

<b>Title: Complaints Policy</b>	<b>Department: Dufferin Oaks</b>
<b>Effective: January 1993</b>	<b>Manual: General</b>
<b>Revised: May 2022</b>	<b>Section: Resident Rights &amp; Responsibilities</b>
	<b>Policy #: GN 3 – 160</b>
<b>Authority: Administrator</b>	<b>Administrator Approval:</b>

### **LEGISLATIVE REFERENCE**

FLTCH Act: Sections 21- 23, Regulations: 100 - 103

### **POLICY**

On admission, each resident/representative is informed in writing of the process for lodging complaints regarding the home. The complaint process will also be posted on the Family Information Board.

### **PROCEDURE FOR LODGING A COMPLAINT**

There are a variety of ways in which a complaint can be heard. The following methods are encouraged and communicated to residents/representatives:

- Discussing the issue directly with a staff member
- Discussing the issue with a manager
- Discussing the issue with the Residents' Council
- Discussing the issue with the Administrator
- Completing a Client Issue Form – located at reception
- Contacting the Long Term Care Family Support and Action Line at 1-866-434-0144
- Sending a letter, by mail to:
  - Director
  - Long Term Care Inspections Branch
  - Long Term Care Operations Division
  - 119 King St W, 11<sup>th</sup> Floor
  - Hamilton ON L8P 4Y7
- Contacting the Patient Ombudsman by calling 1-888-321-0339

**WHISTLE BLOWING PROTECTION**

The Fixing Long Term Care Homes Act provides protection for people who report concerns. This protection is called whistle blowing protection. It guarantees that there shall be no threat or retaliation, in any form, against anyone who makes a complaint or who participates in the investigation of a complaint.

**RESPONDING TO COMPLAINTS**

1. All staff must accept complaints via telephone, face to face contact, card/letter, e-mail, or other delivery methods.
2. Recipients of the complaint will respond immediately to address the issue if possible. If the person receiving the complaint is not able to address the issue, they will notify the appropriate manager providing the following information:
  - a) Resident's name
  - b) Family member's name
  - c) Date and time of complaint
  - d) Nature of complaint
  - e) Contact information of the complainant, if available
3. The Manager will:
  - a) Investigate and resolve the complaint where possible, and provide a response within 10 business days of the receipt of the complaint. Where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.
  - b) Provide a response to complainant within 10 business days. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days including the date by which the complainants can reasonably expect a resolution. A follow-up response shall be provided as soon as possible in these circumstances. Anonymous complaints cannot be replied to.
  - c) The response provided to a person who made a complaint shall include:
    - i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the *Excellent Care for All Act, 2010*;
    - ii. an explanation of what the licensee has done to resolve the complaint, or that the licensee believes the complaint to be unfounded, together with the reasons for the belief, and
    - iii. if the licensee was required to immediately forward the complaint to the

Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.

- d) Document and inform Administrator of action taken.
  - e) Log complaint on the Complaint Log on the Management Drive/M04 Complaint Log. ***Verbal concerns that can be resolved within 24 hours need not be entered in the Complaint log and a written response is not required.***
4. If the resident/representative is not satisfied with the response provided:
- a) The manager will refer the complaint and response to the Administrator or designate for prompt follow-up.
  - b) The Administrator or designate will review all information with manager and involved parties.
  - c) A resident/family interview may be arranged.
  - d) The Administrator or designate will provide a response within 10 business days of notification of resident/representative's dissatisfaction with manager's response.
  - e) Update Complaint Log on the Management Drive/M04 Complaint Log/.

### **REPORTING TO THE MINISTRY BY THE HOME**

All complaints that alleges harm or risk of harm, including, but not limited to, physical harm, to one or more residents shall be reported immediately to the Ministry as per clause 26 of the Act. Complaints of this nature shall be reported through the Critical Incident Reporting Portal.

Every licensee of a long-term care home who receives a written complaint with respect to a matter that the licensee reports or reported to the Director under section 28 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 108 (1).

### **Analysis of Trends**

1. The Administrator or designate will review and analyze the complaint log quarterly.
2. The results of the review are reported to the home Quality Services Committee and considered in determining what improvements in the home are required.

**(M: GENERAL/RES-RIGHTS/COMPLAINTS)**