedback, satisfied with action process
Team Members	March 18, 2026	Positive
PAC/CQI		
Others (please list)		

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.