



Caressant Care
Nursing and Retirement
Homes Limited



Quality Plan 2026

Caressant Care Listowel

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: Lenora Belle, 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 5% and fall-related injuries by 5% by December 2026.

Indicator:	Baseline (2025):	Target:	Measurement:	Reporting:
% of Residents who fell in the last 30 days	17.2%	12.2%	PCC Insights	Monthly
% of Residents falls with injury or fracture	15%	10%	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 5%.

Indicator:	Baseline (2025):	Target:	Measurement:	Reporting:
Team Member Engagement Score	85%	90%	Team Member Experience Survey	Annually
Total # Ward Clerk Vacancies	0	0	Internal Records	Monthly
Total # of PSW vacancies	2	2	Internal Records	Monthly
Total # RN/RPN vacancies	2	2	Internal Records	Monthly
Total # Dietary Vacancies	0	0	Internal Records	Monthly
Total # of Activity Vacancies	3	3	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.
- Creation and implementation of student placement program.
- Supporting team member ideas
- Recognizing milestones and team member appreciation, celebrating departmental achievements through awards and recognition programs.
- Promoting development by offering educational opportunities, bridging and incentive programs to foster growth and engagement among team members.

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.

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:

- Painting all residents' rooms and hallways
- New LED lighting throughout the home
- New spa
- New HVAC units
- New generator to enhance services provided
- 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	0	0	PCC	Quarterly
# of choking incidents related to texture accuracy	0	0	PCC	Quarterly
% team members trained on therapeutic diet protocols	Collecting baseline	100%	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

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
- Huron-Perth Palliative Pain & Symptom Management Program
- Southwest IPAC Hub
- FOG (Huron Perth LTC Committee)
- Hospice Care partnered with North Perth Community Hospice
- Pastoral Care
- Ontario Health at Home

These partnerships aim to:

- Reduce hospital transfers
- Strengthen workforce pipeline
- Improve access to specialized services
- Maintain current information

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 3.5% by December 2026.

Indicator:	Baseline (2025):	Target:	Measurement:	Reporting:
% avoidable ER transfers	11.54	8.0	CIHI	Annually
# of transfers to ER admitted	4	2	PCC	Monthly
# of transfers to ER not admitted	10	5	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:
March 17, 2026

Number of Participants:
7

Top 3 Successes:
1. Food – Residents enjoy mealtimes (86%)
2. Health – health and incontinent needs are met (100%)
3. Team Members – Team members engage in friendly conversation (100%)

Top 3 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. Resident Centered Care (Staff know the story of my life if I want them to.) 83% residents feel that staff know their story <u>always</u> , we aim to have 100 %	Ensuring all TM are aware of "My Personhood" and where to locate the information Encourage family to provide pictures and home items to display in resident rooms	All Team Members	ongoing
1. I am treated with respect by the staff. – 86 % residents they are treated with respect <u>always</u> , we aim to have 100 %	Ensuring TM are aware of Resident concerns and are taking the time to listen to them Care planning and documentation	All Team Members	ongoing
3. Participation in Surveys – only 7 participants, goal to increase survey participation to gain valuable feedback from residents	Continue to promote survey links quarterly, post QR codes in home, make paper copies available, share survey results, continue to support residents to complete throughout the year, by setting monthly and quarterly targets.	Activity Director, Ward Clerk	Ongoing quarterly

Survey Feedback:

Shared with:	Date:	Comments:
Residents	March 18, 2026	ED met with Residents during Resident Council meeting to share information, ED asked if there was any questions or further information they would like to see on the surveys. There were no concerns.
Families	March 17, 2026	Posted on QIP board for viewing. On March 18, 2026, following a meeting, a family member expressed gratitude to the Executive Director (ED) for transparent communication, appreciating that both positive and negative aspects were openly shared. The family member indicated a desire to donate to the home's staff, contingent upon receiving a tax receipt, which is not feasible. Consequently, he is exploring alternative donation methods that benefit both staff and himself. He also noted that, unlike his experience with another facility, he has never seen the ED engage directly with families through meetings or sharing sessions, highlighting a difference in approach.
Team Members	March 17, 2026	Posted on QIP board and in Staff Room, Team Meetings in March
Others (Please specify)		1. QIP board. 2. PAC Meeting in April.

All request for follow up are complete:

- Yes
 No

Family Experience Survey Summary and Action Plan

Date:
March 17, 2026

Number of Participants:
20

Top 3 Successes:
1. Team members respond appropriately when my family need assistance (from 93% - 100%)
2. Privacy is respected (100%)
3. Family feel that Residents enjoy their meals (from 83% to 88%)

Top 2 Areas of Improvement:	Plan:	Responsible Person(s):	Date:
1. Participate in Meaningful Activities 60%	Provide residents with a variety of programs at various times of day Encourage 1:1 activities for those with behaviors Use "My Personhood" document as a way to encourage new residents to attend programs based on their history Ensure all Activity Shifts are covered Resident engagement in Resident Council meetings, focus on discussing their preferences, which will facilitate the incorporation of additional activities into programs, ultimately driving increased resident participation	AD/ Aides/BSO	Ongoing
2. Participation in Surveys (increased from 15 to 20)	Provide QR codes on QIP board and send them out quarterly via OneCall We want to maintain or possibly increase this level of participation	AD/ED/WC	Ongoing

Survey Feedback:

Shared with:	Date:	Comments:
Residents	March 18, 2026	ED Meeting with Resident Council
Families	March 17, 2026	Post on QIP Board On March 18, 2026, following a meeting, a family member expressed gratitude to the Executive Director (ED) for transparent communication, appreciating that both positive and negative aspects were openly shared. The family member indicated a desire to donate to the home's staff, contingent upon receiving a tax receipt, which is not feasible. Consequently, he is exploring alternative donation methods that benefit both staff and himself. He also noted that, unlike his experience with another facility, he has never seen the ED engage directly with families through meetings or sharing sessions, highlighting a difference in approach.
Team Members	March 17, 2026	Posted in Staff Lounge
Others (Please specify)		PAC Meeting in April, Team Meetings in March

All request for follow up are complete: No requests for follow up

- Yes
- No