



**Caressant Care**  
Nursing and Retirement  
Homes Limited

# Quality Progress Report 2025

**Caressant Care Listowel**

**March 2026**

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

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

The sprinkler system and a new nurse call bell system were completed in March of 2025, and a new tub was purchased in December of 2025.

### **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.

Our Medical Director collaborated with the Spasticity Program to provide Residents with an opportunity to participate.

### **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.

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 get the health services they need – 100%
- ✓ Residents would recommend us – 100%
- ✓ Residents feel privacy is respected – 86 %

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

- ✓ Families feel staff engage in friendly conversation with residents – 94%
- ✓ Loyalty Question – Would you recommend this organization to others? 89%
- ✓ Residents enjoy meals – 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 partnered with NLOT (Nurse-Led Outreach Teams). NLOT provides nurse practitioners and registered nurses to consult and provide education for our nurses.

Caressant Care Listowel supports community activities by sponsoring local hockey teams and school placement awards. We welcome and support Co-op Students in all areas of the home.

### **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.

We increased PSW hours by one full-time equivalent to support care for our residents.

We continue to support the government led SPEP program by accepting many PSW and nursing placements and providing preceptorships.

## **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**

Indicator #1	Last Year		This Year		NA
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	
Resident Experience Percentage of residents responding positively (most of the time/always) to the survey question "I enjoy mealtimes". (Caressant Care Listowel)	70.00	75	86.00	--	NA

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

Discuss at Resident Council and Food Committee resident preferences. Review presentation of meals to be more visually appealing. Review and provide enhancements to dining room atmosphere, provide dining etiquette education to team members to be completed by November 2025. Paint the dining room to completed by October 2025. Minimize noise in the dining room for example, turning off the TV and reminding team members to prioritize engaging in conversations with residents and avoid unnecessary unrelated conversations. Remind PSW team members to assist and support residents who may be disruptive in the dining room by providing them with a quiet space to finish their meal.

**Process measure**

- % of residents responding positively to the survey question I enjoy mealtimes

**Target for process measure**

- The home will increase the score by 5 % to 75 % for the percentage of residents responding positively (most of the time/always) to the survey question "I enjoy mealtimes" by December 31, 2025.

**Lessons Learned**

Residents are encouraged to participate in surveys to provide feedback. Food Committee meetings will continue to gather meal preferences and opinions on meal quality and service, ensuring ongoing improvements based on resident input.

## 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):
1. Food - 70%	Continue to work with Seasons Care & Residents to improve and make changes to our menus and recipes in order to increase Resident satisfaction.	Satisfaction with Food increased to 86%	Shared Initiative Supported by Resident's Council/PAC and CQI	Continue to promote choice, active participation in Food Committee, Implementing new technology in the kitchen
1. Participation in surveys – 10 participants	Continue to send survey links out quarterly for Residents & Family. Will post QR codes in home for easier & quick access to the survey link. Aides will assist Residents with Ipad devices to complete surveys	Participation dropped by 3	Shared Initiative Supported by Resident's Council/PAC and CQI	Change in Activity Directors, did not have Activity Aides at the time. Encourage residents to complete after positive experiences.
1. Residents can decide what to wear – 90%	Encourage team members to ask residents about their clothing preferences and choices attire. Remind TM's during Town Hall and departmental meetings to engage residents in these discussions. Additionally, send reminders via One-call to the POA, requesting that non-seasonal clothing be taken home to create more space for PSWs to organize closets effectively.	Dropped to 83%	Shared Initiative Supported by Resident's Council/PAC and CQI	Reminding Team Members to ask capable residents what they would like to wear each morning

### 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):
1. Food – 83%	<ul style="list-style-type: none"> <li>Continue to post Menus in the home, allow families the opportunity to share their concerns through Family Council or Complaints Forms.</li> <li>Continue to encourage participation in food committee.</li> </ul>	Increased by 5%	Shared Initiative Supported by Resident's Council/PAC and CQI	Encourage families to join food committee and resident council meetings during visits.
1. Participates in meaningful activities – 71%	<ul style="list-style-type: none"> <li>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.</li> <li>Continue to encourage residents to come to program.</li> <li>More activity hours</li> </ul>	Dropped to 60%	Shared Initiative Supported by Resident's Council/PAC and CQI	Change in Activity Director due to MAT Leave, we now have Activity Aides to promote evening programs. Encourage Families to attend activities when in the Home. Encouraging more Evening & Weekend Programs, fill allotted hours in the programming envelope. Many Activities had to be cancelled during outbreaks
1. Participation in Surveys – 15 participants	<ul style="list-style-type: none"> <li>Continue to send Survey Links through OneCall and posting QR Codes in the home</li> </ul>	20 Families completed	Shared Initiative Supported by Resident's Council/PAC and CQI	Continue to put the QR Code in a visible location. Provide Hard Copies to residents. Send out Survey Links quarterly via One Call.

### Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	March 18, 2026	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. 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.
Family Council	Will be shared at Family Council June 18, 2026	
Team Members	March 26, 2026	Posted in Employee Lounge
PAC/CQI	April 24, 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.