



Caressant Care
Nursing and Retirement
Homes Limited

Quality Progress Report 2025

Cambridge Country Manor

March 2026

Brief Summary of Quality Improvement Achievements fiscal year 2025:

Environmental & Infrastructure Improvements:

- Sprinkler installation in the Home began in 2025 and is scheduled to finish mid 2026
- Total roof replacement was completed in 2025
- improved lighting in some resident rooms and offices
- Baseboard heaters in resident rooms were replaced with more energy efficient models
- Additional outdoor furniture was purchased for residents, families and team members to enjoy

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 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 88 %
- ✓ Residents enjoy mealtimes 88%
- ✓ Resident choose what they wish to wear 88%
- ✓ Residents would recommend us-83%
- ✓ Residents can express their opinions freely-75%

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

- ✓ Health Services are what they need-96%
- ✓ Families feel staff engage in friendly conversation with residents – 95%
- ✓ Privacy is respected 95%
- ✓ Team members respond appropriately when resident needs assistance-95%
- ✓ Would recommend us-96%

The Home continues to receive compliments from our care partners, families and individuals who visit or tour our home. They indicate the home has a warm feeling, is welcoming and the staff present as genuine.

Please see attached Progress of Survey Actions 2025 (from Roadmap – please ensure complete)

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.

Nurse Lead Outreach Team (NLOT)

The home continues to have a very supportive relationship with our NLOT Team providing monthly for education sessions for both Registered Team Members and PSWs. The NLOT team has also assisted with educating our nurses on PICC lines so residents could shorten their hospital stay and still receive treatments.

Palliative Nurse Consultant attends the home for education of all levels of team members. Recognizing signs of a resident who was at End of Life was very beneficial for our non-nursing team members. Our consultant was instrumental in assisting the home with some residents who had complex pain control issues.

Psychogeriatric Outreach Team continues to provide a supportive relationship with Dr. Aziz who is the psychiatrist that works with the Psychogeriatric Outreach Team. This team supports the home with residents who present with depression, BPSD, or who may need psychiatric medication adjustments.

Ontario Health at Home provides support as a vendor for mobility equipment and processing any ADP applications.

Other:

Music Therapy sessions increased in 2025 to weekly which enhances the quality of life for our residents with dementia.

Additionally, we have a new Social Worker who has been working very closely with our new move ins and with families that may be struggling with loved ones who are end 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.

Town Hall Meetings began quarterly in 2025 with the purpose to share information with families about any initiatives happening in the home. They have been successful and have been received positively.

Infection Control and IPAC: The Home continues to manage outbreaks well and they are over quickly. The average length of an outbreak is 8 days. Cambridge Country Manor only experienced 1 outbreak in 2025.

Progress Summary from our Quality Plan 2025

Attachments will include:

QIP Progress Report for 2025

Progress of Survey Actions 2025

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #1	28.99	22	25.93	10.56%	NA
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Cambridge Country Manor)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

Education of families as to what care can be provided within the Home, including End-Of-life Care. Earlier communication with families when noted decline in residents.

Process measure

- The Home will review NLOT quarterly stats and identify trends. The Home will review monthly with the RAI coordinator and utilize the Emergency Department Visit Tracker to monitor any areas for improvement and % of residents sent to hospital unnecessarily.

Target for process measure

- We are aiming to reduce unnecessary Emergency Department visits by 5% from 29 to 22% by Dec 2025.

Lessons Learned

These measures did assist in a percentage improvement of 10.56% . We will continue to implement these measures going forward.

Comment

Additionally, it should be noted that in 2025 33% of the home’s residents have chosen a Full Code as an advance directive. Cambridge Country Manor is serving a younger population with more of our move ins under 70 years of age with either families or residents reluctant to choose a palliative measure until end of life is near.

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):
Enjoy mealtimes-69% Increased resident participation in choices Increased serving of favourites Worked with simple things like improving dishes and cutlery to look less clinical	Ongoing	Each intervention was successful and as a result there was a large increase in satisfaction. New Score is 88%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	
Privacy is respected-58% Increased audits and education in the use of privacy curtains with PSWs Registered staff were educated to observe who is around nsg station before discussing private information	Ongoing	Interventions were successful. New Score 79%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	
Resident needs are met-58% Education on how to include residents in decisions eg what clothes to wear, what time to go to bed.	Ongoing	Not successful, new PSW staff are coming to the homes with less education on how to interact with residents New score is 57%	<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):
Participation in meaningful activities-40% Activities has increased the variety of entertainers. They also increased staff participation with certain activities eg laughing yoga	Ongoing	Very successful. Activities will continue to outsource multiple community outreaches, and will look this year to have multi-generational activities. New Score-77%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	
Can choose shower/bath times-67%. The nursing team has made every effort to accommodate each residents choice to time of day and will give extra showers/baths for special occasions	Ongoing	These interventions are successful and will continue New Score-77%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	
Participation in activities on weekends-69% The Activity team was able to hire an individual for the open shifts on the weekends which now has every weekend covered	Jun/25	This has certainly helped with having activities available on all weekends New Score is -75%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	

Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	April 2026	
Family Council	April 2026	
Team Members	April 2026	
PAC/CQI	Jun 2026	
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.