



**Caressant Care**  
Nursing and Retirement  
Homes Limited

# Quality Progress Report 2025

**Caressant Care Cobden**

**March 2026**

## **Brief Summary of Quality Improvement Achievements fiscal year 2025:**

### **Environmental & Infrastructure Improvements:**

Caessant Care Cobden hallways were freshly painted in 2025, and we are currently working on updating the paint colours in the Resident rooms. We replaced lounge furniture for the lobby and Resident Home Areas, including new chairs for Resident rooms. We have 2 new Culligan water softener tanks installed. All rooms have new over bed tables.

### **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: (add in your own examples of areas where you scored high.)

- ✓ Loyalty Question – Would you recommend this organization to others? 96%
- ✓ Residents get the health services they need – 96 %
- ✓ Residents feel they have a voice and team members listen – 90 %

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

- ✓ Loyalty Question – Would you recommend this organization to others? 100%
- ✓ Families feel residents' privacy is respected - 100%
- ✓ Families feel residents get the health services needed 100%

### **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.

**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.

**Progress Summary from our Quality Plan 2025**

**Attachments will include:**

QIP Progress Report for 2025

Progress of Survey Actions 2025

Safety | Safe | **Optional Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>18.36</b>	<b>15</b>	<b>16.00</b>	<b>12.85%</b>	<b>NA</b>
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Caressant Care Cobden)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

**Change Idea #1**  Implemented  Not Implemented  In Progress

1. The Home will continue to assess Residents on admission, quarterly and with changes in health status to determine level of risk for each Resident. Early identification of high risk will allow the initiation of appropriate interventions to mitigate fall related injury.

**Process measure**

- 1. Identify Residents with a change of health status and apply appropriate interventions and education regarding fall prevention and injury reduction. Identify and monitor falls resulting in hospital transfers. Track all meetings using the multidisciplinary tool that all departments can access for reference. Shift huddles occur at every change of team shift with a registered team member for the use of reporting Resident changes and identifying risk factors. Identified high risk Residents are supported by external partners (Medical Director, Attending Physician's, Pharmacy, etc.) and internal Restorative Care/BSO Team. Extensive review of care plans is completed at time of fall risk and/or when a Resident is identified as a high risk. Care plan changes will be adapted to support each Resident with the collaboration of their caregiver. Care conferences are completed at 6 weeks, annual and as needed to ensure that the Resident, family/caregiver needs are met for communication and education. Quarterly newsletters are also distributed. 2. Mandatory fall prevention and injury reduction education will be completed annually by all team members. Fall Program will be reviewed by clinical leadership annually and when required to ensure all team members are following tasks and adapting appropriate interventions to meet Resident specific needs. Monthly fall meetings will be completed and teams will have access to documented minutes for review. Behavioural Support Nurse will add interventions where required to assist in care plan adaptations to support Residents.

**Target for process measure**

- 1. SBAR process has been initiated to provide full Resident details to on-call physicians responding to 100 % fall-related incidents/injuries. 2. Process initiated for faxing to pharmacy reports of individual Resident falls (100 %) to determine if pharmacology is a factor. Pharmacy provides suggestions for physician follow up.

**Lessons Learned**

Although our goal was not met in 2025 we were 1 % away from target with an overall 12.85 percentage improvement.

Identified gaps that will drive the change ideas for the Home in 2026 include the following:

- Continue the restorative care programing with the restorative care champions to promote strength and mobility.
- Education to Residents self-transferring without use of mobility aid.
- Changes in our Resident population have resulted in an increase in non-ambulatory, ambulatory using aides, and Residents who have/and or are experiencing muscular atrophy.

**Comment**

We are continuing to focus on this QIP 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 ask how needs can be met score 88% Team member meeting discussions regarding resident rights / personal right to choose Increased manager presence on floor for support and encouragement of compliance of rights and therapeutic communication	31 Dec 2024	88% BSO Champions working 1 on 1 with Residents Residents encouraged to attend Residents Council meetings/Food Committee meetings	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	The outcome percentage has remained the same. Team members continue to successfully provide meaningful communication.
Food and Meals-variety, provision, serving score 88% Team members from all disciplines will be reminded of the Pleasurable Dining process to ensure Residents are enjoying meals in an optimal environment. Regularly scheduled nutrition services meetings are held in the Home where Residents have their individual concerns addressed. Residents are encouraged to attend.	31 Dec 2024	82% Residents encouraged to attend monthly Food Committee meetings to address any concerns Diner's Club started once monthly for a special meal selected by Residents Team members from all disciplines will be reminded of the Pleasurable Dining process to ensure Residents are enjoying meals in an optimal environment.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	The outcome percentage has decreased. Many younger aged Residents in the Home request foods and service that has been atypical in LTC Homes. Two of these Residents are experienced chefs who request a variety of meal items that are not suitable for 60% of the Resident population.
Daily Decision Items-bathing/showering score 72% Clinical Leadership with the help of care team members and with input from Residents/Families will audit the bath schedule for Resident choices and will implement changes as able to satisfy Residents' bath times and preferred method (shower or bath)	31 Dec 2024	86% Clinical Leadership continues to audit the bath schedule for Residents choices Residents choose their preferred method of bathing	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	The outcome percentage has increased.

### 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):
Comfort Items-a pleasant and accessibly outdoor experience. score 87% Plan to restructure the main outdoor Resident space in the spring Gazebos were purchased in 2024 by Resident Council-these will be installed after the current area is cleared Volunteer opportunities for the community (ex: Civitan Club), team members and their families, and Residents and their families will be advertised to maintain the outdoor space creating a collaborative approach to Resident comfort and satisfaction.	31 Dec 2024	100% Courtyard to be finished this spring to enhance the Resident outdoor experience. Once courtyard is completed the second gazebo will be built to provide shade for outdoor activities	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	The outcome percentage has increased.
Health and Wellness-participates in meaningful activities - score 63% Additional Restorative Care hours will provide physical interactions with Residents on their caseload seven days per week	31 Dec 2024	57% Activity team members continue to offer new activities each month	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	The outcome percentage has decreased. Plans continue to provide additional interests to Residents.

Activity Program has secured a full-time activity person (Feb 1/25) who will be a beneficial addition in providing a greater amount of exceptional activities and programs under the leadership of the Activity Supervisor.		Restorative Care hours continue to provide Residents on their caseload physical interactions More outdoor activities in spring/summer once courtyard renovations are completed		
Personal Relationships-has people to spend time with him/her if they wish. score 50% Additional team members and hours have been implemented through the BSO discipline to provide daily meaningful 1:1 and small group interactions through conversations, activities and crafts. Comfort measures provided by this team will include doll therapy and Montessori interventions such as fiddle blankets etc.	31 Dec 2024	78% BSO champions continue to provide daily 1:1 with Residents. Activity aides provide 1:1 with Residents and small group interactions with their Cheery Chats every morning	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	The outcome percentage has increased.

**Communication of Results**

Who:	Date Shared:	Feedback/Comments:
Resident Council	17 Feb 2026	Posted on our Quality board 21 Jan 2026/Shared with Residents Council 17 Feb 2026
Family Council	20 Feb 2026	Posted on our Quality board 21 Jan 2026/Sending out with the mailing 20 Feb 2026
Team Members	Feb Staff Meeting	Posted for staff to read 21 Jan 2026/Reviewed at all team meetings in Feb
PAC/CQI	29 Jan 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.**