

The Corporation of the  
City of Timmins



Policies and Procedures

**COMPLAINTS, CONCERNS, COMPLIMENTS  
AND RECOMMENDATIONS POLICY**

**Golden Manor Administration**

**Policy No: COT-GM-ADM-I-07-v08**

**PURPOSE**

The purpose of this policy is to provide a method for bringing forward and receiving feedback for complaints, compliments, concerns and recommendation regarding the Home and its services. This policy outlines the procedure for staff to follow upon receipt of a complaint/concern, compliment or recommendation.

Receiving feedback is a significant factor in improving quality of care and services offered. All residents/representatives of residents are encouraged to bring forward any complaints, concerns, compliments and recommendations.

**DEFINITIONS**

- Complainant:** The person that comes forward with the written or spoken statement of a complaint to the Home or Ministry (OANHSS, November 29, 2012).
- Complaint:** An allegation of non-compliance with a requirement under the Fixing Long-Term Care Act (FLTCA), 2021 or Ontario Regulation 264/22 including, but not limited to, concerns related to the care of a resident or the operation of a home (OANHSS, November 29, 2012)
- Compliments:** Written or spoken expression of esteem/flattering remark. Can be provided for all aspects of resident care and services provided by the home, as well as for individual staff members.
- Director:** The person appointed under section 185 as the Director and, where more than one person has been appointed, means the person who is the Director for the purposes of the provision in which the term appears (FLTCA, 2021)
- Recommendations:** Written or spoken statement in which someone suggests changes regarding care, services and the physical facility
- Verbal Complaint:** Can be articulated to any staff or member of the Home, or Resident or Family Councils, respectively (OANHSS, November 29, 2012).

**Written Complaint:** Can be made in various formats, including handwritten notes or letters, correspondence, e-mails, facsimile documents and text messages (OANHSS, November 29, 2012). A written complaint concerning the care of a resident or the operation of the long-term care home shall immediately be forward to the Director.

**Written Concern:** Any written communication to the Home that the sender considers a concern, versus a formal complaint. This would reflect the trend towards use of electronic communications and social media (e.g. email, texts, twitter) by families for casual communication with the Home in place of more formal, written communications and/or verbal communications. Note: the recipient of the written concern will be required to discuss with the sender the intent and nature of the communication. (OANHSS, November 29, 2012)

## SCOPE

This policy applies to all union and non-union staff. Anyone can register a complaint, including staff, residents, family members, persons acting on behalf of residents, or visitors to the Home.

## RESPONSIBILITIES

### Administrator:

- Ensure all Supervisors are completing investigations into any complaints received.
- Ensure Committee of Management is informed of complaints as appropriate (i.e. complaints negatively affecting public opinion of the home, those for potential for litigation, etc.).
- Review the policy annually.

### Supervisors of All Departments:

- Ensure all staff are trained annually on the policy through Surge Learning.
- Complete investigation and follow-up with complaints within their department and ensure that all information is documented appropriately.
- Record compliments and recommendations in Surge Learning and follow-up accordingly.

### Quality Coordinator

- Ensure families are aware of the Complaints, Concerns, Compliments and Recommendations Policy and where the policy can be found and that an updated version of the policy is in the Admission Package and posted in the Front Lobby.
- Assist in coordinating complaint response, follow-up and documentation.
- Lead evaluation and analysis of complaints to support quality improvement

### Registered Nurse/Registered Practical Nurse/Administrative staff

- Assist in addressing complaints
- Forward complaints that require additional follow-up to the appropriate Supervisor via the Complaint Documentation Form, electronic form (Surge Learning), in person or by voicemail.

## All Staff

- Acknowledge and verify nature of the complaint. Refer the person to speak with the appropriate Supervisor or Registered Staff to initiate the complaint process.
- All staff are required to understand mandatory reporting requirements (e.g. zero tolerance of abuse) and immediately report complaints that fall under these requirements. These must be immediately reported in person to a supervisor or by phone after hours to a supervisor on-call.
- Communicate compliments and recommendations to the appropriate supervisor.

## PROCEDURE

### Procedure for receiving, reporting, and responding to complaints and concerns

#### Receiving and reporting

1. Verbal and written complaints can be initiated by anyone and conveyed to staff of the Golden Manor, Committee of Management, Family Council, Resident Council and/or the Ministry of Long-Term Care.
2. All staff members receiving a complaint or concern must:
  - Listen and empathize.
  - Address the problem if it is within their ability to do so by taking prompt action to correct the complaint or concern and informing the supervisor/registered staff of the action taken.
  - Recognize if they are unable to address the complaint or concern and refer the person to speak with the appropriate supervisor or registered staff, depending on the nature of the complaint.
3. Residents and families should be encouraged to discuss their concerns with the team leader (RPN), charge nurse or appropriate supervisor.
4. If registered staff/administrative staff are unable to resolve a complaint within 24 hours and/or it must be referred to a supervisor they must complete Appendix B Complaints, Concerns, Compliments and Recommendations Report on Surge Learning OR Appendix D Complaint Documentation Form and submit the completed form to the appropriate supervisor.
5. The appropriate supervisor must investigate the complaint or concern and take appropriate action depending on the nature of the complaint, which may include:
  - Verbally discuss with the resident/family member face-to-face or by telephone
  - Meet with involved disciplines to develop a written action plan
  - Set up a team and resident/family meeting to resolve the concern
  - Bring the complaint to Resident Council, Family Council for input into a solution to non-resident health specific issues
6. **Where the complaint alleges harm or risk of harm to one or more resident, the investigation shall be commenced immediately and must be reported to the Director.**

#### Response and documentation

1. A formal response is not required if a verbal complaint is resolved within 24 hours.
2. When a formal response is required, it should be provided within ten (10) business days and utilize the format in Appendix E Complaint Response Letter, which includes requirements outlined in O. Reg. section 108(3):

- 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,
  - 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
  - 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.
3. For those complaints that cannot be investigated and resolved within ten (10) business days, an acknowledgement of receipt of the complaint will be provided within ten (10) business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution.
  4. The appropriate supervisor must ensure the complaint, investigation and resolution is documented in Appendix A Concerns and Complaints Tracking Form which include requirements under O. Reg. section 108(2). All correspondence regarding the complaint must be saved in the Complaints Correspondence folder in GMshare.
  5. All complaints must be tracked and reviewed for quality assurance. Complaints analysis and trends will be reviewed at the quarterly Integrated Quality, Safety, and Risk Committee meetings and monthly Supervisor Meeting. The results of the review and analysis will be used to determine what improvements are required. A written record of each review and of the improvements made in response are documented in the corresponding meeting minutes.

#### Reporting certain matters to Director

##### 1. Written complaints

- Immediately forward to the Director any written complaint received, concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations.
  - Immediately upon completing the licensee's investigation into the complaint, a written complaint with respect to a matter that the licensee reports or reported to the Director under section 28 of the Act must be submitted to the Director.
2. Immediately forward to the Director a complaint that alleges harm or risk of harm, including, but not limited to, physical harm, to one or more residents.
  3. Refer to COT-GM-ADM-A-12 Supervisor On-Call for reporting responsibilities. Submission of complaints to the Director will be done through the Critical Incident System (CIS) electronic platform (Appendix F CIS Updates Guidance Document)

#### Procedure for acknowledging compliments

1. Accept compliments received from residents and families via telephone, face-to-face contact, card, letter, email, or other delivery method. The staff/volunteer who received the compliment must inform their supervisor.
2. The appropriate supervisor will record the compliment through the Surge Learning Complaints, Concerns, Compliments and Recommendations Report.
3. The appropriate supervisor will determine if a similar practice or process is in place in other areas of the home. If not already in place, the supervisors will propose improvements to current practices and processes.

## Procedure for acknowledging recommendations

1. Staff receiving recommendations must inform the appropriate supervisor or registered staff.
2. The appropriate supervisor or registered staff must complete the Surge Learning Complaints, Concerns, Compliments and Recommendations Report.
3. The appropriate supervisor will investigate the issue to determine if improvements to current practices or process are required.
4. If the investigation suggests a potential organization-wide issue, the supervisor will bring the issue forward to the Monthly Supervisor Meeting.

## DOCUMENTS

### **References / Références:**

Fixing Long-Term Care Act, 2021

Ontario Regulation 264/22

OANHSS Managing and Reporting Complaints Policy and Procedures Package, November 29, 2012

### **Related Procedures / Rapports aux procédures:**

COT-GM-ADM-A-12 Supervisor On-Call

COT-GM-ADM-I-08 Mandatory Reporting and Whistleblowing Protection

## FORMS

Appendix A Complaints Management Tracking Form

Appendix B Complaints, Concerns, Compliments and Recommendations Report

Appendix C Guide to Submitting Feedback

Appendix D Complaint Documentation Form

Appendix E Complaint Response Letter

Appendix F CIS Updates Guidance Document

## SUMMARY INFORMATION

**Policy Name:** Complaints, Concerns, Compliments and Recommendations Policy

**Issue Date:** October 27, 2010

**Reviewed Date:**

**Reviewed and Revised Date:** April 14, 2023

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**Approved by:**



**Approval Date:**

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