



Caressant Care
Nursing and Retirement
Homes Limited



Quality Plan 2026

Caressant Care on Mary Street

March 2026

Quality Commitment Statement

At Caressant Care, Continuous Quality Improvement (CQI) is an integrated, transparent, and resident-directed process embedded in all aspects of care and service delivery. We are committed to providing safe, equitable, and person-centred care that responds to each resident's physical, psychological, emotional, social, spiritual, and cultural goals.

Quality improvement is not episodic – it is continuous, embedded within governance, operations, and frontline practice. Every team member, regardless of role, contributes to improving resident outcomes, experience, and safety.

This Continuous Quality Improvement Plan operationalizes Caressant Care's four Strategic Pillars – **Resident & Family, Team, Environment, and Community** – ensuring that our quality priorities are fully aligned with our broader strategic direction. Each identified priority supports one or more pillars, reinforcing a cohesive and integrated approach to care excellence.

2026 Strategic Quality Priorities

Priorities and targets are based on:

- Resident and Family Survey Results
- Team Member Experience Surveys
- Feedback from Resident Council, and resident driven committees like Food Committee, and from Family Councils (if available), where suggestions and concerns can be brought forward
- Internal audits and the Electronic Health Record data (PointClickCare – PCC)
- Regulatory findings – Ministry of Long-Term Care (MLTC), Ministry of Labour, Immigration, Training, and Skills Development (MLITSD), Public Health, other internal or external stakeholder inspections.
- Risk trend analysis
- Ministry and system priorities
- Accreditation standards – Caressant Care participates in a voluntary accreditation process through CARF International. In 2024, we were awarded a 3-year accreditation and in 2026 we will continue our preparations for our next accreditation to be scheduled in 2027.
- Active engagement through departmental meetings such as Town Halls, team meetings, PAC/CQI which are all held regularly where Quality Improvement Plans are reviewed and discussed.

There are 5 key priorities, in no particular order of importance, identified throughout the below sections:

- Priority 1 – Palliative Care Excellence
 - Strategic Pillar Alignment: Resident & Family
- Priority 2 – Resident Safety – Falls Reduction
 - Strategic Pillar Alignment: Resident & Family
- Priority 3 – Team Member Engagement & Retention
 - Strategic Pillar Alignment: Team
- Priority 4 – Dining Safety & Texture Accuracy
 - Strategic Pillar Alignment: Environment
- Priority 5 – Avoidable Emergency Room Transfers
 - Strategic Pillar Alignment: Community

Governance & Accountability

The CQI Committee ensures that quality initiatives remain aligned with the organization's Strategic Pillars and monitors progress toward measurable outcomes.

Chair: Executive Director/Director of Care

QI Lead Name: Albert Militante, Executive Director

Membership includes Director of Care, Medical Director, every designated lead of the home, Registered Dietician, Pharmacy Consultant, PSW Representative, Nurse Representative, a Resident Council Representative, and a Family Council Representatives (if one exists), in accordance with the Fixing Long-Term Care Act.

Meeting Frequency: Quarterly

Quorum: Minimum 50% of Members

Reporting: Formal recommendations from the CQI Committee are documented in meeting minutes and reflected in the Roadmap. Responses and actions are tracked and reviewed at subsequent meetings.

The CQI Committee is responsible for:

1. Monitoring and reporting on quality issues, residents' quality of life, and the overall quality of care and services provided in the long-term care home, with reference to appropriate data.
2. Considering, identifying, and making recommendations regarding priority areas for quality improvement in the home.
3. Coordinating and supporting the implementation of the continuous quality improvement initiative, including but not limited to, preparation of the report on the CQI initiative.

Minutes are documented and stored electronically in the Roadmap to Success.

Caressant Care continues to revise the quality program with our comprehensive document for reporting and tracking indicators. The Roadmap to Success has scheduled monthly tasks, meeting templates, program evaluations, as well as a placeholder to record quality indicators for ease of analysis from month to month. The document is posted on a shared drive and can be accessed by both the home and corporate team. This document demonstrates our accountability and commitment to quality.

Residents and Families

Resident and Family Experience

Our culture statement is "Caring Families, Yours and Ours Together." In 2026, we will continue a focus of improving resident and family relationships from the move-in process onward by adopting a relationship-based approach that aligns with and strengthens our culture statement.

Surveys are conducted year-round and summarized semi-annually. Our goal in 2026 is to increase the overall satisfaction score to 85% or higher. Result and action plans are posted in the home, shared at resident/family council meetings, and posted publicly on our website.

Please see attached Resident and Family Experience Survey Summaries and Action Plans

An identified priority for Caressant Care in 2026 is the Palliative Care Excellence Program as it relates to resident and family experience.

Priority 1: Palliative Care Excellence

Aim: Increase early identification of residents with palliative needs and improve end of life care planning.

Indicator:	Baseline (2025):	Target:	Measurement:	Reporting:
% Residents screened using NECPAL	N/A	100%	PCC	Monthly
% Residents with documented Goals of Care discussions	100%	100 %	PCC	Quarterly

Specifically, the Home will work towards the following:

- Implementing the updated corporate Palliative Care Program in the home.
- Transition from PPS to NECPAL tool.
- Implement bi-monthly pain and palliative meetings as per the Roadmap to Success with a focus on reviewing residents who are declining and ensuring palliative care conference has been offered/completed, current interventions and reviewing any action items to support the residents end of life journey.
- Case reviews following a Resident’s death for quality learning.
- Educate at least 1 nurse in the Comprehensive Advanced Palliative Care Education Program (CAPCE).

Safety

Caressant Care is shifting from measuring harm to monitoring system resilience – recognizing that safety is strengthened when systems are reliable, teams are supported, and residents are engaged in prevention strategies. Safety culture is measured not only by incident rates but by team member willingness to report and participate in learning.

An identified priority for Caressant Care in 2026 is the Falls Program as it relates to Resident safety.

Priority 2: Resident Safety – Falls Reduction

Aim: Reduce falls by 3% and fall-related injuries by 3% by December 2026.

Indicator:	Baseline (2025):	Target:	Measurement:	Reporting:
% of Residents who fell in the last 30 days	18.4%	15.4%	PCC Insights	Monthly
% of Residents falls with injury or fracture	6%	3%	Falls Tracker	Monthly

Specifically, the Home will work towards the following:

- Implement and utilize the updated falls tracker.
- Implement and utilize the updated falls meeting minutes.
- Conduct fall prevention meetings monthly to review trends and analyze fall data related to # of falls, residents with multiple falls, falls by home area, location of falls, days of the week, and falls by shift.
- Review program progress monthly to ensure the goals and actions are being reviewed continuously.
- Review education opportunities for team members on prevention of falls and interventions to prevent fall related injuries.
- Corporate review of falls and enhanced use LTCF generated outcome Fracture Risk Score (FRS) to better aid in implementation of interventions and ultimately reduce falls and fall-related injuries.

Team

The healthcare industry continues to be a challenging time for organizations with unprecedented health human resource challenges. Caressant Care endeavors to improve workplace culture, and team member experience by providing education incentives, development opportunities and carefully analyze and respond to our team members.

We conduct annual Team Member Experience Surveys and carefully review survey results and create an action plan to focus on any indicated areas.

An identified priority for Caressant Care in 2026 is Team Member Engagement and Retention as it relates to team experience in the home.

Engagement and Retention

Priority 3: Team Member Engagement & Retention

Aim: Improve Team Member engagement score by 3%.

Indicator:	Baseline (2025):	Target:	Measurement:	Reporting:
Team Member Engagement Score	75	78	Team Member Experience Survey	Annually
Total # Ward Clerk Vacancies	0	0	Internal Records	Monthly
Total # of PSW vacancies	14	10	Internal Records	Monthly
Total # RN/RPN vacancies	1 RN + 7 RPN	1 RN + 5 RPN	Internal Records	Monthly
Total # Dietary Vacancies	3	3	Internal Records	Monthly
Total # of Activity Vacancies	1	1	Internal Records	Monthly
Total # of Housekeeping Vacancies	1	1	Internal Records	Monthly

Specifically, Home will work towards:

- Implementation of leadership development sessions.
- Enhanced onboarding support and implementation of corporate orientation program.
- Involvement in mentorship program for all positions.
- Use of new success planning tools which aim to provide meaningful and objective feedback about work performance with greater objectivity, consistency, and relevance.
- continue our partnerships with local colleges like Fleming and Lindsay Adult and Alternate Education Centre in supporting students who are completing their placements in our home.

Team Member Appreciation

During regular huddles, the management team continues to do shout-outs to team members who went above and beyond their usual scope of practice. “Thank You!” cards will also be handed to team members showing exemplary work performance.

Using available funds, the home will strive to initiate more staff appreciation at huddles and departmental meetings. Small tokens of appreciation (i.e. gift cards) will be given to select staff as well as random monthly draws. The home also plans to continue offering short massage sessions with our certified RMT partners monthly starting Summer of 2026.

In 2026 we will continue to offer in-house training like GPA and CPR for team members and support external specialized training or education (i.e. CAPCE, Palliative Fundamentals, etc.) to key positions to help support the clinical programs.

Equity & Indigenous Health

Caressant Care is committed to providing improved and equitable access, experiences, and outcomes to reduce health inequities in our organization and to ensure appropriate treatment of all individuals regardless of race, gender identify and/or expression.

In alignment with system expectations and provincial standards:

- 100% of team members will complete Indigenous Cultural Safety and Anti-Racism modules (Indigenous Cultural Safety in Health Care and Racism, Racial Discrimination and Human Rights Modules).
- Cultural needs are incorporated into resident care plans.
- Survey data will be reviewed for equity patterns.
- Cultural food, care, and spiritual preferences will be reviewed at care conference.

Our Cultural Competency, Diversity and Inclusion Plan is reviewed annually and an Accessibility Plan that addresses and includes any identified barriers on an ongoing basis.

With the assistance of the Support Office, Caressant Care has added several new religious denominations on PCC for demographics (i.e. Christian non-denominational, Sikh, Buddhist, etc.)

Environment

Caressant Care is committed to both enhanced technology and key environmental considerations to streamline processes in the home for better resident care outcomes. This is outlined in a number of ways

through technology and innovation initiatives as well as physical infrastructure improvements in the Home.

Technology & Innovation

Online Learning Management and Policies

- We utilize an online software system that houses our policies, procedures, and our online learning management system.
- Continue to review, streamline, and update policies, procedures, and resources.

Communication Strategy

- Continue to support the use of mobile devices across departments.

MealSuite Implementation

- Implementation of an all-in-one food service management software designed to streamline operations, improve safety, and enhance the overall experience for our residents.
- Digital menu and meal service management system that supports person centred dining while improving accuracy and efficiency across departments.
- For our Food and Nutrition Managers and dietary departments, it allows for menu planning and therapeutic compliance, production management and forecasting, procedure and inventory oversight, reporting and documentation, regulatory compliance, cost control and waste reduction, and data tracking to support continuous quality improvement.

PCC Enhancements

- Monthly Insights Scorecards
- Improved care plan libraries
- Clinical dashboards
- Skin and Wound App upgrades through the use of ChartPic.
- Use of Document Manager
- Continued promotion of the use of barcode scanning for improved medication safety.
- E-Prescribe
- Lab Integration

Freestyle Libre Continuous Glucose Monitoring Viewer Expansion

- Goal to reduce hypo/hyperglycemic events, enhancing Resident quality of life

Microsoft Suite Enhancements and Automation

- Attendance Management program automation.
- Auditing Practices
- Quotes System

Staff Schedule Care (SSC)

- Continue use and enhancement of the online staff scheduling platform.

Activity Pro

- Explore enhanced use through integration with PCC.

Environmental & Infrastructure Improvements

We continue to enhance our maintenance program and plan to undertake a comprehensive review of maintenance tasks in 2026 on our online software system to improve asset management, service, and efficiency.

Home specific environmental goals/improvements for 2026:

- Implementation of the new Fire Box policy / audit process
- Improvement to the Inventory Control/Supply Management process
- Implementation of the updated Fire plan template
- Implementation of the updated Emergency plan template

An identified priority for Caressant Care in 2026 is Dining Safety and Texture Accuracy as it relates to the environment and technology in the home.

Priority 4: Dining Safety & Texture Accuracy

Aim: Achieve 100% compliance in therapeutic diet and texture accuracy.

Indicator:	Baseline (2025):	Target:	Measurement:	Reporting:
# of texture errors per quarter	Q1 = 0 Q2 = 0 Q3 = 1 Q4 = 0	0 across all quarters	PCC	Quarterly
# of choking incidents related to texture accuracy	1	0	PCC	Quarterly
% team members trained on therapeutic diet protocols	CB (collecting baseline)	ALL dietary and nursing team members	Surge	Annually

Specifically, the home will work towards:

- Implementation of MealSuite
- Mandatory education sessions for front line team members on dining safety and texture accuracy
- Implementation of management auditing of meal service and snack service.
- Real time diet updates in PCC and MealSuite.

Infection Prevention & Control (IPAC)

IPAC is a cornerstone of our Environment Pillar and foundational to safe, reliable care delivery. Caressant Care recognizes the vital link between infection control practices and resident safety. We are continuously enhancing our infection control processes through increased auditing in areas such as hand hygiene, passive screening, PPE usage, and dietary and housekeeping procedures.

We have a dedicated Infection Prevention and Control (IPAC) Lead who supports the home by providing training, education, policy development, and outbreak management. To further optimize our IPAC practices, we carefully review trends and analyze data. Our IPAC Leads receive additional education, training, and participate in community of practice sessions to stay updated and effective.

Indicator	Target	Reporting
Hand Hygiene Compliance	>90%	Monthly
PPE Audit Compliance	>95%	Monthly

Outbreak Management Team Debrief Completion and Documentation	100%	As Occurs
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Community

Community is at the forefront of the circle of care for overall resident health and to have access to resources.

Community Partnerships

To support population health management, partnerships include:

- Local hospitals
- Nurse Practitioner programs (i.e., NLOT)
- Student Placement Programs (i.e., PREP LTC)
- Behavioural Supports Ontario
- Community Diagnostic Services
- Specialized Health Services (i.e. Ontario Shores Centre for Mental Health Sciences)

These partnerships aim to:

- Reduce hospital transfers
- Strengthen workforce pipeline
- Improve access to specialized services
- Strengthen team member workforce

An identified priority for Caressant Care in 2026 is Avoidable Emergency Room Transfers as it relates to the circle of care and community for residents in the home.

Priority 5: Avoidable Emergency Room Transfers

Aim: Reduce avoidable ED transfers by 8 % by December 2026.

Indicator:	Baseline (2025):	Target:	Measurement:	Reporting:
% avoidable ER transfers	30.28	22.3	CIHI	Annually
# of transfers to ER admitted	55	50	PCC	Monthly
# of transfers to ER not admitted	40	35	PCC	Monthly

Specifically, the home will work towards:

- Strengthen partnerships with community partner groups such Nurse Led Outreach teams, Nurse Practitioners, etc.
- Expand in-home diagnostics (i.e., bladder scanner use, ABI).
- Enhance early clinical flagging in PCC.
- Advance Care Planning reviews at care conferences.
- Clinical education and enhancement of clinical skills for nurses.

Future Strategic Quality Development:

As part of the Caressant Care's quality commitment, the Home maintains a structured and transparent approach to monitoring quality performance. Key quality indicators are reviewed on a defined schedule to ensure ongoing oversight and accountability: monthly through the Roadmap to Success, quarterly at PAC/CQI meetings, annually as part of formal program evaluations, and semi-annually with residents and families.

Meeting minutes from CQI discussions are made available upon request to the Residents' Council and Family Council to support openness and engagement. In addition, the Home publicly posts its annual quality progress report, Quality Improvement Plan, survey result summaries, and related action plans within the Home and on the organization's website, ensuring transparency and accessibility for all stakeholders.

As Caressant Care works toward continued quality care for residents and their families, a number of priorities have been developed to work through growth in future years. These strategies include but are not limited to:

- Advance program evaluations processes using SMART goal methodology.
- Strengthen CPI and proactive inspection processes to identify system gaps early.
- Enhance predictive analytics through PointClickCare Insights.
- Expand safety culture measurement tools.
- Integrate equity performance indicators into annual quality reporting.

Resident Experience Survey Summary and Action Plan

Date:
January 26, 2026

Number of Participants:
33

Top 3 Successes:
1. Residents feel they have a voice and team members listen – 100% versus 81% from the previous year.
1. Food is served at the right temperature - 100%. This is a dramatic increase from 61.54% from the previous year.
3. The home is kept tidy and clean – 100%; 2024's survey results returned 36.54% (MOST OF THE TIME) and 63.46% (ALWAYS) versus 11.43% (MOST OF THE TIME) and 88.57% (ALWAYS) in 2025. This is very promising despite the fact that the home has not had an official ESM in 2025 up to present. For this current survey result, it is evident that more respondents feel that the home is kept clean "always" versus "most of the time." Comments coming from families, residents and even inspectors all align that the home is "very clean" and "you don't see that in other homes!" - from Aug. 15, 2025 , R.L. (MLTC inspector). This home has also completed its Aspen renovation on January 29, 2025 where the hallways, floor, rails and tub rooms were updated.

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
<p>1. Do you have any concerns with safety or comfort - 88.57%</p> <p>Though this metric is above average, 11.43% of respondents answered that they "always" had concerns. Query: error inputting survey answers to this question. Suggest rephrasing the statement to read "I don't have any concerns for my safety or comfort". This is the only survey item phrased as a question.</p>	<p>1. Team members will continue completing purposeful rounding to ensure all residents' needs are captured before the team member leaves the room. This also ensures resident comfort and safety are being addressed in the moment.</p> <p>2. Manager's continue to do call bell response audits to ensure that resident's request for help are addressed to on a timely manner.</p> <p>3. All department managers completed a weekly walkthrough to spot for any safety-related concerns in the home</p>	<p>DOC</p> <p>All Department Managers</p> <p>All department managers</p>	Feb 26, 2025 and ongoing
<p>2. I decide the time I get up in the morning 91.42%</p> <p>Out of all survey questions, this is apparently the question that returned the lowest percentage. Though this is still considered high, the home will try to maintain or at least improve on this domain.</p>	<p>1. Frontline team members will follow residents' plan of care by viewing the kardex for specific sleep and morning routine preference for each resident.</p> <p>2. If possible, team members will re-approach residents in case they need more time to get ready when starting their day (I.e. decision to get up from bed / decision to sleep-in)</p>	DOC	Feb 26, 2025 and ongoing
<p>3. I enjoy mealtimes – 97%</p>	<p>1. Managers continue regular scheduled meal audits. This provides opportunity for the residents to provide feedback "in the moment"</p>	FNM	Feb 26, 2025 and ongoing

<p>Though this is very high, the home will continue to at least maintain this very favourable survey response</p>	<p>to the management team. FNM updates the schedule and ensures that the menu is as per residents' nutritional needs and preference</p> <p>2. FNM will solicit resident input with meal planning during food committee meetings</p>		
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Survey Feedback:

Shared with:	Date:	Comments:
Residents	February 2026	Resident council meeting
Families	N/A	Added to newsletter
Team Members	January 2026	All departmental team member meetings
Others (Please specify)		

All request for follow up are complete:

- Yes
- No

Family Experience Survey Summary and Action Plan

Date:
January 26, 2026

Number of Participants:
21

Top 3 Successes:
<p>1. Environmental team members respond to requests in a timely manner is – from 80 % the previous year to 93%</p> <p>Despite the fact that the home has not had an official ESM in 2025 up to present, the maintenance department is still able to effectively address maintenance related issues coming from families in a timely manner. There have been no maintenance-related complaints received in 2025.</p>
<p>2. My family member can have a bath or shower at the time they have chosen – from 91% to 100%</p> <p>Team members follow the bath schedule and will adjust it to match the needs of the resident. The addition of "PSW floaters" enables the provision of afternoon baths for residents who specifically want their baths done at the later part of the day.</p>
<p>3. My family member can go outdoors if he/she wants (with assistance if she/he needs it). - from 75 % to 83%</p>

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
<p>1. My family member has the opportunity to provide input to their care if they wish is currently at 75% - this is down from 89% from the previous year</p>	<p>1. If capable, residents will be involved with all aspects of their care and will be asked for input during care conferences for the purpose of updating their plan of care</p> <p>2. Continue team member education on resident rights specifically on their right to choose. Conduct scenarios for team members to engage/provide input</p> <p>3. Reminder to all team members during department meetings and team huddles to always ask for the resident's preference and not to make the choice for them. This includes, but is not limited to, choosing food from the menu and the clothes to wear for the day, or offering a variety of drinks during meals or snacks.</p>	<p>All department managers</p> <p>ED</p> <p>All Department Managers</p>	<p>Feb 26, 2025 and ongoing</p>
<p>2. Staff take the time to have a friendly conversation with my family member when able to – 84% versus 100% from the previous year</p>	<p>1. The home will utilize other members of the interdisciplinary team (BSO, Restorative Care, Physio, Social Work, Activity, etc.) to engage in more meaningful conversations with the residents.</p>	<p>All Department Managers</p>	<p>Feb 26, 2025 and ongoing</p>

	2. The home will initiate referrals to the appropriate department for any resident needs that relate to mood, activation, etc.	All Department Managers	
3. Staff ask how my family member's needs can be met – 89% versus 100% from the previous year	<p>1. Team members will continue completing purposeful rounding to ensure all residents' needs are captured before the team member leaves the room. This also ensures resident comfort and safety are being addressed in the moment.</p> <p>2. Manager's continue to do call bell response audits to ensure that resident's request for help are addressed to on a timely manner.</p>	<p>Candice H. (DOC)</p> <p>All Department Managers</p>	Feb 26, 2025 and ongoing

Survey Feedback:

Shared with:	Date:	Comments:
Residents	February 2026	Resident council meeting
Families	N/A	Added to newsletter
Team Members	January 2026	All departmental team member meetings
Others (Please specify)		

All request for follow up are complete:

- Yes
- No