



Caressant Care
Nursing and Retirement
Homes Limited



Quality Progress Report 2025

Caressant Care Harriston

March 2026

Brief Summary of Quality Improvement Achievements fiscal year 2025:

Environmental & Infrastructure Improvements:

Some home improvements from 2025 include:

- new Chart Cart Desk 2 and nursing station renovation
- Large lounge cupboards / countertop
- Sprinkler system completed
- upgrading fluorescent light fixtures to LED
- Dietary server, new steamer and freezer
- security cameras Closed-Circuit Television (CCTV)
- new bariatric beds and mattresses
- replaced Restorative Care flooring

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.

Clinical Program Improvements: Caressant Care has implemented bar coding for scanned drug distribution, a new skin and wound application and revamped the Incontinence Program with use of improved Tena products of better quality.

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, 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.

We continued to enhance our technology with more mobile devices and laptops, promoting efficiencies for our team members with enhanced security updates.

Education: In 2025 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.

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' incontinence products meet needs - 97%
- ✓ Residents feel their privacy is respected - 95%
- ✓ Residents would recommend us - 97%
- ✓ Get health services needed - 89%

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

- ✓ Feels Residents' privacy is respected - 100%
- ✓ Team members respond appropriately when family needs assistance - 100%
- ✓ Would recommend us - 100%
- ✓ Residents get health services needed - 96%

Team Member education included: Mandatory Gentle Persuasive Approaches (GPA) training for all PSWs and RSAs providing 1:1 staffing, PICC line education for Registered Staff from NLOT, education on oxygen tanks, Caregiver burnout seminar was held (hosted by our Social Worker and our Musical Therapist) and CPR education.

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 had attendees from the Town of Minto, Minto Chamber of Commerce, MP, MPP and external partners were present.

Community Partnerships: We continue to partner with NLOT, ProResp and Lifemark to provide us in house education as needed.

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 Enhancements: A PSW Lead role was implemented one shift a day 7 days weekly. This has been a great addition to the team. The Lead is providing support on the floor and implementing best practices for PSWs, giving one-on-one education as needed. The Lead has been instrumental in helping with new move-ins, ensuring rooms are set up and belongings are all labelled. The Lead also attends care conferences. The home has increased the hours for 2 registered team members to further assist with assessments, and new move-ins.

Team Member Appreciation: The Management team held a team member appreciation event over the week of May 12-18 2025 in conjunction with Nurse's week. We chose to celebrate this as "Nursing Home Week" to include all team members. Team members were presented with a gift each day of the week and the week ended off with a celebration.

Our home is very proud that we were able to host our 2nd annual family and resident Christmas Dinner. This was well attended and families had positive feedback about the event.

Progress Summary from our Quality Plan 2025

Attachments will include:

QIP Progress Report for 2025

Progress of Survey Actions 2025

Experience | Patient-centred | Custom Indicator

| | Last Year | | This Year | | |
|---|-----------------------|------------------|-----------------------|----------------------------------|------------------|
| Indicator #1 | 51.00 | 60 | 60.00 | -- | NA |
| Percentage of team member/workforce who respond positively (all the time/most often) to the engagement category questions. (Caressant Care Harriston) | Performance (2025/26) | Target (2025/26) | Performance (2026/27) | Percentage Improvement (2026/27) | Target (2026/27) |

Change Idea #1 Implemented Not Implemented In Progress

The Management team will continue to promote education opportunities to team members by posting on the education bulletin board. Additionally notices to be sent via one call now and the home's Staff Schedule Care message board. The Management Team will continue to promote our "open door policy" the team will also continue to seek team member input related to changes in the home. Team members will be continue to be asked to attend "huddles" to provide their feedback. Team members will be encouraged to use the suggestion box that has been placed outside the BOM office, this will be noted on all upcoming team member meeting agendas All managers to incorporate a "success & suggestions" round table discussion at all upcoming team meetings, the goal of this segment is to bring a positive feel to all team member meetings instead of always focusing on negative. This will also give team members and additional opportunity to present their suggestions and or concerns in a open dialogue. BOM created a poster highlighting available opportunities from corporate office and at the home level for professional growth, promotions, tuition assistance opportunities etc.

Process measure

- The home has set two goals for measurement of success to improve overall team member engagement: 1) have at least 50 team members attend a GPA / Dementia education by October 2025. 2) Improve team member "engagement" score to 60% according to survey results by end of the calendar year.

Target for process measure

- The home has set two goals for measurement of success to improve overall team member engagement: 1) have at least 50 team members attend a GPA / Dementia education by October 2025. 2) The home will aim to improve overall percentage of engagement to 60 % through the team member satisfaction survey by December 31, 2025.

Lessons Learned

Multiple team members were provided opportunities to express their feedback through the engagement survey. While participation allowed staff to share their perspectives, the results indicate that several team members remain dissatisfied despite having the opportunity to voice their concerns.

This highlights the importance of not only collecting feedback but also ensuring that concerns are meaningfully addressed and that team members see tangible improvements in response to their input. Moving forward, there is a need to strengthen communication, increase transparency around actions taken, and actively involve team members in solutions to improve overall engagement and satisfaction within the workforce.

Comment

Although we did see some improvement in this area for 2025. Our goal is to continue to work towards increasing this score for 2026.

The Management team will continue to promote staff engagement by inviting team members to provide feedback on potential dining table changes, room changes, new admission and other suggestions to improve quality of care for the residents.

There will be constant communication between Management and team members. We will continue with weekly updates of the home sent on one call now. Huddles with team members on a more frequent basis. We will continue to promote use of the suggestion box outside the BOM office.

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. 76% enjoy mealtimes – this has increased from 2024's score of only 35% however we would like to continue to improve.</p> <ol style="list-style-type: none"> Activity/ designate began interacting with residents during breakfast service. "morning trivia" was trialed with residents and included morning announcements of daily activities etc- This was not very well received by our residents and the practice has since been discontinued. Management Team started to rotate during lunch mealtime as the "host / hostess" in the dining rooms the duties of this role included topping up of coffee/ tea going from table to table engaging residents, asking if they are enjoying the meal, asking if anything else needed engaging in conversation with residents. The host/ hostess will wear special apron during this role. All Team members were educated on pleasurable dining and proper dining etiquette. Additional modules were added to Surge Learning. Activity director asked residents during Resident's council if they would be like having soft music played during meals and table cloth use at all meals. Overall residents were agreeable to this and this was implemented. Residents were encouraged to attend food committee meetings to ensure their concerns related to food are addressed. Activity Department coordinated with Management and Dietary team to decorate the dining rooms based on monthly themes /holidays and create special meals for these dates. Dietary and HK team members have been theme decorating the dining rooms. The home implemented the re-naming of the Dining Rooms to promote a more resident centered approach. The Former "Large dining room" was re-named the Courtyard Café. The former Small dining room was re-named the Louise Street Lounge. BOM ordered new signage to reflect the new names and these have been installed. | February 2025 and on going | <p>The end of 2025's score for residents enjoy mealtimes was 77%.</p> <p>We continue to encouraged Residents and Families to bring forward any suggestions related to food and meal service.</p> <p>FNM continue to conduct the food committee meeting monthly to discuss any concerns and compliments. Ensuring that the "always available menu" is presented.</p> | <input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI | <p>Residents are responding very well to the positive changes made in the dining rooms. This is demonstrated by our increased score.</p> <p>The home has had many WOW moments related to food and special events. Family members attended the Christmas Dinner and this event was a great success.</p> |
| <p>2. Team members ask how needs can be met at 71%</p> <ol style="list-style-type: none"> Team members were encouraged to have more interaction with residents ensuring a more resident centered care focus. Discussed at team member huddles and departmental meetings. Resident centered approach also discussed at each meeting. | March 15, 2025 and on going | The score for 2025 survey was 78% | <input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI | Our home is very pleased with the increased score and will continue with the interventions promoting resident centered focus. |
| <p>3. Feel privacy is being respected at 76%</p> <ol style="list-style-type: none"> In addition to the surge learning module on privacy. The Management Team in conjunction with our staff educator developed an additional education package for all team members on respecting Resident's privacy and dignity. Discussed at all remaining team member meetings. | March 15, 2025 and on going | The score for 2025 Survey 94% | <input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI | Our home is very pleased with the increased score and will continue with the interventions promoting respecting residents privacy. |

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>Participates in meaningful activities at 63%</p> <ol style="list-style-type: none"> Family members were encouraged to provide suggestions to the Activation department related to upcoming activities at Family council as well advertising this on the monthly calendar of activities that is sent to families. The team feels that family members may not always be aware as to what and when activities are attended by their loved one. It was Suggested that Activity perhaps more photos are taken and sent to families (if they consent) Attendance of activities was discussed at care conferences with families. | March 15, 2025 and on going | The score for 2025 Survey is 75% | <input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI | <p>Residents are responding very well to the positive changes made in the dining rooms. This is demonstrated by our increased score.</p> <p>The home has had many WOW moments related to food and special events. Family members attended the Christmas Dinner and this event was a great success.</p> |
| <p>2. Enjoyment during mealtimes at 90%</p> <p>This was also identified as a goal for the resident survey, in which we have identified the following goals:</p> <ol style="list-style-type: none"> Activity/ designate began interacting with residents during breakfast service. "morning trivia" with residents in the dining rooms and also included morning announcements of daily activities etc. After the trial of this practice, residents asked for this to be discontinued as they did not like this. Management Team began to rotate during lunch mealtime as the "host / hostess" in the dining rooms the duties includes topping up of coffee/ tea going from table to table engaging residents, asking if they are enjoying the meal, asking if anything else needed engaging in conversation with residents. The host/ hostess will wear special apron during this role. All Team members were educated on pleasurable dining and proper dining etiquette. Activity director asked residents during Resident's council if there would be interest in having soft music played during meals as well as reinstating table cloth meals. Results were reported to Management and implemented Residents are also be encouraged to attend food committee meetings to ensure their concerns related to food are addressed. Activity Department continues to co-ordinate with Management and Dietary team to decorate the dining rooms based on monthly themes /holidays and create special meals for these dates. The home implemented the re-naming of the Dining Rooms to promote a more resident centered approach. The Former "Large dining room" is to be re-named the Courtyard Café. The former Small dining room will be re-named the Louise Street Lounge. BOM ordered new signage to reflect the new names and they have been installed. | March 15, 2025 | The Score for 2025 was 78% | <input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI | <p>Our home has added this as an area for improvement for ongoing QIP.</p> <p>Some residents continue to be unsatisfied with the new menu structure from HO. (same alternate choice being offered lunch and supper). We will promote the always available menu as an alternative.</p> |

| | | | | |
|---|--|------------------------------------|---|---|
| <p>1. Team members ask engage in friendly conversation 94 %</p> <ol style="list-style-type: none"> 1. Team members were encouraged to have more interaction with residents ensuring a more resident centered care focus. 2. Addressed at team member huddles and departmental meetings. | | <p>The Score for 2025 was 100%</p> | <input checked="" type="checkbox"/> Shared Initiative Supported by Resident's Council/PAC and CQI | <p>Our home is very pleased with the increased score of 6%. Will continue with the interventions promoting and encouraging team members to engage in friendly conversation.</p> |
|---|--|------------------------------------|---|---|

Communication of Results

| Who: | Date Shared: | Feedback/Comments: |
|----------------------|--------------|--------------------|
| Resident Council | TBD | |
| Family Council | TBD | |
| Team Members | TBD | |
| PAC/CQI | TBD | |
| 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.