



## STATEMENT OF POLICY AND PROCEDURE

<b>Manual:</b>	ADMINISTRATION	<b>Effective:</b>	29/08/13
<b>Section:</b>	Organization	<b>Revised:</b>	
<b>Subject:</b>	<b>Complaints and Concerns</b>		

We believe that receiving feedback, whether positive or negative, is one of the best ways to improve the quality of care and services we offer our residents. All residents/representatives of residents are encouraged to bring forward any complaints, compliments, concerns and recommendations.

Feedback will be addressed in a manner which respects the privacy of the person providing feedback. There will be no retaliation of any form against anyone who brings forward a complaint, concern and or recommendation regarding the facility and its services.

### PURPOSE

The purpose of this policy is to:

1. Provide a method for residents/representatives of residents to bring forward and receive feedback for complaints, compliments, concerns and recommendations regarding the facility and its services
2. Outline the procedure for staff to follow upon receipt of a complaint/concern, compliment or recommendation

### DEFINITIONS

**Concern:** Where someone states that they are not completely satisfied with certain aspects of resident care and services provided in the home. This can generally be readily resolved internally.

**Complaint:** an allegation of non - compliance with a requirement under the LTCHA, 2007 or O.Reg 79.10 (Regulation) including, but not limited to, concerns related to the care of a resident or the operation of a home.

**Recommendation:** Written or spoken statement in which someone suggests changes regarding care, services and the physical facility.

**Representative of resident:** family member, substitute decision-maker (SDM), power of attorney (POA), personal caregiver, staff member, volunteer, Residents' and Family and Friends Councils of the home

## **POLICY**

On admission, all residents/representatives of residents will receive the home's policy and procedure for bringing forward complaints, compliments, concerns and recommendations. If required, the content of the policy and procedure will be reviewed with the resident or their representative.

Once feedback is received, the appropriate staff member/manager will complete the required follow-up using the Resident/Family Care Concern Report.

The home must forward to the MOHLTC a copy of all written complaints that address the following issues:

- Resident abuse and/or neglect
- Theft (where there are reasonable grounds to suspect that theft has occurred)
- Resident care issues that resulted in actual harm to a resident, or serious risk of harm to a resident
- Operational issues that resulted in actual harm to a resident, or serious risk of harm to a resident
- All follow-up correspondence concerning the above must also be forwarded to the MOHLTC

All other written complaints that address resident care issues or the operation of the home will not be forwarded to the MOHLTC, unless the resident/substitute decision-maker specifically states that they would like to make a formal complaint.

## **PROCEDURE**

- 4.1 When residents, family members, or visitors speak to a staff member about concerns regarding resident care, treatment, privacy, accessibility or safety they should be referred to the appropriate management staff.
- 4.2 If this is not possible at the time, the staff member should take the H.E.A.T. as follows:
  - H - Hear them out
  - E - Empathize
  - A - Apologize
  - T - Take responsibility for action.

Action could include taking prompt action to correct the concern and informing the manager/supervisor, or informing the resident or family member that the appropriate manager will follow up with them concerning this matter (in the case of complaints to Nursing staff, to be documented in the resident chart, as well as the above), or giving the complainant an

opportunity to fill out a complaint report. If the complainant does not wish to complete the form, the staff member will ensure the report is completed.

- 4.3 The manager/supervisor will investigate the concerns, and could take the following action depending on the nature of the complaint:
  1. Verbally discuss with resident/family member face-to-face or by telephone.
  2. Meet with involved disciplines to develop a written action plan.
  3. Set up Team and Family/Resident Meeting to resolve the concern.
  4. Bring complaint to Residents' Council, or Family Council
  5. If the concern/complaint is of a nature which may impact the fundraising efforts of the Marianhill Foundation, the CEO shall notify the Foundation Board
  6. Send letter outlining proposed action plan to the concerned family member, the written response must include what was done to resolve the issue, unless a verbal complaint was resolved within 24 hours.
  7. Confirm that the issue has been resolved to the resident/family member/representative's satisfaction. Even if the issue can't be resolved, acknowledgement by the complainant that they understand that it can't be resolved must be documented.
  8. Corrective actions will be documented on the resident's chart. .
  9. Report to the CEO who may contact the MOHLTC
  10. Document the steps taken on the Resident/Family Care Concern Report.
- 4.4 Residents and family members should be encouraged to discuss their concerns with the appropriate Manager, or with the CEO, if they wish.
- 4.5 If the person wishes to contact the MOHLTC directly with respect to any matter, the contact information is posted in the front bulletin board and is provided in the Resident Handbook.
- 4.6 All complaint documentation received is maintained in the CEO's office. This includes actions taken/planned, and confirmation that the resolution has been communicated to the individual making the complaint.
- 4.7 Records of complaint investigations are also maintained by the department that conducts the investigation.

Where complaints are received which are forwarded to the MOHLTC they must be dealt with as follows:

a) Resolve in 10 business days

- i. Every written complaint which is forwarded to the MOHLTC as per the above policy shall be investigated, resolved where possible, and a response provided to the complainant within 10 business days of receipt of the complaint.
- ii. The response must indicate what the home has done to resolve the complaint or that the home believes the complaint to be unfounded and the reasons for that belief.

b) Home is unable to resolve within 10 business days

- i. If a complaint cannot be investigated and resolved within 10 business days an acknowledgement must be provided within 10 days of receiving the complaint to the to the complainant. This acknowledgment must include the date by which the complainant can reasonably expect a resolution.
- ii. A follow up response must be provided as soon as possible indicating what the home has done to resolve the complaint or that the home believes the complaint to be unfounded and the reasons for that belief.

Note: If the complaint alleges harm or risk of harm to any resident, the home must commence the investigation immediately.

### Reviewing and Analyzing

Records related to complaints will be reviewed and analyzed by Marianhill quarterly to determine if there are any trends, and the results must taken into account when determining what improvements are required in the home. A written record will be maintained by the CEO of each review and the improvements made.

### Protection against retaliation

It is important to note that any person who reports anything to the MOHLTC Director (or others such as the coroner) will be protected against retaliation as per LTCHA 2007 s. 26 (1-7)