



Caressant Care
Nursing and Retirement
Homes Limited

Quality Progress Report 2025

Caressant Care on McLaughlin Road

March 2026

Brief Summary of Quality Improvement Achievements fiscal year 2025:

Environmental & Infrastructure Improvements:

- Water softener installation
- New call bell system for Birch Pass
- New Blixer for dietary services
- Boilers were updated

Clinical Programs:

Care Plan Library: Caessant 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.

Communication processes have been enhanced with standardized shift to shift reporting requirements. This has proven effective in sharing information in a way that benefits Residents on each shift.

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, Caessant 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 – 94 %
- ✓ Residents feel privacy is respected – 86 %
- ✓ Loyalty Question – Would you recommend this organization to others? 86%

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, Caessant 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 Caessant Care what it is today.

Community involvement in our celebrations has fostered support from local officials, mayors and community organizations including the Legion and Lions clubs.

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.

CQI: A greater focus on developing audits specific to each program have been effective in identifying areas for improvement which are actioned and resolved effectively. Audits of the major programs including Falls, Skin and Wound and Pleasurable Dining have proven an effective source of validation for educational purposes among the team members.

Progress Summary from our Quality Plan 2025

Attachments will include:

QIP Progress Report for 2025

Progress of Survey Actions 2025

Safety | Safe | **Optional Indicator**

Indicator #1	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Caressant Care McLaughlin)	21.50 Performance (2025/26)	18.50 Target (2025/26)	5.13 Performance (2026/27)	76.14% Percentage Improvement (2026/27)

Change Idea #1 Implemented Not Implemented In Progress

We will continue to strive to reduce our current performance by identifying each resident with a high fall risk. Each resident will be monitored and we will work within the care team (internal and external- medical director, physicians, and caregivers) and collaborative partners for proper identification of residents needs and interventions which can be provided by our home.

Process measure

- Identify residents with a change in health status and apply appropriate interventions and education regarding fall prevention and injury reduction. Identify and monitor falls resulting in hospital transfers. Track all meetings using the multidisciplinary tool that all departments can access for reference. Shift huddles occur at shift change with a registered team member for the use of reporting residents changes and risk factors. Identified high risk residents are supported by external partners. Extensive review of care plan is completed at time of fall risk and /or a resident is identified as a high risk. Care plan changes will be adapted to support each resident with the collaboration of their caregiver. Fall program will be reviewed by clinical leadership annually and when required to ensure staff are following tasks and adapting appropriate interventions to meet resident specific needs.

Target for process measure

- The home will plan to reduce the number of residents who fell in the 30 days leading up to their assessment to 18.5 % by the end of the fiscal year.

Lessons Learned

Development of tools to promote multi-disciplinary communication in the Home are proving successful in identifying changes in health status and implementation of interventions in a timely and effective manner. Follow up and management of Residents at risk for falls or for fall incidents has improved with a more detailed shift to shift report.

Comment

We recognize the importance of this indicator and will continue to work to reduce the number of falls throughout 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):
Team members ask how needs can be met – 70%	3 Mar 25	Team members ask how needs can be met – 71%.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Results slightly increased. This may be attributed to newly moved in residents and newly onboarded team members. As the process of getting to know residents' needs/wants progresses, this number should increase.
Team members engage in friendly conversation – 67%	3 Mar 25	Team members engage in friendly conversation – 78%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Results achieved, percentage has increased from 78% through ongoing education of Resident Right to choose, and therapeutic relationships.
Food – 67%	3 Mar 25	Food – Enjoys meals – 88%	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Results achieved, substantial increase from 67% due to increased communication between residents and the food and nutrition services department.

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):
Participates in meaningful activities – 38%		No available data	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Activity Department will provide two sources of completing the survey and will offer help to family members when required to get a greater response to the survey.
Team members ask how needs can be met – 57 %		No available data	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	
Can bathe/shower at chosen time – 40%		No available data	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	

Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	Feb 26, 2026	
Family Council	Mar 4, 2026	
Team Members	Feb 9, 2026	
PAC/CQI	Feb 27, 2026	
Others (please list)	Posted, Department heads aware of location of survey results, action plan and the required follow up and sharing of survey results	

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.