



**ACCREDITATION
AGRÉMENT**
CANADA

Accreditation Report

Qmentum Global™ for Canadian
Accreditation Program

CANES Community Care

Report Issued: October 09, 2026

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Table of Contents

Confidentiality	2
About Accreditation Canada	5
About the Accreditation Report	5
Program Overview	5
Executive Summary	7
About the Organization	7
Surveyor Overview of Team Observations	7
Key Opportunities and Areas of Excellence	8
People-Centred Care	8
Quality Improvement Overview	9
Accreditation Decision	10
Locations Assessed during On-Site Assessment	10
Required Organizational Practices	11
Assessment Results by Standard	14
Core Standards	14
Governance	14
Infection Prevention and Control for Community-Based Organizations	16
Leadership	17
Medication Management for Community-Based Organizations	22
Service Excellence	24
Service Specific Assessment Standards	25
Home Care Services	25
Home Support Services	26

About Accreditation Canada

Accreditation Canada is a global, not-for-profit organization with a vision for safer care and a healthier world. Our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years. We continue to grow in our reach and impact. Accreditation Canada empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Accreditation Canada's assessment programs and services support the delivery of safe, high-quality care in health systems, hospitals, laboratories and diagnostic centres, long-term care, rehabilitation centres, primary care, home, and community settings. Our specialized accreditation and certification programs support safe, high-quality care for specific populations, health conditions, and health professions.

About the Accreditation Report

The Organization identified in this Accreditation Report (the “**Organization**”) has participated in Accreditation Canada's Qmentum Global™ for Canadian Accreditation program.

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from September 8, 2026 to September 11, 2026. This Accreditation Report reflects the Organization's information and data, and Accreditation Canada's assessments, as of those dates.

Information from the assessments, as well as other information and data obtained from the Organization, was used to produce this Report. Accreditation Canada relied on the accuracy and completeness of the information provided by the Organization to plan and conduct its on-site assessments and to produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

Program Overview

The Qmentum Global Program enables your organization to continuously improve quality of care through the sustainable delivery of high-quality care experiences and health outcomes. The program provides your organization with standards, survey instruments, assessment methods and an action planning feature that were designed to promote continuous learning and improvement, and a client support model for on-going support and advice from dedicated advisors.

Your organization participates in a four-year accreditation cycle that spreads accreditation activities over four years supporting the shift from a one-time assessment while helping your organization maintain its focus on planning, implementing, and assessing quality and improvements. It encourages your organization to adopt accreditation activities in everyday practices.

Each year of the accreditation cycle includes activities that your organization will complete. Accreditation Canada provides ongoing support to your organization throughout the accreditation cycle. When your organization completes year 4 of the accreditation cycle, Accreditation Canada's Accreditation Decision Committee determines your organization's accreditation status based on the program's accreditation decision guidelines. The assessment results and accreditation decision are documented in a final report stating the accreditation status of your organization. After an accreditation decision is made, your organization enters year 1 of a new cycle, building on the actions and learnings of past accreditation cycles, in keeping with quality improvement principles.

The assessment manual (Accreditation Canada Manual) which supports all assessment methods (self-assessment, attestation, and on-site assessment), is organized into applicable Standards and ROPs/RSPs. To promote alignment with the assessment manual (Accreditation Canada Manual), assessment results and surveyor findings are organized by Standard, within this report.

Additional report contents include a comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results, and conclusively, People-Centered Care and Quality Improvement Overviews.

Executive Summary

About the Organization

CANES Community Care (CANES) has proudly supported older adults and individuals living with disabilities for more than four decades. CANES roots date back to 1980, when it began identifying and addressing the needs of seniors in North Etobicoke. A 1981 community survey highlighted the need for services that would help people remain safely and independently in their homes, including assistance with housekeeping and outdoor maintenance. In response, Rexdale Home Care and Support Service was established in 1982 as a non-profit charitable organization. By 1986, the organization became known as CANES, reflecting its expanding reach and enduring commitment to helping people live with dignity, independence, and choice.

Surveyor Overview of Team Observations

The survey team observed an organization that has experienced significant growth and continues to strengthen its governance, leadership, quality, workforce, technology and service-delivery infrastructure. Across priority processes, CANES demonstrated a strong commitment to people-centred care, staff education, ethical decision-making, quality and safety, and collaborative system relationships. Governance and leadership structures have matured, supported by enhanced performance monitoring, enterprise risk management, financial stewardship and increasing use of data and technology to inform decisions.

A particularly consistent theme was the strength of CANES' relationships. Community partners described the organization as transparent, responsive, collaborative and "very client focused," highlighting a "great partnership" and "wonderful experience" working together to support seamless transitions and solve problems. These observations were strongly reinforced by clients and families. Across Community, Home Care, Assisted Living, and Transitional Care settings, clients described feeling respected, supported and valued, with one client stating, "I am grateful that a program like this is available," and another describing significant functional improvement: "I couldn't walk when I arrived and now I can."

Strong practices were also evident in client flow, IPAC, emergency and business continuity planning, medication management, physical environment, equipment safety, and Home Support services. Staff demonstrated considerable commitment to clients and expressed pride and satisfaction in their work.

Opportunities largely reflect the organization's continued growth and maturation. These include further integrating electronic documentation, strengthening consistency across contracted providers, expanding education and recreation capacity, further developing client and family engagement, tailoring emergency and pandemic planning across diverse service settings, and implementing a broader risk-based emergency exercise program. Overall, CANES demonstrates a strong organizational foundation, an evident culture of collaboration and responsiveness, and a genuine commitment to continuously improving the experience and outcomes of the communities it serves.

Key Opportunities and Areas of Excellence

Areas of Excellence

- Strong, consistent people-centred culture. Clients across Home Support, Assisted Living and Transitional Care described staff as caring, respectful, responsive and committed.
- Highly collaborative external relationships. Partners described CANES as transparent, responsive, “very client focused,” and a “great partnership.”
- Maturing governance and leadership infrastructure, with clearer accountabilities, stronger Board oversight, enterprise risk management and performance monitoring.
- Strong education and continuous-learning culture supported by Learning Management System (LMS), competency development, clinical leadership and technology.
- Data-informed quality and safety oversight through Power BI, dashboards, incident review, audits, QIP alignment and Board reporting.
- Strong IPAC practices, client flow, physical environment and equipment-safety processes, with no significant concerns identified in these areas.

Opportunities

- Continue reducing reliance on contracted providers.
- Advance a single electronic point-of-care documentation process.
- Develop risk-based emergency exercise program across service settings.
- Continue addressing workforce sustainability through recruitment, retention, mentoring, and education.
- Further strengthen long-term service planning while balancing growth, funding, fleet and organizational capacity.
- Continue to build medication standardization, client/family engagement and recreation/quality-of-life resources.

People-Centred Care

People-centred care is strongly embedded in CANES’ approach to service delivery. Front line staff demonstrated a clear commitment to involving clients and families in care planning and decision-making and to respecting individual preferences, participation, autonomy, and quality of life. Staff also validated the organization’s strong commitment to ongoing education through annual mandatory learning, in-person education, and the Learning Management System.

The introduction of a Recreation Therapist is a positive example of CANES investing in quality of life beyond basic care needs. Opportunities exist to build on this work by expanding recreation and meaningful-engagement resources as capacity permits and by continuing the planned integration of front line PSW documentation into the electronic health record through point-of-care technology.

Quality Improvement Overview

The organization demonstrates an established approach to quality, safety, and risk management through mandatory education, incident management, client feedback, clinical audits, and performance monitoring. Key indicators include client flow, falls, medication errors, and infection rates. Hand hygiene audits and spot checks are completed electronically, with reported compliance exceeding 95%. Further standardization of audit methodology, documentation, and staff-level data would strengthen trending and targeted improvement.

Incident management includes electronic tracking, escalation of high-risk events, post-fall huddles, and root cause analysis where indicated. Learning from incidents informs practice improvements. A disclosure policy aligned with provincial requirements is supported by processes to identify quality improvement opportunities arising from concerns, missed care, cancellations, and stakeholder feedback.

Client safety is supported through intake and environmental risk assessments, care planning, advance care planning, consent and capacity processes, medication reconciliation, and internal referrals. Additional safeguards include vehicle cameras, fall and hip protection equipment, and community partnerships.

Quality improvement is increasingly supported by Power BI, with weekly review of operational and safety indicators and alignment of the QI framework and dashboard with the QIP and Board oversight. Opportunities include strengthening analysis and action planning from staff and client surveys, benchmarking quality and experience data, standardizing medication reconciliation across programs, and improving documentation and trending of near misses and concerns, including family feedback.

Continued investment in technology, client co-design, transportation capacity, community partnerships, and Transitional Care Program development will support sustainable quality and safety improvement.

Accreditation Decision

CANES Community Care's accreditation decision is:

Accredited with Exemplary Standing

The organization has exceeded the fundamental requirements of the accreditation program.

Locations Assessed during On-Site Assessment

The following locations were assessed during the organization's on-site assessment:

- CANES Community Care - Humber College Blvd.
- CANES Community Care - RJ Smith Apartments - Assisted Living
- CANES Community Care - Villa Polonia - Assisted Living
- CANES Main Office
- Southbrook Transitional Care

¹Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

Required Organizational Practices

Required Organization Practices (ROP) and Required Safety Practices (RSP) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROP/RSP contain multiple criteria, which are called Tests for Compliance (TFC).

Table 1: Summary of the Organization's ROPs/RSPs

ROP/RSP Name	Standard(s)	# TFC Rating Met	% TFC Met
Accountability for Quality of Care	Governance	5 / 5	100.0%
Adhering to a Do-Not-Use List of Abbreviations, Symbols, and Dose Designations	Medication Management for Community-Based Organizations	5 / 5	100.0%
Cleaning and Low-Level Disinfecting Medical Equipment	Infection Prevention and Control for Community-Based Organizations	5 / 5	100.0%
Client Flow	Leadership	5 / 5	100.0%
Client Identification	Home Care Services	6 / 6	100.0%
	Home Support Services	6 / 6	100.0%
Home Safety Risk Assessment	Home Care Services	5 / 5	100.0%
	Home Support Services	5 / 5	100.0%
Improving Hand Hygiene Practices	Infection Prevention and Control for Community-Based Organizations	5 / 5	100.0%
Infection Rates	Infection Prevention and Control for Community-Based Organizations	3 / 3	100.0%
Infusion Pump Safety	Service Excellence	0 / 0	0.0%

Table 1: Summary of the Organization's ROPs/RSPs

ROP/RSP Name	Standard(s)	# TFC Rating Met	% TFC Met
Limiting High-Concentration and High-Total-Dose Opioid Formulations	Medication Management for Community-Based Organizations	0 / 0	0.0%
Maintaining an Accurate List of Medications during Care Transitions	Home Care Services	5 / 5	100.0%
	Home Support Services	0 / 0	0.0%
Managing High-Alert Medications	Medication Management for Community-Based Organizations	5 / 5	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%
Optimizing Skin Integrity	Home Care Services	6 / 6	100.0%
	Home Support Services	6 / 6	100.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Patient Safety Incident Disclosure	Leadership	6 / 6	100.0%
Patient Safety Incident Management	Leadership	7 / 7	100.0%
Preventing Falls and Reducing Injuries from Falls	Home Care Services	7 / 7	100.0%
	Home Support Services	7 / 7	100.0%
Preventing Venous Thromboembolism	Home Care Services	0 / 0	0.0%
	Home Support Services	0 / 0	0.0%

Table 1: Summary of the Organization's ROPs/RSPs

ROP/RSP Name	Standard(s)	# TFC Rating Met	% TFC Met
Preventive Maintenance Program	Leadership	4 / 4	100.0%
Reprocessing	Infection Prevention and Control for Community-Based Organizations	2 / 2	100.0%
Suicide Prevention Program	Service Excellence	5 / 5	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%

Assessment Results by Standard

The following section includes the outcomes from the attestation (if applicable) and on-site assessments, at the conclusion of the on-site assessment.

Core Standards

Qmentum Global™ for Canadian Accreditation has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational areas of high quality and safe care they cover.

The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Governance

Standard Rating: 98.8% Met Criteria

1.2% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Governance practices have been strengthened through review of the governance manual, development of an annual Board work plan with defined objectives, updated bylaws, and enhanced Board and committee structures. Five new Board members have been recruited, supported by a Board skills matrix and a focus on succession planning to promote continuity and effective leadership transitions. Further formalizing Board member orientation and mentoring would support continued development and integration of new members.

Senior leaders regularly participate in Board meetings and provide performance, quality, financial, and risk information to support informed oversight and decision-making. The organization is advancing its enterprise risk management approach, with committees incorporating risk information into their oversight. The Board demonstrates active engagement in decisions related to quality, sustainability, financial stewardship, and achievement of the organization's mission.

Executive recruitment and performance management processes have been strengthened through defined competencies, updated position descriptions, annual performance objectives, and oversight through the CEO and Compensation Committee. A 360-degree evaluation process involving Board members and direct reports has further strengthened leadership accountability and development.

The organization is increasingly using performance data to inform decision-making and assess meaningful outcomes. A balanced scorecard comprising approximately 14–15 core indicators supports regular reporting to committees and the Board, strengthening accountability and quality oversight.

Opportunities remain to further embed equity, diversity, inclusion, and anti-racism principles. In particular, establishing a recognized framework and action plan to address systemic racism, developed in partnership with Indigenous partners, would strengthen this work. The organization is encouraged to further incorporate ethics and structured decision-making frameworks into governance practices.

The governing body has an approved Code of Conduct that includes expectations related to confidentiality and public disclosure of information. The Board is encouraged to revisit the policy and consider establishing a separate policy that clearly defines privacy accountabilities.

Overall, the organization demonstrates a strong client-centred approach to governance, active Board engagement, and continued investment in leadership capability. The upcoming strategic planning process provides an opportunity to build on these strengths and sustain momentum in governance and organizational development.

Table 2: Unmet Criteria for Governance

Criteria Number	Criteria Text	Criteria Type
6.1.2	The governing body implements an action plan, in partnership with Indigenous partners, to address Indigenous-specific systemic racism in the organization.	HIGH

Infection Prevention and Control for Community-Based Organizations

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

CANES demonstrates a strong and well-established Infection Prevention and Control program, with no significant gaps identified through tracer activities, document review, or discussions with staff. IPAC practices are evidence-informed and supported by ongoing education, monitoring, and clearly identified accountability. Of particular note is the organization's collaboration with the Ontario Health IPAC Hub and other external partners, which provides access to specialized expertise and current best practices.

CANES may wish to further customize pandemic preparedness planning to the specific environments in which services are delivered, including community homes, Assisted Living, Transitional Care, and transportation. Existing hand-hygiene auditing could also be complemented by experiential quality-improvement approaches, such as visualization tools, to reinforce technique and staff engagement in addition to measuring compliance.

Table 3: Unmet Criteria for Infection Prevention and Control for Community-Based Organizations

There are no unmet criteria for this section.

Leadership

Standard Rating: 98.9% Met Criteria

1.1% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The organization demonstrates strong leadership commitment to navigating a complex and evolving healthcare environment while maintaining focus on its mission, values, and the needs of clients and communities. As services and staffing have expanded, leadership has strengthened organizational clarity through enhanced leadership structures, clearer accountabilities, and new decision-making and inclusion frameworks.

Client and caregiver perspectives are increasingly integrated into quality improvement through the re-established Client and Family Advisory Committee, accessible surveys, and feedback mechanisms. An ethics framework and interprofessional ethics committee provide additional support for addressing complex issues.

Leadership continues to navigate recruitment and retention pressures, leadership turnover, funding delays, financial constraints, fleet needs, reliance on subcontractors, and broader system transformation. Despite these challenges, leaders expressed strong confidence in staff commitment, adaptability, community relationships, and alignment with the organization's mission. The next strategic planning cycle provides an opportunity to further strengthen sustainability, continuity, partnerships, and responsive service delivery.

The following sections will further elaborate on key observations in several leadership dimensions.

Planning and Service Design

The leadership team has established objectives, activities, risks, and performance are monitored monthly and consolidated through a balanced scorecard, with core indicators streamlined from approximately 50–60 measures to focus on meaningful outcomes.

Quality and safety dashboards have been developed linked to the enterprise risk register, enabling monitoring, trending, and timely response to emerging risks. Enterprise risk management is formally reviewed every two months using a heat map, with SBAR briefing notes and regular leadership meetings supporting escalation and decision-making.

Policies and procedures are being standardized through a policy-on-policy framework, defined review cycles, and clearer governance and operational management accountabilities.

Client and stakeholder feedback informs service improvements, including enhanced recreation services and client-centred training. Centralized intake and stronger internal and external referral pathways are being developed to reduce barriers and improve continuity.

The organization does not have a master plan that outlines the long-term needs of its community and other stakeholders based on projected changes in the population and demographics, and a long-term plan for how it will continue to meet changing needs.

Human Capital

The organization is actively strengthening workforce capacity through enhanced recruitment strategies and reducing reliance on subcontracted services by transitioning consistently required shifts to internal positions. Credentialing includes verification of qualifications for IENs and PSWs and supervisor-led competency assessment during probation.

Retention and engagement strategies include compensation reviews for non-union roles, an Employee Assistance Program, onsite wellness supports, hybrid work arrangements, staff appreciation initiatives, and an Employee Engagement and Wellbeing Committee. A mentoring program is being re-established, supported by plans for leadership development and succession planning.

Human resource processes continue to evolve, including improvements to leave-of-absence tracking and employee relations processes. Performance management has shifted to annual appraisals supported by regular check-ins and coaching, while staffing needs are informed by scheduling and intake data.

Workplace violence prevention, harassment, occupational health and safety, and complaint management processes are established, with annual inspections, incident reporting, policy access, and external expertise supporting workplace safety.

The organization is commended for its continued investment in technology. Planned implementation of a human resources information system (HRIS) interoperable with the electronic health record is expected to further automate HR and payroll processes, reduce errors, and strengthen workforce data and reporting.

Opportunities include strengthening credential verification and documentation and considering a designated educator role to support consistent competency development.

Communication

The organization demonstrates a strong commitment to transparent, person-centred communication and engagement with staff, clients, families, and community stakeholders. Multiple formal and informal communication mechanisms are in place, including town halls, newsletters, surveys, social media, community engagement, and leadership participation in regional forums. Communication is informed by stakeholder feedback, with attention to accessibility, language, equity, diversity, and inclusion. The organization also demonstrates established practices to support privacy and confidentiality, including staff education and attestations, role-based electronic health record access, encryption, multifactor authentication, and ongoing cybersecurity initiatives.

Opportunities exist to further strengthen communication and information management by establishing and monitoring communication-related KPIs within organizational dashboards to evaluate reach, effectiveness, and stakeholder engagement. Continued development of standardized processes for privacy impact assessments, cybersecurity, information flow, and policy/document management would support consistency and oversight. The planned intranet and expansion of digital platforms provide opportunities to further improve access to corporate information and strengthen communication across the organization.

Resource Management

The organization demonstrates sound financial stewardship through established policies, internal controls, separation of duties, procurement processes, and regular financial oversight. Approval processes have been strengthened through electronic workflows, cost-benefit analysis of contracted services, and access to preferred vendor pricing. A new financial system has been implemented, with further automation and tracking tools planned.

Annual operating budgets are developed collaboratively, reviewed through the Finance Committee, and approved by the Board. Program leaders receive regular budget reporting to support accountability and informed decision-making. The organization is also developing a three-year capital planning cycle and has established an investment policy to support longer-term financial sustainability.

The organization identifies inflation and funding pressures as risks and is exploring strategies to manage costs, including workforce optimization and reduced reliance on contracted services. Continued attention to predictable funding, capital forecasting, and evaluation of new initiatives will support sustainability. The organization is commended for establishing a fund to assist clients experiencing financial need; further development of the eligibility and governance process, including client advisory input, will support implementation.

Emergency Preparedness

CANES Community Care demonstrates a strong and well-developed approach to emergency preparedness and business continuity, with no significant concerns identified across most aspects of this priority process. There is clear evidence of extensive collaboration with external stakeholders and community partners, and the Emergency Preparedness Plan and Business Continuity Plan have been developed in a coordinated manner to support organizational readiness and continuity of essential services.

The organization's Emergency Preparedness Plan is structured as an all-hazards plan and addresses a broad range of potential emergency situations, including power outages, severe weather events, medical or injury emergencies, pandemics, labour disruptions, evacuation needs, communication or technology interruptions, and other events requiring coordinated organizational response. The plan also includes defined leadership responsibilities, communication processes, client prioritization mechanisms, alternate operating arrangements, and post-event debriefing expectations.

The organization should also be recognized for the complexity of the environments in which it delivers services. CANES provides care across a range of settings, many of which are leased or operated in partnership with other organizations, including Transitional Care and Assisted Living environments. This requires coordination with landlords, host organizations, health-system partners, and external service providers, and adds complexity to achieving consistent emergency preparedness practices across all settings.

There is evidence of several practical and robust measures to support the safety of clients and staff. These include emergency assessment resources for clients and families, rescue sheets, fire luggage, emergency communication processes, alternate-site planning, client Emergency Response Level classifications, and processes to identify and prioritize high-risk clients during disruptions. The plan also includes a structured post-emergency debriefing process intended to identify strengths, opportunities for improvement, and required follow-up actions.

Regular Code Red/fire and Code Green/evacuation exercises are conducted. However, while the organization's Emergency Preparedness Plan addresses a broad range of potential emergencies, there was limited evidence that this wider range of emergency scenarios is exercised in a systematic and planned manner. The plan itself does not identify a comprehensive, risk-based exercise schedule outlining which emergency scenarios are to be tested, in which settings, and at what intervals. This is particularly relevant given that the Leadership standard requires regular exercises to validate the effectiveness of the organization's emergency and disaster plans and processes.

Physical Environment and Medical Devices & Equipment

CANES Community Care demonstrates a strong commitment to maintaining safe, clean and well-organized environments for clients, staff and visitors. While the organization does not own the physical spaces in which it operates, and instead delivers services from leased and partner-operated locations, the main administrative office was observed to be well maintained, clean and organized. Similar conditions were evident across the Assisted Living locations visited during the survey. No significant concerns related to the physical environment were identified.

The organization also demonstrates a comprehensive approach to the safe use, cleaning and maintenance of medical devices and equipment. Staff receive education and support related to equipment safety, infection prevention and control, and maintaining a safe and clean environment. A range of audits are conducted by various levels of leadership to monitor the cleanliness and operational safety of medical devices and equipment, providing ongoing oversight and opportunities to identify and address concerns.

Although CANES does not operate its own preventive maintenance program, preventive maintenance is provided through a third-party service provider. This arrangement encompasses medical devices and equipment requiring scheduled maintenance, as well as the organization's transportation fleet. Processes are in place to support equipment safety, maintenance and operational readiness, and no significant concerns were identified during the survey.

CANES does not undertake high-level disinfection or sterilization of reusable medical devices. Equipment used within its scope of services requires cleaning and/or low-level disinfection, as appropriate and the organization has processes and staff education in place to support these activities.

Principle Based Decision Making

CANES Community Care demonstrates a strong and well-established approach to principle-based care and ethical decision-making, with no significant gaps identified within this priority process. Ethics education is mandatory and completed annually, supporting ongoing staff awareness of ethical principles and the organization's approach to ethical decision-making.

A multidisciplinary Ethics Committee is in place with broad representation across the organization. The committee meets quarterly, is active, and provides a structured mechanism for discussing and addressing ethical issues arising in the delivery of care and services. CANES also benefits from strong relationships with community and health-system partners. These relationships have enabled the organization to access external ethics expertise from William Osler Health System when additional consultation was required to support particularly complex ethical situations.

The predominant ethical issues brought forward to the committee relate to clients' decisions to live at risk, including situations in which respecting client autonomy may create actual or potential safety concerns for staff providing services. These cases demonstrate the complexity of balancing autonomy, dignity, client choice, duty of care, and staff safety within a community-care environment.

Client Flow

CANES Community Care demonstrates a well-developed and effectively managed approach to client flow. No concerns were identified within this priority process. The organization demonstrates a strong understanding of both individual client needs and broader system pressures and has established robust internal and external processes to support timely access to services and continuity of care.

A particular strength is the organization's collaborative approach. Open communication and well-established relationships with clients, families, community partners and health-system stakeholders support effective coordination and timely responses to changing client and system needs. Information and data are used to support decision-making, service planning and the prioritization of clients requiring care.

Client flow is actively monitored through ongoing assessments, audits and evaluation processes. Wait lists are regularly reviewed and managed, with attention to client needs, urgency and available resources. Processes are also in place to identify changes in client circumstances and adjust services accordingly.

Discussions with clients and families further supported the effectiveness of these processes. Clients described feeling supported and valued and demonstrated confidence in the organization's responsiveness to their needs. Overall, CANES demonstrates a proactive, collaborative and data-informed approach to client flow that supports timely access to appropriate services.

Table 4: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
2.1.1	The organization has a master plan that outlines the long-term needs of its community and other stakeholders based on projected changes in the population and demographics, and a long-term plan for how it will continue to meet changing needs.	NORMAL
2.6.7	The organization conducts regular exercises to validate the effectiveness of its emergency and disaster plan and processes and, ensure they meet expectations and objectives.	HIGH

Medication Management for Community-Based Organizations

Standard Rating: 95.7% Met Criteria

4.3% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

The organization demonstrates established medication management processes across its programs, with approaches tailored to the scope of service. Home and community programs provide medication support primarily through PSW staff, while the Transitional Care Program provides nursing medication administration. Pharmacy services for Transitional Care are provided through Care Rx and include medication delivery, medication reconciliation, discrepancy follow-up, medication reviews, and participation in quality and safety activities.

Medication safety is supported through best possible medication histories and medication reconciliation at transitions, two-person identification, high-alert medication safeguards, audits, staff education, and monitoring of medication incidents. Do-not-use abbreviations are audited within Transitional Care, with results reviewed by pharmacy, the Safety Officer, and leadership. Medication incidents are tracked and reviewed for learning, with coaching and education provided where appropriate. Further categorization of medication incidents could strengthen trend analysis and targeted improvement.

Opportunities exist to further standardize medication management across programs while recognizing the distinct scope and responsibilities of programs that administer medications versus those that provide medication support. Developing a consistent framework with program-specific application would strengthen clarity of roles, accountabilities, and required safeguards. Policies and procedures addressing medication administration, medication support, and client self-administration, where applicable, should define eligibility and risk assessment, client capacity and education, staff responsibilities, monitoring, documentation, and escalation.

A formal polypharmacy risk-reduction approach, particularly for frail or vulnerable clients, would further strengthen medication safety. Review of standing orders, verbal orders, medical directives, and related terminology against current practice standards is encouraged.

Within Transitional Care, expanding electronic medication administration records and ensuring medication reconciliation and BPMH information are readily accessible within the client record would support continuity and oversight. Standardized pre-printed orders may also enhance consistency. Continued strengthening of pharmacy partnerships, medication education, and shared learning will support safe, coordinated medication practices across programs.

Table 5: Unmet Criteria for Medication Management for Community-Based Organizations

Criteria Number	Criteria Text	Criteria Type
3.1.2	A structured program has been implemented to reduce the risks associated with polypharmacy, especially with frail or vulnerable clients.	HIGH
5.2.1	There is a policy and procedure to ensure client self-administration of medication is safely managed.	HIGH
5.2.2	Established criteria are used to determine which medications clients can self-administer.	NORMAL
5.2.7	Medications that are self-administered by clients are stored and labelled safely and appropriately.	NORMAL
7.1.3	A policy on storing medications for clients who self-administer medications is developed and implemented, where applicable.	NORMAL

Service Excellence

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

CANES demonstrates a strong and well-established approach to service excellence. Staff education, competency development, knowledge transfer, and continuous learning are clearly organizational priorities and are supported through multiple mechanisms, including the Learning Management System, structured tracking and evaluation, Power BI reporting, and access to clinical, operational, and specialist expertise. Staff demonstrated strong engagement in learning and an understanding of their responsibilities.

As this work continues to mature, CANES may wish to consider a dedicated clinical or corporate educator role to provide centralized accountability for organization-wide education and competency development. Continued movement toward a single electronic point-of-care documentation process would also reduce the current fragmentation between paper and electronic documentation in Transitional Care and Assisted Living and support more timely access to client information.

Table 6: Unmet Criteria for Service Excellence

There are no unmet criteria for this section.

Service Specific Assessment Standards

The Qmentum Global™ for Canadian Accreditation program has a set of service specific assessment standards that are included in the accreditation program based on the services delivered by different organizations. Service standards are critical to the management and delivery of high-quality and safe care in specific service areas.

Home Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

Transitional Care Program

Clients expressed a high level of satisfaction with the program and consistently described feeling safe, supported, and well cared for. Clients spoke very positively about staff, noting their professionalism, helpfulness, and genuine commitment to care. Comments included, “I am grateful that a program like this is available” and “I couldn’t walk when I arrived and now I can.”

The facility is clean and well maintained, and recreation services and activities have been very well received. Clients expressed interest in additional activity choices and greater variety.

Therapy has made a meaningful contribution to client health and functional outcomes, with examples of improved mobility among several residents. Falls and wound assessments are completed consistently, with processes in place to support ongoing management. Continued attention to suicide prevention and timely access to care is also evident. Exploring medical directives and opportunities for RN prescribing, where appropriate, may further support timely care, reduce avoidable hospital transfers, and enable nursing staff to practise to full scope.

The hybrid paper and electronic documentation system presents opportunities for improvement. Multiple paper binders are maintained for PSW, nursing, medication, vital signs, and communication documentation, with information subsequently entered into the electronic health record, creating duplication. A review and standardization of documentation processes would strengthen efficiency, accuracy, confidentiality, and compliance.

Care transitions would benefit from standardized admission, handover, transfer, and discharge tools, with defined communication requirements, roles, and responsibilities. Formal evaluation and auditing of transition and team communication processes would further support continuity, safety, and coordination of care.

Table 7: Unmet Criteria for Home Care Services

There are no unmet criteria for this section.

Home Support Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table at the end of this section.

Assessment Results

CANES Community Care demonstrates a highly person-centred and responsive approach to the delivery of Home Support services. Throughout the survey, there was a remarkable consistency in the experiences shared by clients and families, whether through individual tracer visits in the community and Assisted Living settings or through the Client and Family Engagement Focus Group. Clients who were relatively new to CANES, as well as those who had received services for many years and accessed multiple programs, consistently expressed a high level of satisfaction with the care and support they receive.

Clients and families described staff as caring, compassionate, respectful, patient, flexible and responsive, and spoke positively about the relationships they have developed with their care providers. They described feeling valued, listened to and supported, and expressed confidence that CANES responds when their needs or circumstances change. The importance of these relationships was particularly evident in the value clients placed on staff who understand their individual preferences, routines and needs.

Equally evident was the commitment of frontline staff. Staff spoke positively about the organization, their work and the clients they serve, and demonstrated a genuine sense of responsibility for providing respectful and individualized care. The consistency between what was observed during tracer activities and what was independently shared by clients, families and staff provides compelling evidence that CANES' commitment to people-centred care is not simply reflected in organizational policies and processes, but is experienced by clients in their day-to-day interactions with the organization.

Overall, Home Support services represent a significant organizational strength, characterized by strong relationships, responsiveness to client needs, committed staff and an exceptionally positive client and family experience.

Table 8: Unmet Criteria for Home Support Services

There are no unmet criteria for this section.