



**Caressant Care**  
Nursing and Retirement  
Homes Limited

# Quality Progress Report 2025

**Caressant Care on Mary Street**

**March 2026**

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

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

Caressant Care Lindsay completed the Aspen home area renovation in January 2025. With this update, the home now has new hallway flooring, modern side rails, fresh paint, updated art fixtures, and an upgraded spa room with new spa equipment. In addition, the elevator was successfully upgraded with a new door operator and sensor guard.

The home has updated all its ceiling lifts in the Aspen home area with the last two in Birch and Cedar areas soon to be replaced in the Spring of 2026. We also replaced 26 of our old crank beds with automatic hi-low beds which provides a more comfortable experience for our residents.

### **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.

### **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.

As part of the revamped personal inventory process, the home has started to use PointClickCare secure cloud storage to upload resident personal effect documentation and pictures, and other important documents for better safekeeping, accountability and security.

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 feel they have a voice and team members listen – 100%
- ✓ Food is served at the right temperature. - 100%.
- ✓ The home is kept tidy and clean – 100%

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

- ✓ My family member can have a bath or shower at the time they have chosen – 100%
- ✓ Environmental team members respond to requests in a timely manner – 93%
- ✓ My family member can go outdoors if he/she wants (with assistance if she/he needs it) – 88%

**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.

We have continued our partnerships with local colleges like Fleming College and forged new relationships with new educational institutions like the Lindsay Adult and Alternate Education Centre to support students with completing their work placement in our home. We have also found success onboarding some of these former students who are now part of our present workforce and provide the best quality care for our residents.

To show our appreciation to the team who made Caressant Care's success possible, we started giving away free monthly in-house quick massage sessions by supporting RMT partners in 2025.

**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.

Caressant Care Lindsay is proud to announce that our IPAC Lead and IPAC Registered Nurse both passed the required IPAC certification examination in 2025 as per the Ministry of Long-term Care requirements.

Using in-house data, the home has had huge successes with clinical programs related to falls – 15% reduction in total fall count and 75% reduction of critical incidents from falls resulting to a serious injury based on 2025 Falls Program Evaluation.

**Progress Summary from our Quality Plan 2025**

Attachments will include:

QIP Progress Report for 2025

Progress of Survey Actions 2025 (from Roadmap – please ensure complete by March 5th)

**Access and Flow | Efficient | Optional Indicator**

	Last Year		This Year		
<b>Indicator #1</b>	<b>34.53</b>	<b>30</b>	<b>30.28</b>	<b>12.31%</b>	<b>NA</b>
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Caressant Care on Mary Street)	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. Improved registered team members knowledge on existing resources in the home, which can be used to prevent unnecessary ED transfers. 2. Review SBAR tool for improved communication between medical providers (NP and MD) and registered team to align with the goal of preventing unnecessary ED transfers 3. Reduction in agency registered personnel usage, who usually don't know the home or the residents as well compared to the nurses who regularly work for the home

**Process measure**

- 1. Focus on improving the falls program as that is the main identified reason for a resident transfer to the hospital (14.4%) by analyzing falls trends, updating resident plan of care and, implementing and evaluating interventions on a timely manner. 2. Discuss % of residents ED transfer data during the quarterly CQI / Professional Advisory Committee Meetings

**Target for process measure**

- The home will endeavour to reduce avoidable ED visits by 4.53 % to 30 % by the end of the 2025.

**Lessons Learned**

There has been an obvious reduction in total falls and falls the led to a critical injury as compared to the previous year. This, in turn, helped reduce the rate of ED visits in 2025. The identification of trends in falls meetings also helped decrease the falls numbers for certain residents by doing interdisciplinary discussions that involve medication reviews and implementing new nursing interventions (i.e., starting an indwelling catheter for incontinent residents) had a direct positive impact on the reduction of falls and ED visits. Lastly, the reduction of agency team member use for both registered and non-registered classes paved the way to fewer hospital visits because the home leveraged the expertise of its own PSWs and nurses who know the residents better and performed a more informed fulsome assessment of resident needs. We now use NPSTAT (Nurse Practitioner Supporting Team Averting Transfers) which provides the home with an NP that provides guidance in making ED transfer decisions for the home.

**Comment**

We are pleased with our progress on this QIP and will continue to work on this 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):
<p>1. Residents feel they have a voice and team members listen – 81%.</p> <ul style="list-style-type: none"> <li>Continue team member education on resident rights specifically on their right to choose</li> <li>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</li> </ul>	March 2025 and ongoing	100%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	<p><b>GOAL ACHIEVED:</b> Continued regular reminders to all team members to offer choices (i.e. choice of food on the menu, offering a variety of choice of drinks) upholds their residents' rights. The home completed several resident right's scenarios in 2025 for team members to brainstorm and troubleshoot at huddles</p>
<p>2. Food temperatures not being good - 61.54%</p> <ul style="list-style-type: none"> <li>Ensure food are served within the correct temperature range. FNM will closely monitor and audit food temperature records</li> <li>FNM to work with dietary consultant regarding menu planning to ensure there is enough variety in meals. FNM will continue to work with the food committee to discuss suggestions and concerns</li> </ul>	March 2025 and ongoing	100%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	<p><b>GOAL ACHIEVED:</b> this is a dramatic improvement. There has been ongoing audits on food temperatures. Progressive disciplining to dietary team members who miss this important step. Management team continues to do scheduled meal and snack service audits which captures this as well.</p>
<p>3. Response to I can go outdoors if I want to (with assistance if necessary) - 63.46%</p> <ul style="list-style-type: none"> <li>Weather permitting, the team members will assist residents to spend some time outdoors at the gazebo, patio, etc. Utilize support personnel like restorative, BSO and 1:1 staff if available</li> <li>Engage residents to attend outdoor activities like barbecue, patio visits, gardening, and family time</li> </ul>	March 2025 and ongoing	94.12%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	<p><b>GOAL ACHIEVED:</b> the home works closely with passport workers who are able to bring residents out for trips and excursions. The activity department also had a plethora of events outdoors including Community Outings: Fall Colour Tours, and Visit at the Fair, and other outdoor events like walks, patio visits, barbecue, rosary prayer group, arm chair yoga, and outside art classes among others.</p>

### 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>1. My family member can go outdoors if he/she wants (with assistance if she/he needs it). - 75 %</p> <ul style="list-style-type: none"> <li>Weather permitting, the team members will assist residents to spend some time outdoors at the gazebo, patio, etc. Utilize support personnel like restorative, BSO and 1:1 staff if available</li> <li>Engage residents to attend outdoor activities like barbecue, patio visits, gardening, and family time</li> </ul>	<p>March 2025 and ongoing</p>	<p>88%</p>	<p><input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI</p>	<p><b>GOAL ACHIEVED:</b> The home works together to ensure that all residents are given the same opportunities to join outdoor events. All team members contribute towards assisting residents to go to these venues. Some residents have 1:1 assigned personnel who also makes a remarkable difference to the lives of these residents.</p>
<p>2. Environmental team members respond to requests in a timely manner is – 80 %</p> <ul style="list-style-type: none"> <li>ESM to continue monitoring maintenance care to check if there are high priority family-related requests that needs to be addressed</li> <li>Environmental team to complete pre-move in room scan prior to new resident moving in to ensure that resident's room and furniture are in good condition.</li> <li>All managers to help welcome new residents and family members on move-in day. The team member assisting with the move-in will help in introducing the new resident and family members to the management team. This provides a direct line of communication to check if there are any outstanding issues or concerns, not only related to environmental.</li> </ul>	<p>March 2025 and ongoing</p>	<p>93%</p>	<p><input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI</p>	<p><b>GOAL ACHIEVED:</b> The team has religiously been completing pre-move in scans to ensure that all environmental needs are in place before the actual move-in. Despite not having an ESM, the ED and maintenance personnel continue to check maintenance care for any tasks/requests from team members/residents/families that need attention.</p>
<p>3. My family member has the opportunity to provide input to their care if they wish – 89 %</p> <ul style="list-style-type: none"> <li>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</li> <li>Continue team member education on resident rights specifically on their right to choose</li> <li>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</li> </ul>	<p>March 2025 and ongoing</p>	<p>75%</p>	<p><input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI</p>	<p><b>GOAL NOT ACHIEVED:</b> Though the family response to this question seems like it went down by 14%, the Resident Survey response on the question that "they have a voice and team members listen" went up by 19% and is now 100%. The home will use this as part of the 2026 area of improvement to increase family awareness of the steps that the home is taking to ensure that residents' rights are upheld and family input continues to be sought not only on care conferences but also on incidental meetings and regular interactions between the family and the home.</p>

**Communication of Results**

Who:	Date Shared:	Feedback/Comments:
Resident Council	Feb. 2026	
Family Council	N/A	Will add to newsletter
Team Members	January 2026	All departmental team member meetings
PAC/CQI	April 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 revised our 2025 surveys based on feedback received.*