

Experience | Patient-centred | Optional Indicator

Indicator #11	Last Year		This Year		
	CB	CB	CB	--	NA
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Garden City Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Process measure

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Target for process measure

No target entered

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Lessons Learned

This question wasn't asked on this survey.

Comment

Question asked was "If I have a concern I feel comfortable raising it with staff and leadership" 76% approval

	Last Year		This Year		
Indicator #10	CB	CB	CB	--	NA
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Garden City Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Process measure

-

Target for process measure

No target entered

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Lessons Learned

This question was not asked.

Comment

This was not a question on this year's survey.

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year		
Indicator #12	87.00	88	88.00	--	NA
Resident Would recommend this home to others. (Garden City Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

To maintain or increase the percentage of residents who state that they would recommend Garden City Manor to others.

Process measure

- This process will be measured by comparing the current score to the 2024 resident satisfaction score.

Target for process measure

- We are aiming to increase the percentage of residents who would recommend the home to others from now until December 31, 2024 by providing excellent care by skilled and compassionate staff and also by improving the physical environment of the home.

Lessons Learned

By promoting a positive and inclusive culture in the home, we were able to meet our target. The home will continue to promote resident satisfaction and a positive experience in the home.

Comment

By promoting a positive and inclusive culture in the home, we were able to meet our target. The home will continue to promote resident satisfaction and a positive experience in the home.

Indicator #3	Last Year		This Year		
	Family would recommend this home to others. (Garden City Manor)	63.70 Performance (2024/25)	70 Target (2024/25)	79.80 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

To increase the percentage of family members who would recommend Garden City Manor to others.

Process measure

- This process will be measured by comparing the current score with the 2024 family satisfaction survey results.

Target for process measure

- We are aiming to increase the percentage of family who would recommend the home to others from now until December 31, 2024 by improving the physical environment of the home.

Lessons Learned

Increased communication and a positive change in the home culture has improved family satisfaction with the home, and their determination that they would recommend GCM to others.

Comment

We continue to strive for continued improvement in our overall satisfaction scores.

Indicator #6	Last Year		This Year		
	I am updated regularly about any changes in my home. (Garden City Manor)	75.60 Performance (2024/25)	76 Target (2024/25)	84.00 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

To improve the level of communication with residents in the home.

Process measure

- This score will show an improvement on our next 3rd party resident satisfaction survey.

Target for process measure

- We are aiming to increase resident satisfaction with the communication about changes in the home from now until December 31, 2024 by communicating changes at the monthly resident council meetings and also by sharing important information at regularly scheduled recreation programs.

Lessons Learned

Resident satisfaction with communication from home leadership improved from last year. Management will continue to inform residents of changes that are happening and the reasons for those changes to ensure continued satisfaction.

Comment

Management will continue to inform residents of changes that are happening and the reasons for those changes to ensure continued satisfaction.

Indicator #4	Last Year		This Year		
	I am satisfied with the temperature of my food and beverages. (Garden City Manor)	76.10 Performance (2024/25)	77 Target (2024/25)	72.00 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

To improve resident satisfaction with the temperature of their food and beverages.

Process measure

- The percentage of satisfaction on this topic will be increased on the 2024 resident satisfaction survey.

Target for process measure

- We are aiming to increase resident satisfaction of the temperature of foods and beverages from now until December 31, 2024 by providing education to residents and staff to ensure pleasurable dining.

Lessons Learned

The percentage of resident satisfaction with meals has decreased from the last year's results. We will continue to work to improve resident satisfaction.

Comment

will continue to work to improve this result for next year.

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I have input into the recreation programs available. (Garden City Manor)	76.20	77	72.00	--	NA

Change Idea #1 Implemented Not Implemented

Residents will feel more satisfied with the amount on input they have into the recreation programming, as demonstrated by an increase in the percentage score on the 2024 Resident satisfaction survey.

Process measure

- This will be measured by comparing this current score to that on the 2024 resident satisfaction survey

Target for process measure

- We are aiming to increase resident satisfaction with their level of input into the recreation programs available from now until December 31, 2024 by encouraging residents to provide feedback at resident council meetings and by providing feedback to recreation staff at regularly scheduled programs.

Lessons Learned

This result decreased from last year's percentage. Recreation staff will seek out and promote resident input into the recreation programs being offered to ensure improved satisfaction for next year.

Comment

Recreation staff will seek out and promote resident input into the recreation programs being offered to ensure improved satisfaction for next year.

	Last Year		This Year		
Indicator #13	42.10	55	63.10	--	NA
The resident has input into the recreation programs available. (Garden City Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Families will have an increased level of satisfaction on the level of input that residents have into the recreation programming in the home.

Process measure

- This will be measured on our 2024 family satisfaction survey

Target for process measure

- We are aiming to increase resident satisfaction with their level of input into the recreation programs available by encouraging their feedback at resident council meetings and also at regularly scheduled programs from now until December 31, 2024.

Lessons Learned

Residents continue to be encouraged to provide input into the recreation programs in the home, through Resident Council Meetings and through informal feedback elicited by the recreation staff.

Comment

The home is pleased with the increase in this score and will continue to promote resident input and satisfaction of the activities in their home.

Indicator #14	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
There is good choice of continence care products. (Garden City Manor)	44.30	55	80.30	--	NA

Change Idea #1 Implemented Not Implemented

We will educate family members on the high level of satisfaction that residents have with the continence care products.

Process measure

- Families will be confident that residents are pleased with the supply of continence care products, as demonstrated by rating this item higher on the 2024 family satisfaction survey

Target for process measure

- We are aiming to increase family satisfaction with the variety of continence care products offered from now until December 31, 2024 by providing education on what is currently available and the high level of resident satisfaction in this area.

Lessons Learned

Families responded much more positively to this question this year. Our education and follow up proved effective.

Comment

The home will continue to communicate with families, as needed, regarding any changes in continence care products for their loved one, to ensure awareness and continued satisfaction.

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
I am satisfied with the variety of spiritual care services. (Garden City Manor)	44.80	55	50.90	--	NA

Change Idea #1 Implemented Not Implemented

To improve the family level of satisfaction of the variety of spiritual care services available in the ome.

Process measure

- The process will be measured by comparing this 2023 score with the 2024 score on the annual family satisfaction survey.

Target for process measure

- We are aiming to increase family satisfaction with the variety of spiritual care services offered from now until December 31, 2024 by providing education on what spiritual care services are.

Lessons Learned

While we were able to improve this score over last year, we fell short of the target and will continue to work to improve this result.

Comment

The home will continue to work to improve this result for next year.

Safety | Safe | **Optional Indicator**

Indicator #9	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Garden City Manor)	17.09 Performance (2024/25)	17.03 Target (2024/25)	22.63 Performance (2025/26)	-32.42% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

To decrease the percentage of residents on antipsychotic medications for residents who do not have a medical diagnosis to support its use through medication reviews.

Process measure

- This process will be measured monthly by reviewing the home indicators, as well as quarterly at the regional quality meetings.

Target for process measure

- The percentage of residents on antipsychotic medications without diagnosis will be reduced by Dec 31, 2024 through medication reviews.

Lessons Learned

We have greatly reduced the number of residents who are using antipsychotic medications without a diagnosis. As residents are removed from the list, the denominator decreases so the reduction is not appropriately reflected in the percentage reported.

Change Idea #2 Implemented Not Implemented

To decrease the percentage of residents on antipsychotic medications without a medical diagnosis to support its use through encouraging alternatives to medication for treatment and management.

Process measure

- This process will be measured monthly by reviewing the home indicators, as well as quarterly at the regional quality meetings.

Target for process measure

- The percentage of residents on antipsychotic medications without diagnosis will be reduced by Dec 31, 2024 through the use of non-pharmacological interventions.

Lessons Learned

We have greatly reduced the number of residents who are using antipsychotic medications without a diagnosis. As residents are removed from the list, the denominator decreases so the reduction is not appropriately reflected in the percentage reported.

Change Idea #3 Implemented Not Implemented

To decrease the percentage of residents on antipsychotic medications who do not have a medical diagnosis to support its use by ensuring residents have correct diagnoses.

Process measure

- This process will be measured monthly by reviewing the home indicators, as well as quarterly at the regional quality meetings.

Target for process measure

- By ensuring residents have appropriate diagnoses, we will decrease the percentage of residents on antipsychotic medications without a diagnosis by Dec 31, 2024.

Lessons Learned

We have greatly reduced the number of residents who are using antipsychotic medications without a diagnosis. As residents are removed from the list, the denominator decreases so the reduction is not appropriately reflected in the percentage reported.

Change Idea #4 Implemented Not Implemented

To decrease the percentage of residents on antipsychotic medications without a medical diagnosis to support its use by engaging external resources.

Process measure

- This process will be measured monthly by reviewing the home indicators, as well as quarterly at the regional quality meetings.

Target for process measure

- By engaging external resources, we will decrease the percentage of residents on antipsychotic medications without a diagnosis by Dec 31, 2024.

Lessons Learned

We have greatly reduced the number of residents who are using antipsychotic medications without a diagnosis. As residents are removed from the list, the denominator decreases so the reduction is not appropriately reflected in the percentage reported.

Comment

The home continues to work with our nurses, doctors, and specialists to trial other medications and alternative therapies for residents to reduce antipsychotic medication use wherever possible. Unfortunately, as residents are removed from the list, the denominator decreases so the reduction is not appropriately reflected in the percentage reported.

Indicator #8	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Garden City Manor)	22.44	15	19.14	14.71%	15

Change Idea #1 Implemented Not Implemented

To ensure residents are able to ambulate safely.

Process measure

- This process will be measured monthly in the home through our monthly indicator review and quality meeting, as well as quarterly in the regional quality meetings, to ensure a reduction in the number of resident falls.

Target for process measure

- By ensuring use of appropriate footwear, the number of resident falls will be reduced by Dec 31, 2024.

Lessons Learned

This score improved over last year but is not yet at the target. The home will continue to monitor, assess and promote safe ambulation and transfers for residents to ensure improved score for next year.

Change Idea #2 Implemented Not Implemented

To reduce falls through timely staff intervention.

Process measure

- This process will be measured monthly in the home through our monthly indicator review and quality meeting, as well as quarterly in the regional quality meetings, to ensure a reduction in the number of resident falls.

Target for process measure

- By ensuring staff promptly answer call bells and bed alarms, the number of resident falls will be reduced by Dec 31, 2024.

Lessons Learned

This score improved over last year but is not yet at the target. The home will continue to monitor, assess and promote safe ambulation and transfers for residents to ensure improved score for next year.

Change Idea #3 Implemented Not Implemented

To reduce the number of resident falls due to residents attempting to toilet themselves.

Process measure

- This process will be measured monthly in the home through our monthly indicator review and quality meeting, as well as quarterly in the regional quality meetings, to ensure a reduction in the number of resident falls.

Target for process measure

- By ensuring use of scheduled toileting programs, the number of resident falls will be reduced by Dec 31, 2024.

Lessons Learned

This score improved over last year but is not yet at the target. The home will continue to monitor, assess and promote safe ambulation and transfers for residents to ensure improved score for next year.

Change Idea #4 Implemented Not Implemented

To reduce the number of resident falls by ensuring that residents can easily call for staff assistance when needed.

Process measure

- This process will be measured monthly in the home through our monthly indicator review and quality meeting, as well as quarterly in the regional quality meetings, to ensure a reduction in the number of resident falls.

Target for process measure

- By ensuring resident call bells are within resident reach, the number of resident falls will be reduced by Dec 31, 2024.

Lessons Learned

This score improved over last year but is not yet at the target. The home will continue to monitor, assess and promote safe ambulation and transfers for residents to ensure improved score for next year.

Comment

Staff continue to be SALT trained annually, and our Falls Committee meets regularly, including our dedicated Falls lead and our physiotherapist, to ensure we are doing all we can to promote resident independence while also keeping residents safe from harm.

Safety | Safe | **Custom Indicator**

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% of Residents with worsening pressure ulcers at stage 2-4 (Garden City Manor)	4.50	2	2.90	--	NA

Change Idea #1 Implemented Not Implemented

To maintain the percentage of residents with worsening pressure ulcers under the set target of 6% through specialized nurse management of the wound care program.

Process measure

- The process will be measured by tracking the monthly home indicator and quality meetings, as well as quarterly quality meetings.

Target for process measure

- To ensure the percentage of residents with worsening pressure ulcers stays under the target of 6%, a specialized wound care nurse with a qualified back up will manage the wound care program in the home by December 31, 2024.

Lessons Learned

Through audits and education we have been able to improve this percentage. We will continue to monitor and provide education to ensure continued progress.

Change Idea #2 Implemented Not Implemented

To maintain the percentage of residents with worsening pressure ulcers under the set target of 6% through frontline staff education.

Process measure

- The process will be measured by tracking the monthly home indicator and quality meetings, as well as quarterly quality meetings.

Target for process measure

- To ensure the percentage of residents with worsening pressure ulcers stays under the target of 6%, education will be provided to front line staff on appropriate skin and wound care and the required follow up by Dec 31, 2024.

Lessons Learned

Through audits and education we have been able to improve this percentage. We will continue to monitor and track this information, and to provide education to ensure continued progress for 2025.

Change Idea #3 Implemented Not Implemented

To maintain the percentage of residents with worsening pressure ulcers under the set target of 6% through 3M education.

Process measure

- The process will be measured by tracking the monthly home indicator and quality meetings, as well as quarterly quality meetings.

Target for process measure

- To ensure the percentage of residents with worsening pressure ulcers stays under the target of 6%, 3M will be called in to provide education to staff by Dec 31, 2024.

Lessons Learned

Education was provided and was helpful in maintaining a lower average. Education will continue to be provided to maintain awareness.

Change Idea #4 Implemented Not Implemented

To maintain the percentage of residents with worsening pressure ulcers under the set target of 6% through management oversight of the skin and wound program.

Process measure

- The process will be measured by tracking the monthly home indicator and quality meetings, as well as quarterly quality meetings.

Target for process measure

- To ensure the percentage of residents with worsening pressure ulcers stays under the target of 6%, a clinical member of the management team will be responsible to oversee the program by Dec 31, 2024.

Lessons Learned

ADOC is dedicated to overseeing the Skin and Wound program, and to provide additional education as needed. this will help us to further improve in this indicator.

Comment

The home will continue to monitor and provide education to ensure continued progress in this area for 2025 workplan.

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
% Residents with daily Physical Restraints (Garden City Manor)	1.70	1.65	1.70	--	NA

Change Idea #1 Implemented Not Implemented

To maintain the average percentage of residents with daily physical restraints under the Target 2.5% by educating residents and family members.

Process measure

- This process will be measured through the monthly indicators and the quarterly regional quality meetings.

Target for process measure

- To ensure the percentage of residents with daily physical restraints stays under the target of 2.5%, education will be provided to residents and families by Dec 31, 2024.

Lessons Learned

Education is key in maintaining a low percentage of resident restraints. This continues as outlined and has been effective.

Change Idea #2 Implemented Not Implemented

To maintain the average percentage of residents with daily physical restraints under the Target 2.5% by educating residents and families when there is a significant change.

Process measure

- This process will be measured through the monthly indicators and the quarterly regional quality meetings.

Target for process measure

- To ensure the percentage of residents with daily physical restraints stays under the target of 2.5%, education will be provided to residents and families when there is a significant change in resident status by Dec 31, 2024.

Lessons Learned

Education is key in maintaining a low percentage of resident restraints. This continues as outlined and has been effective.

Change Idea #3 Implemented Not Implemented

To maintain the average percentage of residents with daily physical restraints under the Target 2.5% by encouraging alternatives.

Process measure

- This process will be measured through the monthly indicators and the quarterly regional quality meetings.

Target for process measure

- To ensure the percentage of residents with daily physical restraints stays under the target of 2.5%, alternative interventions will be discussed with residents and families by Dec 31, 2024.

Lessons Learned

Education is key in maintaining a low percentage of resident restraints. This continues as outlined and has been effective.

Change Idea #4 Implemented Not Implemented

To maintain the average percentage of residents with daily physical restraints under the Target 2.5% by educating staff members.

Process measure

- This process will be measured through the monthly indicators and the quarterly regional quality meetings.

Target for process measure

- To ensure the percentage of residents with daily physical restraints stays under the target of 2.5%, education will be provided to staff members by Dec 31, 2024.

Lessons Learned

Education is key in maintaining a low percentage of resident restraints. This continues as outlined and has been effective.

Comment

We continue to work on this for 2025 as we strive for further improvement.