



Caressant Care
Nursing and Retirement
Homes Limited

Quality Progress Report 2025

Caressant Care on Mary Bucke

March 2026

Brief Summary of Quality Improvement Achievements fiscal year 2025:

Environmental & Infrastructure Improvements:

- new flooring throughout the home and new lighting in hallways
- renovation of South Spa Room and new tile floor in North Spa Room
- widening of Small Activity Room Door and kitchen door replacement

Clinical Programs:

Care Plan Library: Caressant Care has developed and continues to update our customized care plan library to further promote our philosophy resident-centered language. We have reduced the number of focuses to minimize overlap and established clear parameters for care plan content.

PointClickCare ChartPic implemented and utilized the new application to ensure exceptional clinical assessment, tracking, and documentation of resident's skin & wound issues.

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-Centered 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.

Mary Bucke used data from our 2025 Family Experience Surveys throughout the year and hired a full-time Life Enrichment Manager to bring resident-focused, geriatric and dementia-focused enrichment to our many residents. Additionally, we increased our Activity Aide hours from part-time to full-time to support the Mary Bucke residents by providing a more meaningful and engaging social life despite any limitations.

We had some positive results indicating a high level of satisfaction with areas in the Resident Experience Survey, some examples are below:

- ✓ Residents feel privacy is respected – 95 %
- ✓ Residents feel they have a voice and team members listen to them – 91%
- ✓ Residents get the health services they need – 86 %

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

- ✓ Loyalty Question – Would you recommend this organization to others? 100%
- ✓ Families feel team members engage in friendly conversation with residents – 100%
- ✓ Team members ask how my family member's needs can be met – 100%

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.

NLOT (Nursing Led Outreach Team) - Mary Bucke was excited to support and launch the NLOT (Nursing Led Outreach Team) into our home because of the many benefits of mobile care by specialized RNs and NPs. This initiative helps reduce stressful and avoidable ER visits, strengthens outbreak response and clinical quality, allows residents to receive high-quality care right in our home and provides Mary Bucke team members with quick access to education and training.

Other Comments:

Resident Centered- Language: In 2025 we continued to promote our resident-centered philosophy with a focus on language. A brief review of language and examples of resident-centered 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.

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		
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)
Percentage of residents responding positively (most of the time/always) to internal survey question: "Staff ask how needs can be met?" (Caressant Care Mary Bucke)	70.00	75	82.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

1. Provide team reminders to ask "Is there anything we can do before... I leave the room/for the day/the dining room?"
2. Promote team members doing 'second rounds' in dining room to enhance resident experience. -Ask if they would like seconds, another cup, etc."
3. Promote Resident autonomy "Ask residents what they would like to wear".

Process measure

- % increase in satisfaction as evidenced by survey results throughout the 2025 year

Target for process measure

- We are aiming to increase residents positive response (most of the time/always) to "staff ask how needs can be met" by 5% from 70% to 75% by December 2025.

Lessons Learned

The implementation of ensuring team members remain consistent in asking "Is there anything I can do before I leave" has shown a drop in consistency. Due to clinical leader changes, unable to move forward with planned "customer experience" training sessions. Consistent leadership team is an asset in researching, planning, and implementing change ideas. Team members ensuring they complete a 'second round' is crucial in leaving a resident in a positive mindset and promoting a pleasurable experience for residents as part of their care. Town Halls are one of ways Mary Bucke has remained consistent in ensuring resident-centred care. Asking "what would you like to wear" remains one of the simplest ways to promote resident autonomy.

Comment

The home also uses check-in and check-out philosophy but team members can always use reminders in remembering why this philosophy highlights a resident-first approach in care at Mary Bucke.

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. 70% of Residents state that "Staff ask me how needs can be met"	April 2025 March 30, 2025	Implement Feedback forms that include specific questions and open-ended sections for additional comments. Resident Suggestion Box where residents can drop their written suggestions or comments anonymously. New Score: 82%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Goal achieved
2. 96% of Residents feel "Team members engage in friendly conversation"	Ongoing June 2025 May 2025	Day-to-Day Conversations: Encourage team members to engage in casual conversations with residents to gather insight in a less formal setting. Host Resident & Team social events so residents & staff can interact in a relaxed environment, fostering open communication. Organize regular training sessions with team members to educate them the importance of friendly interactions with residents. New Score: 86%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	This goal reduced in number and went from 96% to 86%. With a change in clinical leadership, plan for monthly training session: <i>The Customer Experience</i> was abandoned as recruitment to fill position of DOC & ADOC was priority. The Leadership team has taken steps in maintaining the home's positive culture and fostering positive relations and rapport between team members and residents. Home has recently created a Point-of-Care Audit to ensure privacy, dignity, confidentiality, and care tasks are met with the highest level of standards.
3. 96% of Residents "Feel their privacy is respected".	August 2025	Complete audits on privacy measures taken when care is being performed on residents. Use regular Town Halls to educate members on: knocking before entering, respecting all resident's rights to privacy of their personal spaces. Get consent before performing any task. Discussions about resident PHI is not to take place in common areas, on breaks, or outside of home. New Score: 95%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Goal slightly decreased but home believes maintained adequately.

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. 60% of Family members feel "Residents participate in meaningful activities".	February 2025 March 2025 February 2025	Ensure full Activity compliment through recruitment/retention. Evaluate the current programs and poll residents/family members as well as team members on what they feel is important to add to the Activity Calendar. Reevaluate the current Activity department schedule to address lack of weekend programs meeting resident wknd psychosocial needs. New Score: 25%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Goal not achieved. Home struggled to recruit an Activity Director. Home pivoted by hiring a Life Enrichment Manager to increase resident psychosocial wellness in activity and program engagement. Home has also increased parttime Activity Adie hours to fulltime and actively recruiting.
2. Increase Family Member participation 100% from a sample size of 5 to 10 participants, by July 31 2025 for better assessment performance accuracy.	July 31 2025 & ongoing	Increase reminders to monthly Provide mailed paper copies with self-addressed return envelopes. Have paper copy of 2025 survey on Resident/Family Council board Call family members as reminder and request to complete Remind family & Resident importance for providing feedback. # of Family Survey Participants = 11	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Goal achieved.
3. 50% family members state "My family member has enjoyable things to do in the evenings and weekends if they wish."	July 31 2025	Improve home publication of weekend/evening programs. Schedule part-time Activity Aid one evening per week. Organize Blook Club & Card Games and designate a resident lead to host. Reintroduce "Healthy Food Cooking Classes" and invite family members to attend. Organize weekend live entertainment. 46% of family members reported "My Family has enjoyable things to do in the evenings and weekends if they wish".	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Calendars --> Achieved Achieved -> Fulltime (recruitment in place) Partially achieved Not achieved Activities program is in the middle of a review using past and current goals and program evaluations to improve participation.

Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	February 19, 2026	

Family Council	N/A	
Team Members	February 19, 2026	On Continuous Quality Board.
PAC/CQI	April 27, 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.