



## **POLICY # A-03: Managing and Reporting Complaints**

**Approval Date:** 1993  
**Approval Authority:** Administrator, Norview Lodge  
**Effective Date:** 1993  
**Revision Date/s:** January, 2014, September 2018, May 29, 2020, December 2020, June 2021, June 3, 2022, September 7, 2023, January 2, 2024

**Reference:** Fixing Long-Term Care Act, 2021

### **Policy**

It is the policy of Norview Lodge to provide a process for Residents / Representatives to obtain information, raise concerns, lodge complaints, or recommend changes regarding its operation and care and services.

Staff must follow all of the steps for initiating and dealing with complaints including investigating, resolving where possible, reporting, tracking, trending and actions taken to prevent reoccurrence. See sections below for the process of managing and reporting complaints.

### **Definitions**

**Complaint:** an allegation of non-compliance with a requirement under the Fixing Long-Term Care Act, 2021 including but not limited to, concerns related to the care of a Resident or the operation of a home.

**“Verbal”** complaints: these are expressions of concern articulated to any staff or member of the Home’s Residents’ Council.

**“Written”** complaints: These are written expressions about unsatisfactory aspects of the operation of the Home or Resident care. These can include written notification in any format, including anything handwritten, such as letters, notes, correspondence, e-mails, facsimile documents and text messages.

**“Reporting” of complaints:** The notification of the Director of a complaint that the Home has received according to the specifications of the Act and its regulations.

## Scope

Anyone can register a complaint, including a staff member, Resident, family member or person acting on the Resident's behalf.

This policy sets out the written procedures for initiating and dealing with complaints and applies to all types of complaints about Resident care and Home operation with the exception of complaints about situations of potential or witnessed abuse and/or neglect, as outlined in s. 28 of the Act. Complaints about potential or witnessed abuse and/or neglect include as written in section 28:

A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

- a) Improper or incompetent treatment or care of a Resident that resulted in harm or a risk of harm to the Resident.
- b) Abuse of a Resident by anyone or neglect of a Resident by the licensee or staff that resulted in harm or a risk of harm to the Resident.
- c) Unlawful conduct that resulted in harm or a risk of harm to a Resident.
- d) Misuse or misappropriation of a Resident's money
- e) Misuse or misappropriation of funding provided to a licensee under this Act, the Local Health Systems Integration Act, 2006 or the Connecting Care Act, 2019.

Complaints about the above listed from a) - d) shall immediately be reported to the Director (PIC Branch) according to the mandatory reporting requirements and investigated as outlined in the **Zero Tolerance of Abuse and Neglect Policy**.

## Implementation Procedure

On admission, Residents / Representatives shall be provided a copy of this policy and procedure.

1. A complaint may be initiated by anyone and may be verbal or written. A description of the Home's process for a person to initiate a complaint must be posted in an accessible and visible location using 16 pt font and provide the name, title and contact information of most senior manager on site, how to submit a complaint and to whom.

2. Verbal and written complaints can be initiated by anyone and made to staff of the Home, Resident's Council and/or the Director.
3. The staff member should try to resolve a concern using personal means to communicate directly with complainant or with relevant parties.
4. Verbal concerns or complaints brought forward at the Resident Home Area level that are resolved within 24 hours do not require documenting, however internal tracking is recommended.
5. In the event that front-line staff (or the person receiving the complaint) is unable to resolve a verbal concern at the unit or team level within 24 hours, staff must report the concern to their immediate manager/designate who will complete the Complaint Management Form-Part 1-Appendix B.
6. A copy of a written complaint concerning the care of a Resident or the operation of the long-term care home shall immediately be forwarded to the Director.
7. The complaint shall be investigated and resolved internally by the Home staff where possible, and a response sent to the complainant that indicates;
  - What the Home has done to resolve the complaint, or
  - What the Home believes the complaint to be unfounded and the reasons for the belief
  - Have to give the Ministry toll free number (1-866-434-0144), hours of service, contact information for Patient Ombudsman to complainant
  - When required to forward to the MOHLTC-during the Ministry's normal business hours, to the Director of the Director's delegate, or
  - Outside normal business hours using the Ministry's after hours emergency number
  - Notify complainant that the complaint has been forwarded to the Ministry
8. If the staff handling the complaint requires additional support to resolve the complaint, he/she shall contact the most responsible manager/designate who shall contact the most appropriate member of the Senior Management and provide copies of relevant documentation.

**The most responsible manager/designate, upon receipt of the complaint, shall initiate the complaint investigation and follow-up process ensuring that:**

1. Receipt of the complaint has been acknowledged to the person making the complaint including the date by which the complainant can reasonable expect a resolution;
2. The investigation is completed within 10 (10) business days unless there are unusual circumstances;
3. The Ministry's toll-free telephone number for making complaints about the homes (1-866-434-0144) and its house of service and contact information for the patient ombudsman (1-888-321-0339 [www.patientombudsman.ca](http://www.patientombudsman.ca)).

4. The person making the complaint receives a response to the complaint within ten (10) business days outlining what has been done to resolve the complaint or if the complaint is deemed to be unfounded, the reason for that belief;
5. If the complaint cannot be investigated and resolved within ten (10) business days, a communication back to the person making the complaint must occur within those 10 business days, including the date by which the complainant can reasonably expect a resolution and a follow-up response. The response, when provided, will outline what has been done to resolve the complaint or if the complaint is deemed to be unfounded, the reason for that belief.
6. Actions taken to resolve the complaint and correspondence with the person making the complaint are documented including;
  - The nature of each verbal or written complaint;
  - The date the complaint was received;
  - The type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; the final resolution, if any;
  - Every date on which any response was provided to the complainant and a description of the response; and
  - Any response made in turn by the complainant.
7. Planning and documenting corrective actions and improvements arising from the complaint to prevent recurrence including;
  - Reviewing and analysing the documented record for trends in types of complaints and resulting actions, at least quarterly;
  - Using the results of the review and analysis in determining what improvements are required or further preventative measures can be taken in the Home; and
  - Keeping a written record of each review and of the improvements made in response
  - Part 2 of the Complaint Form (Appendix B) is completed and signed off by the manager/designate and Administrator.

### Reporting

- Written complaints related to care of a Resident or the operation of the Home are forwarded to the Administrator/designate of the Home and they must immediately be forwarded to the Director (PICB) via CIS (Reporting Certain Matters Reporting Form).
- Verbal complaints should be internally reported to the Administrator or designate within the Home, who has a responsibility for documenting complaints.
- Complaints related to section 28 of the Act must immediately be reported to the Director as per the **Zero Tolerance of Abuse and Neglect Policy**.

### Managing Complaints (Investigating and Resolving)

In an effort to avoid escalation of day-to-day interactions to the level of a formal complaint, front line and management staff are expected to assist Residents/visitors in resolving any

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problems, which include providing information in response to questions and issues of concern as they occur on the Resident Home Area and department level.

Where complaints are received, they must be dealt with as follows:

- a) Resolved in 10 business days:
  - i. Every verbal or written complaint made to the licensee or staff about the care of a Resident or operation of the Home 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) If the Home is not able to resolve in 10 business days:
  - i. If a complaint cannot be investigated and resolved within 10 business days, within 10 business days of receiving the complaint, an acknowledgement must be provided to the complainant that includes the date that the complainant can reasonable 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 and following the reporting requirements for critical incidents or those related to abuse and neglect, the latter of which are set out in the Home's **Zero Tolerance of Abuse and Neglect**.

### **Documenting**

Except for verbal complaints that are resolved within 24 hours, homes must keep a documented record on all verbal and written complaints, which includes:

- The nature of the complaint and date received;
- Actions taken including dates of actions, time frames for investigation, actions towards resolution, response to complainant and follow-up actions;
- Final resolution, dates and description of responses
- Written complaint forwarded to the Director;
- Written report documenting the response made to the complainant and timelines;
- Responses made by the complainant;
- Every date on which any response was provided to the complainant and a description of the response

For clarity sake, verbal complaints that are resolved within 24 hours do not require documentation. However, a home may choose to record these complaints for the purposes of identifying trends or corrective actions.

**Reviewing and Analysing**

Records related to complaints must be reviewed and analysed by the Home at least quarterly to determine if there are any trends, and the results must be taken into account when determining what improvements are required. A written record must be kept by the Administrator of each review and the improvements made.

**Protection Against Retaliation**

It is important to note that any person who reports anything to the Director will be protected against retaliation in section 30 of the Act.

**Staff Orientation and Training**

All staff must receive training regarding all procedures for handling complaints and the different roles of front line and management staff in dealing with complaints during orientation and annually. Suggested topics include:

- Complaint policies and procedures (including instructions for reporting complaints to the Director)
- Customer service principles and practices
- Stages in problem solving process
- Analysing and tracking complaints for improvement purposes

**Appendix A: Ontario Long-Term Care Home Complaint Process**

### Norfolk County Phone Numbers and Contacts

Sarah Page	General Manager, H&SS	519-426-6170, x3120
Bill Nolan	Administrator, Norview Lodge	519-426-0902, x4224
Michelle Smith	Manager, Nursing & Personal Care	519-426-0902, x4225
Steven Maes	Supervisor, Facilities Services	519-426-0902, x4228
Nicole Tweedie	Supervisor, Programs & Volunteer	519-426-0902, x4232
Pam Bonnett	Coordinator, Business Services	519-426-0902, x4223
Jody McCulley	Supervisor, Support Services	519-426-0902, x4257
Emily Witmer-Petitti	Supervisor, Nutritional Services	519-426-0902, x4255
Gina Gibbons	Supervisor, Nursing & Personal Care	519-426-0902, x4229
Connie Brown	Supervisor, Nursing & Personal Care	519-426-0902, x4245
Tiffany Smith	Supervisor, Infection Prevention & Control	519-426-0902, x4256
	Supervisor, Education and IPAC back up	519-426-0902, x

### Norfolk County

#### Ministry of Long-Term Care

800-461-7137

Performance Improvement and Compliance Branch

905-546-8291

119 King Street West, 11<sup>th</sup> Floor  
Hamilton, Ontario L8P 4Y7

The Director  
Ministry of Long-Term Care  
55 St. Clair Avenue West, 8<sup>th</sup> Floor, Suite 800  
Toronto, ON M4V 2Y7

416-212-2362

Ministry of Health Action Line:

866-434-0144

**Minister of Health:**

Sylvia Jones

**Minister of Long-Term Care:**

Stan Cho

**Norview Lodge  
Resident / Family  
Concern or Complaint Form**

Date: \_\_\_\_\_

Purpose: To identify concerns or complaints

Your Status:     Family                       Resident                       Visitor

Department related to concern / complaint:

- Programs
- Dietary
- Housekeeping
- Laundry
- Maintenance
- Nursing
- Office

Summary of Issue:

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Suggested solution:

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Follow-up: Do you wish a:  Telephone call  Email  Letter

Please provide your address / phone number / email for follow-up, if required:

Signature of Person completing form: \_\_\_\_\_ Date: \_\_\_\_\_



For Dept. Use Only

Summary of Investigation:

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Follow-Up (include date of completion):

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Level of Satisfaction: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Notification to the MOLTC: \_\_\_\_\_ Date: \_\_\_\_\_