 QCC Corp Watford Quality Care Centre POLICY & PROCEDURE	Approved by: Tanya McGill	
	Effective Date: March 2, 2017 Reviewed March 2018, Reviewed Feb 2020, Reviewed Feb 2021, Feb 2022	
	Supersedes: January 2016	
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Policy:

Watford Quality Care Centre acknowledges the importance of complaints received from residents and their families and view them as opportunities for improvement. Information brought forward in this manner, provides a greater understanding of issues that are important to the persons served, and create opportunities for improving the quality of care and services provided by the Home.

Watford Quality Care Centre has implemented *internal* forms to assist in the identification, response and tracking of complaints.

Note:

All complaints, whether verbal, email, written or voice mail are to be documented on the Client Service Response Form and Response and Resolution Form for performance quality improvement initiatives.

Definition:


A complaint is defined as” a statement that a situation is unsatisfactory or unacceptable”.

Legislation Requirements as per LTCHA, 2007 and O. Reg 79/10

“Dealing with complaints

101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
2. 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 of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.
3. A response shall be made to the person who made the complaint, indicating,
 - i. what the licensee has done to resolve the complaint, or
 - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).”

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- (2) The licensee shall ensure that a documented record is kept in the home that includes,
- (a) the nature of each verbal or written complaint;
 - (b) the date the complaint was received;
 - (c) 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;
 - (d) the final resolution, if any;
 - (e) every date on which any response was provided to the complainant and a description of the response; and
 - (f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

- (3) The licensee shall ensure that,
- (a) the documented record is reviewed and analyzed for trends at least quarterly;
 - (b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and
 - (c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).


PLEASE NOTE:

(4) Subsections (2) and (3) do not apply with respect to verbal complaints that the licensee is able to resolve within 24 hours of the complaint being received. O. Reg. 79/10, s. 101 (4).

Procedure:

Verbal Complaints

1. A verbal complaint received about resident care or the operation of the Home from a resident, his/her family, a visitor, volunteer or any member of the public, shall be responded to immediately by the individual it is addressed to unless circumstances necessitate a delay or if the issue has to be referred to a Departmental Manager.
2. The individual receiving the complaint, should record the details on the Client Service Response Form and then forward to the appropriate departmental manager for follow up.
3. The Response and Resolution Form will be completed, including what will be done to resolve the complaint or why, if in the opinion of the Home's representative, there is no cause for complaint.

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- The complaint should then be logged on the Watford Quality Care Centre Concern Tracking Tool and documentation submitted to the Administrator.

Written Complaints

- A written complaint about resident care or the operation of the Home from a resident, his/her family, a visitor, volunteer or any member of the public, shall be responded to immediately by the individual it is addressed to unless circumstances necessitate a delay or if the issue has to be referred to a Departmental Manager. The individual receiving the written complaint, should record the details on the Client Service Response Form and then forward to the appropriate departmental manager for follow up, ensuring all documentation occurs on Response & Resolution Form.
- The Administrator is to be notified ***immediately*** of any written complaint received.


Legislation Requirements as per LTCHA, 2007 and O. Reg 79/10

Complaints — reporting certain matters to Director

103. (1) 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 24 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 101 (1). O. Reg. 79/10, s. 103 (1).

(2) The licensee shall comply with subsection (1) immediately upon completing the licensee's investigation into the complaint, or at an earlier date if required by the Director. O. Reg. 79/10, s. 103 (2).

- A copy of any written complaint shall be forwarded to the Ministry of Health and Long Term Care immediately upon receipt by the Administrator (Please note: These can be uploaded electronically as a PDF file on the www.ltchomes.net website when making the mandatory report to the MOHLTC. A written report documenting the response made to the complaint will be attached. A copy of written complaints will also be forwarded to the Owner immediately.
- In any event, a response to the person complaining shall be made within 10 business days, noting on the *Response and Resolution* Form what was done to resolve the complaint or why it was not or would not be resolved. Suggestion to attach written submission to MOHTLC to Response and Resolution form for additional reference.
- If for any reason the complaint cannot be investigated and resolved within 10 business days, a response will be provided to the person complaining indicating the reason for the delay and the anticipated date for resolution as recorded on the Response and Resolution Form.

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6. If any complaint made by anyone, including an employee, is related to **resident abuse or possible harm to a resident**, procedures as noted in the policy on the *Prevention, Elimination and Reporting of Abuse* will be followed and the complaint will be investigated **immediately**.

Email Complaints


1. Watford Quality Care Centre recognizes that many family members utilize email as a method of communication with the Homes, especially with family members who live a distance away. When receiving an email that may have a request for information about resident care or the operation of the Home, it may or may not constitute a complaint.
2. Upon receipt of an email that is requesting information, or follow up, the Home should contact the individual who has submitted the email to determine if they are submitting this as a formal written complaint, which would require a mandatory report to the MOHLTC. If they are submitting as a formal complaint, the Administrator is to be notified immediately.
5. The individual receiving the complaint, should record the details on the Client Service Response Form and then forward to the appropriate departmental manager for follow up.
6. The Response and Resolution Form will be completed, including what will be done to resolve the complaint or why, if in the opinion of the Home's representative, there is no cause for complaint.
7. The complaint should then be logged on the Watford Quality Care Centre Health Services Concern Tracking Tool and documentation submitted to the Administrator.

Additional Requirements:

1. All complaints, whether verbal, written, voice mail or email require documentation to support the Home's quality assurance program through internal investigation and follow up procedures.

Particulars, as noted on the Client Service Response Form shall include:

 - Date received, by and from whom
 - Nature of complaint
 - Action taken, by whom and when
 - Final disposition
 - Date response given to complainant and by whom
 - Date of any subsequent response received, by and from whom
2. A copy of each *Client Service Response Form and the Response and Resolution Form* will be forwarded by the Departmental Manager to the Administrator.

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3. A copy of any e-mailed or written complaint shall be forwarded to the Ministry of Health and Long Term Care immediately upon receipt by the Administrator. A written report documenting the response made to the complaint will be attached. A copy of these types of complaints/concerns will also be forwarded to the Watford Quality Care Centre Health Services immediately.
4. The process for residents and families to follow in seeking information or lodging a complaint shall be posted and provided to new residents/families on admission.
5. Where the substance of a complaint submitted to one Departmental Manager is more appropriately dealt with by another Departmental Manager, the two Managers shall confer and agree upon who shall respond.
6. A record of all complaints will be maintained by the Administrator who, on a quarterly basis, will review and analyze them for trends, and note improvements made or to be made as a result. The written performance improvement made from this analysis will be shared at the Home's quarterly PAC meetings.

Also see

- Client Service Response Form
- Response & Resolution Form
- Concern Tracking Tool
- MOHLTC Mandatory & Critical Incident Reporting Requirements