COMMUNITY LIVING
Kingston and District
Inspiring Possibilities

Quality Improvement Report Card 2025-26

Every year, Community Living Kingston and District sets goals to try to make ourselves better. We collect all sorts of data to track how we are doing.

We then put together a Quality Improvement Report with all sorts of information and statistics about how we did with our goals. However, this report can be very detailed and is a lot to review.

This report card is an attempt to let you know how we did, but in an easier way to read.

What Do the Grades Mean?

Green Zone: We met our primary goal and have a pretty good handle on things.

Yellow Zone: We missed meeting our primary goal but were in our 'OK' zone. With a little bit of work, we can hit the green zone.

Red Zone: We didn't meet our goals and we have some work to do to make improvements.

How Did We Do?

What We Wanted To Do	Grade and Comments
Whole Agency/Experience of Persons Served: We wanted to make sure that persons served were satisfied with the supports they received.	Satisfaction levels on every question we asked were over 95%.
Community Inclusion: We wanted persons served to have access to community activities.	Over 82% of activities were community based.
Community Inclusion: We wanted more people to be able to access our services.	We increased capacity by 4.85%, which was just a little bit lower than we'd hoped.
Inclusive Living: We wanted persons served to access community supports by using their Passport funding.	80% of persons served used almost all their Passport funding.
Inclusive Living: We wanted to make sure that persons served received medications correctly.	We still have more medication errors than we would like and had about the same rate as last year. We have work to do.
Inclusive Living: To enhance supports, we wanted to make sure that staff had ample training on behavioural principles.	We started a new training program this year. Over 36% of staff now have training, and we should have everyone trained by the end of 2026.
Inclusive Living: We wanted to make sure that our transition location at Mowat was at full capacity.	Mowat was at full capacity about 55% of the time. We haven't gotten enough suitable referrals.

What We Wanted To Do	Grade and Comments
Community Services: We wanted to make sure that persons served avoided challenging events like psychiatric admissions, criminal charges, police interactions, substance incidents, and suicide interventions.	Most persons served did not experience a psychiatric admission (98%), criminal charges (92%), substance incident (98%), suicide intervention (93%), or police interaction (88%).
Community Services: We wanted persons served to not experience being unhoused.	Over 90% of persons served did not experience being unhoused.
Community Services: We wanted new persons served to be properly assessed when referred to CLKD.	Just over 67% of new referrals were assessed using a tool called the GAINS-SS.
Community Services: We wanted our Turning Point transition location to serve many people.	This was a brand-new program in 2025. We didn't quite meet our goal, but at least three people lived there around 73% of the time.
South East Regional Planning: We wanted persons served to be active participants in their transition planning.	Around 60% of persons served were involved with their planner as often as we wished. This met our secondary goal, but it was less than last year.
South East Regional Planning: As a new service, we wanted to establish effective tasks and processes to push services ahead.	78% of our targeted tasks were implemented.
South East Regional Planning: We wanted to make sure that persons served have a lead agency by the time they turn 18.	86% of persons served had a lead agency at age 18.
Family Home: We wanted to make sure that living arrangements are long-lasting.	100% of persons served maintained their living arrangements.
Family Home: We wanted to make sure that Family Home providers are well-trained.	All of our Family Home providers completed all of their required training.

What We Wanted To Do	Grade and Comments
Respite: We wanted to make sure that Respite allocations are being well spent.	73% of Family Home Respite allocations were spent.
Family Support: We wanted to make sure that families had access to quickly-needed services.	We held over 220 'brief' service sessions with families to help them with key needs.
Family Support: We wanted to make sure that families get service as quickly as possible after referral.	The average time from referral to service start was only seven days.
Employment: We wanted persons served to get lasting paid employment.	Five persons served obtained long-lasting employment.
Employment: We wanted many persons served to go through our pre-employment training program.	Twenty-four people completed this program. Of those who started it, 88% completed it.
Whole Agency: We wanted to make sure that staff absenteeism was well managed.	We met our goal in some programs, but not in some others.
Whole Agency: We wanted to make sure that last minute shift coverage was well managed.	We met the goal in most programs but still need to do some work in some 24/7 settings.
All persons served: We wanted to make sure that persons served have trusted people in their lives who are not paid to support them.	100% of persons served reported that this was true.
Health and Safety: We wanted to have as few staff injuries as possible.	We had a few more injuries than we wanted but we are way below the Ontario average for lost-time injuries.
Finance: We wanted to make sure our long-term financial outlook was solid.	Our 'unfunded liabilities', while high, were managed down to the target level.

What We Wanted To Do	Grade and Comments
Human Resources: We wanted to have strong staff retention.	Our part-time turnover rate was 26%. We wanted to do a bit better, but this was a big improvement.
Human Resources: We wanted to have as few unfilled staff positions as possible.	We did a **lot** better at this in 2025. We reduced the average number of vacancies by over 60%.
Human Resources: We wanted to be able to recruit new staff from trusted and reliable sources.	We did much better this year. We saw a 76% increase in the number of staff hired from referrals.
Human Resources: We wanted to be able to fill full-time positions from within the organization as much as possible.	The number of times we had to post a job to the public went down by over 50%. We had hoped to do a little better.
Training: We wanted to make sure that staff are trained in a whole bunch of key areas, including Crisis Prevention and Intervention, CPR/First Aid, Trauma Informed Practices, Medication Administration, Driver Coaching, Mental Health First Aid, and Suicide Intervention.	We met targets in making sure that staff were trained in CPI (99%), CPR (99%), Driver Coaching (98%), and ASIST (85%). We would like to do a bit better with Trauma Informed Practice (80%), Mental Health First Aid (72%), and our brand-new med training program.
Training/Staff Experience: We wanted staff to express satisfaction and confidence in the training they receive.	Our satisfaction rates were nearly perfect for every type of training we asked about (CPI, Mental Health First Aid, Driver Coaching).
Our Child Care Resource Consultant Services programs also provides great services to the community. Their model of service has changed, so they do not have program goals like those noted here, but they are doing great work. Check out our website for more information about the services they provide.	

How Many People Did Each Program Support?

Program	Number Served	Program	Number Served	Program	Number Served
Community Inclusion	103	Family Home	13	Family Support	292
Inclusive Living	61	Respite	46	Employment	47
South East Regional Planning	19	Community Services (includes Gananoque)	137		

Measures period from April 2025 to March 2026

Other Quality Improvement Activities

As part of our quality improvement processes, we also do a lot of organizational planning. In these plans, we set goals and try to address concerns that may come up. What you will find on the next few pages is a summary of some of these activities.

Strategic Planning

Strategic Planning is where we look at the broad direction of the organization and try to set some goals to move us forward. Our plan runs from 2021 through 2026. We are just about to start a new round of Strategic Planning.

Developing Creative Housing Opportunities

During the course of this plan, we have opened both Mowat and Turning Point (with Delmar soon to open), have assisted persons served to get Tiny Homes, and have started relationships with numerous housing partners.

Employment and Community Participation

We saw increased referrals to Employment Services and secured a Trillium grant to expand it and Job Path. Our Community Inclusion program returned to full capacity after COVID and is expanding every year.

Strategically Engaging Stakeholders

Our partnerships with stakeholders is too big to list here, but some new ones since 2025 include those with IPAC Hub, assumption of OPR oversight in the region, meeting with MPPs about the Waiting to Belong campaign, partnership with the Risk Watch table, and establishment of a psychiatry clinic with DDCP.

Deploying Human Resources Effectively

In 2023-24, we engaged in a long process with an internal Staff Scheduling Working Group and instituted the recommended practices in 2024. We have also established a Float Team to assist with staff deployments. Finally, we have completely overhauled our training practices, fully establishing a new system in January 2026.

Risk Management Planning

This is where we look at how to deal with potentially harmful events and how to manage them. Here were some things from the past year that we would like to highlight:

Risk Management Overview

- We are currently monitoring 22 different areas of risk, with each area rated low, moderate, or high for both likelihood and severity.

Privacy Breach Practices

- With technology and AI evolution, we are increasingly concerned about breaches of privacy. We established a more complete policy to respond if there were any potential privacy breaches. We also updated our policy related to the use of AI.

Staff Retention

- Staff retention has been identified as an area of moderate risk for CLKD. However, we saw a drop in our part-time turnover rate from 39% in 2024-25 to 26% in 2025-26.

OPR Oversight

- At the request of our funder, CLKD assumed oversight of Outside Paid Resources in the region as of April 2026. CLKD is assessing this as a moderate risk at present. We will monitor risk related to this new area for CLKD as the year goes on.

Accessibility Planning

This is where we look at any issue with accessibility or with barriers to full inclusion. A lot of this looks at physical accessibility barriers, but we also look at barriers connected to environment, attitudes, employment, communication, finances, etc. We also look at cultural diversity considerations as part of this. Here were some accomplishments from 2025:

Retrofits and New Locations

- The Mowat location had a new basement egress installed to enhance accessibility and safety.
- A new office space was developed at Elliott with accessibility needs considered. A new training space at our Princess location was also developed to meet accessibility needs, with another accessible expansion at Princess in progress as of April 2026.
- We are anticipating that our new Delmar home will open in the summer of 2026. This will replace Smithfield and we will consider all necessary accessibility needs.

Combating Attitudinal Barriers

- Social capital training has been refreshed and is the first training that new staff receive.
- There have been increased efforts in Inclusive Living to re-educate staff about values when working in a person's home, with focus on *presence* and *contribution*.

ASL Training

- The Joint Staff Education Committee approved multiple requests for staff to attend American Sign Language training, which is needed to address communication barriers for some persons served.

Technology Planning

This is where we look at any issues with technology. For the most part, this means making sure that we have good practices to keep confidential information secure. However, we also look at practices to acquire and maintain technology that both staff and persons served need.

For security reasons, we may not share all the details of what we work on this area. However, stakeholders should know that:

IT Supports	• We continue to work with a well-regarded IT company to maintain all of our systems.
Security and Backups	• We keep up to date with all best practices around security. We also have rigid systems in place to ensure that we have adequate backup systems in place.
Policies and Training	• We continue to evolve our policies and our training practices to be in line with what technology experts recommend to us. Staff completed up to date training around cybersecurity practices in 2026.
Privacy Assurance	• We are confident that our practices ensure that all confidential information is well secured. Were there to be an issue, we also have established practices to deal with privacy breaches.

Health and Safety Activities

CLKD has a robust system to address health and safety. A sampling of these activities includes:

Joint Health and Safety Committee	• The JHSC monitors health and safety concerns and meets monthly. The committee also inspects all CLKD locations annually, including performing a workplace violence risk assessment.
Monthly Inspections	• All CLKD locations are inspected monthly by a program health and safety representative.
Regular Inspections by Experts	• All CLKD locations receive annual inspections by outside experts. This can include fire, HVAC, lift systems, IPAC readiness, and sector safety experts. In 2025, over 140 inspections were completed.
Emergency Tests	• In 2025, we completed over 400 tests of emergency procedures for fire, natural disasters, utility failure, violent/threatening situations, bomb threats, and medical emergencies.
Addressing Concerns	• Over 95% of the 148 health and safety concerns identified in 2025 are noted as being fully resolved or properly mitigated.
Reporting and Follow-Up	• All health and safety concerns are recorded in a database so that we can monitor progress towards fixing them. This report is reviewed by the agency and JHSC regularly.

Other Quality Assurance Activities

Performance Measurement and Management

- CLKD does formal planning around how to manage its performance measurement and management activities. Those are the goals that were noted earlier in this report.

Analyzing Incident Reports

- CLKD reviews and analyzes incidents as they happen. We also do a full year-end report on the type of incidents that have occurred so that we can look for trends and areas to improve.

Analyzing Complaints

- CLKD does an annual analysis of all formal complaints. In 2025, we had two formal complaints. This means that they were serious enough to be reported to our funder.

Requests for Reasonable Accommodation

- Every year, staff or persons served may make some requests for accommodations for barriers they may face. Last year we addressed approximately 114 such requests.

Accreditation and Quality Assurance Measures

CARF International

- CLKD received it's first accreditation from CARF in 2007 and has maintained it's accreditation ever since. CLKD was visited by a team from CARF again in April 2026 and received only two recommendations. We expect to be awarded a full three-year accreditation again and will hear the result by June.

Quality Assurance Measures

- In May 2025, a representative from the Ministry of Community, Children, and Social Services assessed CLKD in relation to the provincial Quality Assurance Measures. CLKD is currently determined to be in compliance with these measures.

Ministry of Labour

- CLKD completed three inspections from the Ministry of Labour in 2025.
- CLKD also completed an inspection in April 2026 at Gananoque.
- Very few concerns were identified and all of them were addressed in full.

Municipal Requirements

- All of CLKD's Inclusive Living locations met the inspection and evacuation requirements of the Kingston Fire Department and have appropriate 'group home' licensing in place.

Data Accuracy

There is always a slight possibility for error in our data. We try to reduce the possible errors as much as possible by:

- Making sure as much information as possible comes from our databases: Nucleus (our records for persons served), Surge (our training platform) and our payroll software.
- Having as few people as possible processing data. We don’t want to overcomplicate things by having too many people involved.
- Training staff and making sure they know how important it is to be timely and accurate when they are entering information into our systems.

For More Information

- This report card only provides an overview. It also does not show everything that we worked on this year. We have a report that has *a lot* more detail. This is called our Quality Improvement Report.

- If you would like to learn more about our Quality Improvement Report, please make a request to our Manager of Quality Assurance.

- If you would like to review our accreditation report from CARF, you can find it on our website.

- Our website: www.myclkd.ca

If you have questions, you can contact:

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