



Caressant Care
Nursing and Retirement
Homes Limited

Quality Progress Report 2025

The Maples Home for Seniors

March 2026

Brief Summary of Quality Improvement Achievements fiscal year 2025:

Environmental & Infrastructure Improvements 2025:

- fire sprinkler system was installed throughout the home
- New flooring on Lower Level
- Concrete Pad outside of front entrance installed to ensure safety and optimal accessibility.
- Automatic Door opener (Push to open with code) installed off Dining room to Retirement Home entry to enhance accessibility, comfort and safety for residents and visitors
- Back stairway received a face lift of new paint, lighting and décor to enhance appearance for residents, families & visitors
- A Circular concrete fire pit patio was installed in the lower garden outdoor space to allow increased accessibility for residents around the fire who are using wheelchairs.

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.

Team members participated in certification and education in different topics including Gentle Persuasive Approaches (GPA), Behavioural Supports Ontario (BSO), and Restorative Care (RC).

The PSW department was allotted more hours, and staffing lines were created to ensure and maintain efficient and sustainable staffing levels in the home to provide resident care.

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.

We continued to enhance our technology with more mobile devices and laptops, promoting efficiencies for our team members with enhanced security updates and enhancing point of care documentation for both nursing, dietary and activation.

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 Experience Survey, Some examples are below:

- ✓ Food is served at the right temperature – 100%
- ✓ I feel my privacy is respected – 100%

- ✓ I am treated with respect by the staff 100%
- ✓ I get the health services that I need 100%
- ✓ I participate in meaningful activities if I wish to 100%

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

The home had a poor response from Families for Survey completion which has been added for 2026

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. The home was honored to host the Mayor and Deputy Mayor at this event.

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. The home hosted a large event with staff, family, friends, Corporate staff, The Mayor, MP, MPP of Oxford and President Mr. LaVelle complete with a marching pipe band. 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.

Hearing Aid Clinic: In 2025 we have partnered to provide a complimentary Hearing Aid Clinic to clean resident hearing aids and provide feedback.

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 such as renaming of our "Spa Room" to allow speaking of bath times to sound more enticing and less clinical.

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

Safety | Safe | **Custom Indicator**

Indicator #1	Last Year		This Year		NA
	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	
FALLS REDUCTION: Percentage of LTC home residents who fell in the last year with the fall resulting in injury. (The Maples Home for Seniors)	21.00	19	19.00	--	NA

Change Idea #1 Implemented Not Implemented In Progress

- Our home will aim to approach changes in falls with not only decreasing falls but also initiating a focus of decreasing falls that result in injury. Change ideas are ensuring resident care plans reflect best interventions to prevent falls and injury with using interventions such as purposeful rounding, fall mats, safe room lay-out/flow, bed alarms, hip protectors, proper footwear worn by residents. Use of a monitor for the purpose of pro-actively anticipating resident behaviours that could potentially lead to a fall and or/injury is another intervention available within our home. (with POA consent).

Process measure

- % of residents who have a fall with an injury

Target for process measure

- The home will continue to endeavour to reduce the number of falls resulting in injury by 2% by December 31, 2025.

Lessons Learned

Ensuring a comprehensive falls history upon move in for new residents is proving to be successful in lowering our number of residents who have a fall resulting in injury. Some actions include reviewing resident care plans reflecting best interventions to prevent falls and injury with using interventions such as purposeful rounding, fall mats, safe room lay-out/flow, bed alarms, hip protectors, proper footwear worn by residents. Use of a monitor for the purpose of proactively anticipating resident behaviors that could potentially lead to a fall and or/injury is another intervention being used successfully within our home. (with POA consent).

Comment

Our home will continue on this trajectory to lower the percentage of residents who suffer an injury as a result of a fall. We have noted that that all team members are feeling empowered to bring their suggestions or observations forward to charge staff & director of care. Families have all provided positive feedback and are entrusting the Maples team to implement innovative ideas/interventions for their loved ones to ensure safety and sustain quality of life.

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):
The home is kept neat and tidy Although score is 100 % we recognize this as an area we wish to further improve on.	Implemented January 2025 / Follow Up April 2026	100% 2025.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Goal was maintained. Action plan from 2025 proved successful.
I am bothered by the noise here 25 %	Implemented January 2025 / Follow Up April 2026	50% 2025 Ways we can continue to improve this will be to continue to support residents who may show louder verbal expressions or outbursts with BSO supports and offering social worker if need be. Joan will continue to advocate for more activity hours to allow more stimulation for all residents including those with dementia or behaviours. Management will continue to ensure quiet time of 9pm is implemented by nursing staff doing rounds and encouraging meaningful night time routines	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Unfortunately we did not meet this goal in 2025, however, we will aim to improve this coming year.
Staff know the story of my life if I want them to. Although score is 100 % we recognize this as an area we wish to further improve on.	Implemented January 2025 / Follow Up April 2026	100 % 2025 Activity Director will aim to improve process of admission and "get to know me" package. Updated package can include more thought provoking questions to allow for more meaningful responses. Team members are encouraged to read admission package sent from hospital (if applicable) in order to be more orientated with our new resident and their background, likes/dislikes etc.	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Goal was maintained. Action plan from 2025 proved successful.

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):
N/A Our home will aim to increase family participation of survey. ED will send out letter to family with information in how to access the surveys either paper or QR CODE	April 2026	Unfortunately we did not acquire enough surveys to have a summary provided. Poor response from families	<input checked="" type="checkbox"/> Shared Initiative <input checked="" type="checkbox"/> Supported by Resident's Council/PAC and CQI	Need to communicate more with families in the importance of filling out these surveys to enable us to improve the quality of life for the residents in our home.
			<input type="checkbox"/> Shared Initiative <input type="checkbox"/> Supported by Resident's Council/PAC and CQI	
			<input type="checkbox"/> Shared Initiative <input type="checkbox"/> Supported by Resident's Council/PAC and CQI	

Communication of Results

Who:	Date Shared:	Feedback/Comments:
Resident Council	Next Meeting Date: April 2026	
Family Council	Next Meeting Date	
Team Members	Next Meeting Date March 30 th	
PAC/CQI	Next Meeting Date: April 22, 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.