



# RESIDENT AND FAMILY EXPERIENCE SURVEY 2025



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**VISION:** *We will Strive to ensure the well-being of each person we service by providing purpose, dignity, and individual choice.*

**Mission:** *Building on the legacy of the Sisters of St. Joseph's at Fleming will provide compassionate person-centered long-term care support to ensure the care and comfort of each of our residents.*

Selflessness

Integrity

Compassion



## Resident Survey Results 2025

### The Purpose of the Resident Satisfaction Survey

The Resident Satisfaction provides residents living at St. Joseph's at Fleming with an opportunity to share feedback, opinions, and suggestions about the care and services they receive.

The information gathered through this survey helps guide quality improvement initiatives and supports ongoing efforts to enhance the care experience for residents.

### Survey Timeline

The 2025 Resident Satisfaction Survey was opened in Jan 2026 and closed mid-February 2026.

### Resident Eligibility and Participation Method

Resident participation in the survey was determined based on their **Cognitive Performance Scale (CPS)** score, derived from their most recent InterRAI assessment. CPS scores range from 0 to 6, with a higher score indicating a greater degree of cognitive impairment.

- **Residents with a CPS score of 3 or higher:**  
The survey was sent to their **Power of Attorney(s) or family representative** to complete on the resident's behalf.
- **Residents with a CPS of 2 or lower:**  
**Residents were provided with an iPad** and, if asked, were supported by our recreation team to complete the online survey.

During the Survey Period:

- One resident declined to participate,
- One resident was in the hospital and unable to participate.

### Survey Design and Resident Council Involvement

The current survey tool has been used for the past **four years**, allowing the organization to compare results across the same questions over time.

Survey questions were presented to the **Residents' and Family Council** for review and approval. Council members were given the opportunity to provide feedback on the survey content.

A proposal to transition the survey from a **paper format to an electronic platform** was also discussed with the Residents' Council. Feedback highlighted the importance of:

- Providing **iPads for residents who do not have personal devices**
- Ensuring **staff support is available for residents who require assistance**

These considerations were incorporated into the 2025 survey process.



## Survey Distribution

The survey was distributed using an **electronic platform** in 2025. Residents were provided with an **iPad and**, if required, **staff support** to complete the survey.

A total of 114 surveys were distributed:

- **26 surveys** were sent directly to residents
- **88 surveys** were sent to POA/family representatives
- **4 email** invitations were returned due to incorrect addresses

## Survey Response Rates

The **overall response rate for the 2025 Resident Experience Survey was 46%**.

Participation breakdown:

- **92% of eligible residents participated** in the survey
  - One resident declined participation
  - One resident was hospitalized during the survey period
- **32% of POA/family representatives participated**

A response rate above **30%** is generally considered a reasonable level of representation. Response rates between **40% and 50%** are considered strong, while **60% or higher** is considered excellent but uncommon for external surveys.<sup>1</sup>

## Year-Over-Year Participation

The 2025 survey achieved a response rate of 46%, which is **9% increase in participation**, up from the **2024 response rate of 37%**. And increase in resident response rate from 23% in 2024 to 92% in 2025.

## Data Reporting Method

All percentages shown in charts within this report have been **rounded to the nearest whole percentage** and are based on the number of respondents who answered each question.

## Key Findings / Highlights (2025)

Combined percentage for responses of “Most of the Time” and “Always.”

Resident Experience/Satisfaction	2023	2024	2025
I would recommend St. Joseph's at Fleming to others.	86%	88%	80%
I can express my concerns without fear of consequences	83%	88%	71%
What number would you use to rate how well the staff listens to you?	90%	92%	95%

- The percentage of residents who indicated that they would recommend the home **declined from 88% to 80% over the year**, indicating an important area for improvement.
- The percentage of residents who reported they can express their concerns without fear was lower this year, **decreasing from 88% to 71%**. Indicating an important area for improvement.



- The percentage of residents who rated staff highly for listening **increased from 92% to 95%**.

(1).Agency for Health Care Research and Quality (CAHPS survey Standards)

<b>Communication / Staff Interaction</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
I am informed of recommended changes to my plan of care involving medications or treatments	90%	88%	76%
I am informed when there is a change in my (or the resident's) medical condition.	90%	90%	81%
The Resident / POA have opportunity to have input into the Care Plan during care conferences and when there are changes.	82%	91%	80%
The Pastoral Care, Physiotherapy, and Recreation team is responsive and helpful in responding to my questions and concerns.	82%	86%	87%
The Nutrition Services team is responsive and helpful to my questions and concerns.	85%	92%	94%

Survey results in the **Communication and Staff Interaction** category show a decline in satisfaction in 2025 across several indicators. These results represent a notable decrease compared to 2023 and 2024 and highlight opportunities and the need to strengthen communication and engagement with residents and families.

<b>Care Provision</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
I am satisfied with the response time when I ring my nurse call alarm (leave blank if resident is unable to use call bell).	30%	62%	63%
Personal Support Workers do a good job at maintaining my personal appearance and grooming, including nail and basic footcare.	74%	66%	80%
I can purchase fee for service advanced foot care for my resident who may have special needs.	91%	94%	81%
My toileting needs are met (supplies are provided daily and staff assist in my care as needed).	78%	85%	88%
If I (as the Resident) have received physiotherapy, the service has been helpful.	68%	92%	73%
Are you satisfied with the care provided by your physician/NP	83%	84%	80%
I am satisfied with the variety and services of my meal	88%	87%	69%

Overall, residents and families reported positive satisfaction with several aspects of care. Personal Support Workers maintaining residents' personal appearance and grooming received strong results in 2025 (80%), showing improvement from 2024 (66%). Satisfaction with staff assisting with toileting needs also remained consistently high

Some areas showed variability and will be monitored for improvement.

- Satisfaction with response time to nurse call bell increased to 63%, indicating the need for continued attention to staff response times.

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- Physiotherapy services, where satisfaction had a significant decrease to 73%.

The home will continue to monitor these areas through ongoing quality improvement initiatives, staff education, and resident/family feedback to ensure residents' care needs and expectations are met.

<b>Administration /Resident Relations</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
I am aware of who to approach with questions and concerns.	79%	80%	76%
I am treated with dignity and respect.	95%	98%	86%
The Administrative and Reception Team is responsive and helpful with my questions and concerns.	90%	88%	90%
The Home keeps me up to date regarding disease outbreaks and other events that may impact me or my family.	99%	93%	90%

The 2025 resident survey results for Administration and Resident Relations remain generally positive. Results remain strong overall, though lower than in previous years, suggesting opportunities to further improve communication and awareness.

<b>Activities / Socialization</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
My spiritual needs are met.	73%	94%	84%
Recreational programs and activities are available, and I am invited to take part.	85%	87%	93%

Recreational programs' survey results reflect the continued improvement over the years. Responses related to spiritual support varied across the years, with decline in 2025.

<b>Home Environment</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
The Environmental Services team (Laundry/Housekeeping) is responsive and helpful in responding to my questions and concerns.	91%	89%	94%
The Home and my room are well maintained and clean.	91%	90%	97%
The Home is odour-free.	84%	90%	94%
My clothing is properly laundered and organized when returned to my room.	86%	88%	93%

Overall, the Home Environment shows strong performance across all measures, with steady, notable improvements in cleanliness, odour control, and laundry in 2025.



## **Quality Improvement Actions for 2026**

Based on the feedback received through the 2025 Resident Experience Survey, several quality improvement actions will be considered and implemented where appropriate. These initiatives will support ongoing quality improvement efforts and help ensure that residents' voices continue to guide the care and services provided at St. Joseph's at Fleming.

### **Ongoing Monitoring of Resident Experience**

- Continue to monitor resident satisfaction annually to identify trends and measure improvements over time.
- Share survey results with residents, families, staff, and the Residents' Council.

St. Joseph's at Fleming takes great pride in its efforts to work collaboratively with our residents in order to meet their medical, social, spiritual, and emotional needs and to provide a safe and comfortable place to live, all while maintaining a sense of autonomy, privacy, and dignity.

Many efforts toward improving the lives of our residents continue to be embedded in the everyday practices and routines for staff, volunteers, and other stakeholders, as a direct result of these annual satisfaction surveys.

The results of this survey have been reviewed by the Leadership and will be shared in upcoming meeting with Resident Council, Continuous Quality Committee; the Quality Committee of the Board Committee; and the various committees for each of the required programs. This is done to address any area that did not score well overall or scored significantly less than in previous years, in addition to simply looking to improve even further in areas that scored well. As a result, we will use the feedback from this survey to determine where our 2026 improvement efforts shall be focused.

### **Appreciation**

We thank all residents, families, and representatives who took the time to participate in this survey. Their feedback is essential as we continue to improve the quality of care and services provided to residents while supporting the Mission and Vision of St. Joseph's at Fleming.