



**Caressant Care**  
Nursing and Retirement  
Homes Limited

# Quality Progress Report 2025

**Caressant Care Marmora**

**March 2026**

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

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

- New sprinkler system completed
- South, East, West and North hall floors renovated
- Care station renovated
- Gazebo built and added to front outdoor area
- Painting of resident rooms

### **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.

- Filling of vacant positions for RN, RPN and PSW roles
- CareRx Rx order scanner
- Partnered with ARJO to complete resident assessments and determine appropriate sling and transfer equipment and technique requirements

### **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.

## **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:

- ✓ If I have a visitor I can find a place to visit in private if I wish – 90%
- ✓ I feel safe here – 93%
- ✓ Residents feel they can express their opinion freely - 87 %

**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.

### Community Partnerships:

Throughout 2025, Caressant Care Marmora demonstrated its continued commitment to community partnership, resident engagement, and team member development. Leadership actively supported local initiatives, including participation in the Handbags for Hospice event, where the home proudly served as a Gold Sponsor in support of Hospice services. The year also included a heartfelt moment of recognition when the Legion presented Quilts of Valor to three veterans within the home, honouring their service and dedication.

A new Pastoral support has also been introduced.

### **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.

### **2025 Highlights and Achievements**

Operational enhancements were achieved through strategic staffing improvements, with the Housekeeping Department expanding from one to two full-time positions to better support cleanliness, safety, and resident comfort. Recruitment and retention remained a priority, with focused efforts placed on robust orientation, training, and meaningful employee engagement opportunities. Team members participated enthusiastically in activities such as the Second Annual Goose Chase, Service Awards, and a special breakfast served by the management team. Two in-person General Orientation sessions were held for new hires, both of which were well received and contributed to strong onboarding outcomes.

Residents experienced a year filled with vibrant and enriching programs. Highlights included the third annual Country Fair, the Christmas Parade, and the Father's Day Car Show. Residents also took part in the staff Goose Chase, further showcasing the collaborative and inclusive culture that continues to grow within the home. Additionally, all Programs benefited from the introduction of dedicated Program Leads in 2025, enhancing coordination and quality across all service areas.

Collaboration across the Caressant Care network continued to strengthen operations and leadership development. Marmora partnered with sister homes to support the onboarding of new managers through peer-to-peer orientation and training, fostering consistency and shared best practices across the organization.

Overall, 2025 was a year marked by progress, engagement, and strengthened community connections. Caressant Care Marmora continues to build on these achievements to create a supportive, enriching, and collaborative environment for both residents and staff.

### **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**

Indicator #1	Last Year		This Year		
	Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Caressant Care Marmora)	<b>17.78</b> Performance (2025/26)	<b>13.80</b> Target (2025/26)	<b>15.73</b> Performance (2026/27)	<b>11.53%</b> Percentage Improvement (2026/27)

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

Educate registered staff, early identification of infections, regular attendance of MDs at care conference. Maintain goals of care. Utilize in home protocols (HIR). Review use of SBAR with Registered team members to improve clinical decision making . Expand health services offered in the home if able. Review use of tracking tool to support decisions and areas for improvement.

**Process measure**

- Agenda discussion at PAC meetings and analyze statistics quarterly. Review CQI % monthly as a team for percentage of unnecessary hospital transfers.

**Target for process measure**

- The home will endeavour to reduce unnecessary hospital transfers by 4 % to 13.8 % by the end of the fiscal year.

**Lessons Learned**

Effective communication with families and demonstrating confidence in nursing assessments are essential foundations for supporting residents in the home. It is critical that all nurses feel comfortable, prepared, and knowledgeable when contacting families, ensuring they can clearly explain assessment findings, care decisions, and any changes in a resident’s condition. Strengthening this communication skill set must remain a priority.

Hospital transfers continued to be a key discussion point at PAC meetings, contributing to a 2% overall reduction in transfers. While this reflects positive progress, there are still opportunities for further improvement.

**Comment**

Hospital transfers continued to be a key discussion point at PAC meetings, contributing to a 2% overall reduction in transfers. While this reflects positive progress, there are still opportunities for further improvement and we will work towards continuing to reduce.

# 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>I can have a bath/shower at times I have picked - 48%</p> <ul style="list-style-type: none"> <li>-Bath schedule monitored closely</li> <li>-Reminders/review of bath tracking/communication forms with PSW's, ensuring registered staff know process as well.</li> <li>-Offer Flexibility</li> <li>-Offer to switch baths for added flexibility. Track on bath forms and via progress notes.</li> </ul>	May 2025	<p>71% - Successful</p> <ul style="list-style-type: none"> <li>-Baths monitored closely, ensuring good communication with residents.</li> <li>-Charge nurse being updated of missed or refused baths to ensure rescheduling.</li> </ul>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	-Review of bath schedule completed with aim to provide residents with their preference of bath time.
<p>Team members ask how needs can be met - 69%</p> <ul style="list-style-type: none"> <li>-Call bells answered between 2 and 5 minutes.</li> <li>-Audit call bell times, follow up with long running bells.</li> <li>-Provide clear communication when answering bells.</li> <li>-Share interventions/approaches that work with team members, so all can be successful.</li> </ul>	June 2025	<p>67.44% - Unmet</p> <ul style="list-style-type: none"> <li>-Ongoing monitoring and reminders at staff huddles.</li> <li>-Ward Clerk, Charge Nurse and leaders continue to monitor call bells.</li> <li>-Audit completed. Call bells are monitored by all managers, followed up with in the moment.</li> </ul>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	<ul style="list-style-type: none"> <li>-Residents remain unhappy with call bell wait times, this evidenced by RC complaints.</li> <li>-Residents express response at times is unclear when call bell is responded to.</li> </ul>
<p>There are meaningful things to do here on weekends if I wish to - 68%</p> <p>There are meaningful things to do here in the evenings if I wish to - 75%</p>		<p>62.22% - Unmet</p> <p>55.56% - Unmet</p>	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	<ul style="list-style-type: none"> <li>-Residents discuss program interests and offerings at Resident Council, ensuring resident input is received.</li> <li>-Weekend booking of special events/entertainment can be difficult due to support.</li> <li>-Resident Council attendees agree that not many prefer staying up for evening programs. They enjoy what is offered, with no suggestions provided.</li> </ul>

## 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>Enjoy meals (related to food quality) - 62%</p> <ul style="list-style-type: none"> <li>• Slow down meal service, give residents more time to finish the course they are on before bringing the next.</li> <li>• Replicate CT, she comes out of the kitchen before the meal is served and announces what is on the menu. Residents enjoy this very much.</li> </ul>	March 2025	Insufficient response from family survey to determine outcome of actions.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	<ul style="list-style-type: none"> <li>-Increased attention to staff reminders, training and observations of meal time throughout 2025.</li> <li>Insufficient response from family survey.</li> </ul>
<p>Environmental team members respond to requests in a time manner - 60%</p> <ul style="list-style-type: none"> <li>• Remind/re-educate team members to use maintenance care to ensure ESM knows when a family/resident request is made.</li> <li>• Include maintenance care review at orientation for new hires.</li> <li>• ED to meet with ESM frequently to go over maintenance care and plan week around maintenance care requests.</li> </ul>	March 2025	Insufficient response from family survey to determine outcome of actions.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	<ul style="list-style-type: none"> <li>-Maintenance Care reminders to all staff.</li> <li>-Review and introduction of Maintenance Care added to General Orientation.</li> <li>-ED and ESM meet frequently to discuss plan for the week, projects and maintenance care.</li> </ul>
<p>My family member has enjoyable things to do in the evenings and weekends if they wish - 42%</p> <ul style="list-style-type: none"> <li>• Program staff schedule to be reviewed and revised to offer more evening program opportunities.</li> <li>• Ensure opportunities are available for varied weekend programs.</li> <li>• Book entertainers for weekends when the home is naturally quieter and more family visiting, giving family the opportunity to attend entertainment programs.</li> </ul>	March 2025	Insufficient response from family survey to determine outcome of actions.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	-Weekend entertainment is difficult due to location and limited entertainer options.

## Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	March 10, 2026	
Family Council		Family Council is not established.
Team Members	March 6, 2026	Shared, no feedback received.
PAC/CQI	April 16, 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.