



LAKEVIEW MANOR

Continuous Quality Improvement Report

Date: April 1, 2026

Lakeview Manor is an accredited Long-Term Care home that provides care and services for 149 residents. It is one of four Long-Term Care homes owned and operated by the Regional Municipality of Durham, Long-Term Care and Services for Seniors. Lakeview Manor is committed to the Division's mission of “Strong People, Caring Communities, Our Future “and strives to continuously improve the delivery of care and services for residents while managing risk.

The home is committed to continuous quality improvement and actively refines required programs on a regular basis. This entails developing, implementing, and evaluating new processes to provide high quality care and service to residents in an environment that promotes choice, dignity, and respect. The interprofessional team at Lakeview Manor rely on several resources to identify trends/patterns, learn from incidents, improve processes and systems, implement controls, and develop prevention strategies.

Determination of Priorities

Determining the homes priorities each year is an interprofessional process that involves many stakeholders, including staff, residents, families, volunteers, and community partners. The first step is to identify potential gaps in care and service and define opportunities for improvement.

Every year the home conducts a resident/family satisfaction survey. This survey identifies areas of satisfaction and areas they would like to see improved. The resident voice is identified as the most important feedback that the home can obtain. This combined with Residents’ Council and Family Council feedback can help the home to determine the voice of our customers.

In addition to the resident/family satisfaction survey, the home reviews various other sources to determine opportunities. These other sources include:

- Internal Key Performance Indicators
- Internal audit results
- External assessments/audit results such as Medication Safety Self Assessment and Accreditation Canada Survey and Inspections.
- Review of new legislation

- Performance data from Canadian Institute for Health Information (CIHI); with a focus on areas indicating a performance decline and/or where benchmarking against the provincial average suggests improvement is necessary.
- Emergent issues identified internally (trends in Critical Incidents, Risk Related issues)
- Feedback from stakeholders including Residents' Council, Family Council, Divisional Advisory Council, external stakeholders including the Ministry of Long-term care (MLTC)
- Municipal Benchmarking Network Canada (MBNC)
- New best practices identified in the industry.

The Lakeview Manor home leadership team also works together with the other three Region of Durham Long-Term Care Homes, and the divisional office to develop a divisional strategic plan. The plan determines the strategic direction for the division over the next few years and incorporates initiatives and projects that are in alignment with the Regional Municipality of Durham Strategic Plan. The Long-Term Care Division also seeks input and suggestions from a Divisional Advisory Council which consists of staff, residents, and family members from each home.

Lakeview Manor then develops a home level action plan which supports the divisional strategic plan. The home has an Interprofessional Quality and Resident Safety Committee (IQRS). The IQRS committee serves as a forum to monitor progress of Quality Improvement (QI) activities, review performance data, analyze program goals and performance measures and to coordinate communication for education for building awareness for staff, volunteers, residents, clients, and families. This team together with the home's leadership team determines the key priority areas for improvement based on their identified gaps, opportunities, and strategic direction for the year.

Monitoring, Evaluation, and Adjustment

A key component to quality improvement is the setting of clear goals. Goals are set that are Specific, Measurable, Attainable, Relevant and Time-Bound (SMART). Once the goals are established, key performance measures are developed and monitored to ensure the outcomes of the initiatives are trending in the positive direction. If not achieving desired outcomes, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in compliance, etc. The homes IQRS (Interprofessional Quality and Resident Safety Committee) along with the home leadership team not only sets the direction of the quality improvement work but also monitors data to determine if the home is seeing results to their quality improvement work.

Communicating our progress and outcomes on these initiatives is an important step. We communicate to our residents, family members and staff using a variety of communication strategies. These include, but are not limited to:

- Presentations at staff meetings, townhalls, Residents' Council, Family Council, Divisional Advisory Council
- Posting on unit quality boards, in common areas and in staff lounges
- Publishing stories and results on the website, on social media or via the newsletter
- Direct email to staff and families and other stakeholders
- Huddles at shift change
- Use of clinical leads/champions to communicate directly with peers.

Interprofessional Quality and Resident Safety Committee

The IQRS committee of the home has at least a representative from all departments, along with a physician, resident(s), and family member(s). There are several committee meetings all throughout the year, and for every meeting the representatives present quality improvement initiatives or provide update on them. This venue is also used to seek feedback from members.

Resident Satisfaction Results

Resident satisfaction surveys were conducted on September 9th & 17th 2025 at Lakeview Manor. In total 35 residents completed the annual survey. The overall satisfaction by residents was 84.4%. This is an increase from the previous year's satisfaction of 81.4 %. These results were communicated to Residents Council on Jan 27, 2026, and Family Council on Jan 28th, 2026 and staff on multiple dates during team meetings and staff huddles. The main areas of satisfaction were Respect, Privacy and Safety and Security, and the opportunities for improvement were Staff Resident Bonding, Activities and Personal Relationships. The home shared these results with both resident council, family council president and staff and then developed an action plan for improvement. These initiatives are included in the annual operational plan.

Homes Operational Plan 2026

Each year as per of Ministry of Long-Term Care and Ontario Health requirements, Long Term Care homes are required to submit a quality improvement plan (QIP). This plan incorporates priority areas which the home has identified. In addition to the QIP submission, the home has identified many other QI projects. The details of the QIP and additional quality initiatives for 2026 are listed below.

Caring Connections Durham

- Continue strengthening the Emotional Model of Care through continued implementation of life stories, care conference leadership, social work involvement in admissions, and post admission family engagement
- Revision of recreation programmers schedule and implement centralized and rotational evening programming.

- Improve laundry services through improving internal laundry sorting processes, staff education on laundry processes and consistent adherence to laundry procedures.
- Support and strengthen ongoing recruitment and onboarding of new staff

Continue the ongoing work of deprescribing antipsychotic medication where appropriate

- Implement TaperMD to Assist Physicians with Deprescribing
- Offer Gentle Persuasive Approach (GPA) training for LTC staff
- Conduct Comprehensive Reviews of Existing Residents Prescribed Antipsychotics

Falls Reduction

- Screen all new residents for falls risk
- Implement standard Universal Falls Precautions
- Establish set criteria for falls related equipment
- Have Falls Clinical Leads sign up for the Loop Community of Practice

Reduction of potentially avoidable ER transfers

- Introduce the use of CADD pumps for end-of-life care
- Early conversations on end-of-life options within the home
- Strengthen Early Identification of symptoms & Communication to MRP
- Continue Community Paramedicine Support Program with Point of Care Diagnostic Testing

Accreditation Readiness

- Preparing for Accreditation Canada onsite survey in 2027

Advancing Technology and Operational Efficiency

- Implement Lab integration into the resident's electronic medical record
- Build standardized audits in software system
- Investigate various family and resident communication platforms

Strengthening Workforce Capability, Safety, and Culture

- Continued work on the workplace violence prevention program
- Diversity, Equity and Inclusion initiatives will advance through Anti-Black Racism training
- Home will strengthen MLTC inspection preparedness by establishing consistent routines, standardized documentation practices, and improved staff confidence during inspections.

[Quality Improvement Work that was Completed in 2025](#)

Food Services

- Hosted successful Resident & Family Holiday and Valentine’s Dinners in the Main Hall.
- Launched a morning café offering early breakfast options for residents.
- Developed and delivered new portioning and plate-presentation training.
- Supported home-wide events including Christmas in July, Thanksgiving treats, and multiple staff appreciation meals.

Environmental Services

- Responded effectively to two Code Orange weather emergencies, strengthening partnerships and improving emergency plans.
- Completed major work on the Steam Boiler Project to enhance environmental comfort.
- Achieved a smooth ES leadership transition.

Recreation & Therapy

- Completed LTC Executive Leadership training and hosted divisional Recreation and Therapy education days.
- Expanded engagement programs including Pen Pals, school visits, BBQs, DEI events, and Seniors Month celebrations.
- Improved processes with updated DEI care plans, falls equipment alignment, therapy equipment tracking, and mattress cleaning schedules.
- Delivered successful Resident Bazaar and Volunteer Appreciation events and finalized a new physiotherapy contract.

Home-Wide

- Successfully implemented Caring Connections Durham.
- Continued improvements to resident room personalization.
- Completed a smooth transition to InterRAI assessments.

Nursing

- Introduced a new pharmacy contract with on-site pharmacist support.
- Centralized falls equipment for easier access.
- Expanded the Paramedicine Program to reduce ER transfers.
- Implemented Pharmacist led medication reconciliation

Resident Satisfaction

- Strengthen relationships by rolling out Caring Connections Durham in 2026, improving Life Stories processes, and increasing family involvement.
- Enhance resident engagement through meaningful weekend and evening programs, including monthly special events tailored to resident feedback.
- Improve service quality with better chef–resident meal engagement and audits, continued laundry-process education, and contract review.

Overall, it continued to be a successful year for Lakeview Manor. It continues to demonstrate the homes commitment to Continuous Quality Improvement.

Designated Leads

Cortney Kay Supervisor of Business Services; Laura Logan, Manager, Nursing Practice