



NIAGARA INA GRAFTON GAGE VILLAGE
LONG TERM CARE SERVICES MANUAL

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1.0 POLICY

- .1 All concerns about resident care and Niagara Ina Grafton Gage Village operations shall be taken seriously and be investigated and addressed in a timely manner.
- .2 Open and responsive communication is fundamental to excellent customer service and helps to resolve issues quickly before they escalate to the level of a formal complaint. In an effort to support early detection and resolution of issues, residents and families shall be first asked to discuss issues/questions with the departmental staff.
- .3 Front line and management staff shall be committed to working with residents, families, and visitors to satisfactorily resolve issues as they arise.
- .4 If resolution is not possible at the direct care level within twenty four (24) hours or the issue comes forth as a written complaint, the matter shall be referred to the Director of Care for resolution.
- .5 Complaints of alleged, suspected or witnessed abuse or neglect must be immediately reported and investigated. See Prevention of Abuse and Neglect Policy C-10-03-03.

2.0 PURPOSE

- .1 To provide a process for residents or others acting on their behalf to obtain information, raise concerns, lodge complaints or request changes.
- .2 To provide staff direction in the handling of complaints.

3.0 SCOPE

- .1 This policy shall apply to all NIGGV staff.

4.0 DEFINITIONS

- .1 **Concern:**
Spoken statements, Speak Your Mind Forms or information from a person where they are not satisfied or upset with care, service provided or the operation of the home that can generally be resolved immediately or within twenty-four (24) hours.

REVIEWED: _____

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.2 Complaint:

Written or spoken statements of dissatisfaction with the care, services of staff member(s) and/or operation of the home. These should be forwarded to the Director of Care. The Ministry of Long-Term Care (MOLTC) shall be notified if the complainant requests, or if the complaint meets the criteria for reporting.

.3 Whistle Blower Protection:

No threats or action of retaliation shall be taken against a person who makes a complaint report. Reference our Whistle Blower Protection in Long Term Care policy LTC-03-02-02.

5.0 PROCEDURES

.1 Reporting a Concern:

- a) A Speak Your Mind Program (C-03-06-01) is in place to provide feedback, comments and concerns about the services and programs offered. These forms may be used as a communication tool for providing both positive and negative feedback and submitting concerns however, they are not treated as official written complaints and therefore do not get reported to the Ministry of Long Term Care.
- b) Speak Your Mind Forms are available at the main desk in the Atrium and/or online via the website. They can be submitted directly to the office or online and will be reviewed at the Leadership Meeting weekly with the appropriate manager responding within 2 weeks.

.2 Reporting a Complaint:

- a) On admission, the resident and/or their legal representative(s) shall be informed in writing of the process for obtaining information, raising concerns, and lodging complaints regarding the care of the resident or operation of the home. This information is also included in the Residents' Handbook for Long Term Care.
- b) Anyone may register a complaint, including residents, family members, person acting on a resident's behalf, visitors, staff or volunteers.
- c) Address your concerns to the Registered Nurse on staff. If the Registered Nurse is unable to resolve the complaint or if the issue recurs, contact the Director of Care (DOC). The DOC will, on behalf of the resident or complainant redirect the complaint to the appropriate department manager if necessary or resolve the complaint directly. If the complainant is satisfied with the resolution and the matter resolved, the DOC shall document this into the Resident/Family Complaint Log as well as document the issue and resolution in the progress notes of the resident's electronic health record.
- d) For matters not resolved to the complainant's satisfaction, the DOC shall escalate the complaint to the Chief Executive Officer/Administrator (CEO). If the complaint meets the criteria for MOLTC notification for Critical Incident Stress (CIS), it shall be reported through the Critical Incident Reporting System.

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- d) All complaints will be acknowledged in writing and shall be investigated. The follow-up resolution will be communicated with the individual who registered the complaint. This follow up shall occur within ten (10) business days and shall include what has been done to resolve the matter. If the matter cannot be resolved within ten (10) business days, the complainant will be advised of situation and possible timeline. Complaints will be updated throughout process of rectifying a situation to keep them informed of timelines and progress if need be. All correspondence between the home and complainant will be documented with dates, resolutions and details pertaining to the matter. If complaints are deemed unfounded, these reasons shall be provided to the complainant.

3. Reporting Suspected Abuse or Neglect

- a) A person who has reasonable grounds to suspect any of the following has occurred or may occur, must immediately report the suspicion and the information upon which it is based to the Director, Performance Improvement and Compliance Branch MOLTC. This reporting can be done by any person by calling the Long-Term Care Action Line at 1-866-434-0144 or can be done by reporting the suspected abuse or neglect to the CEO/Administrator of the home or designate who shall immediately notify the MOLTC of:
- improper or incompetent treatment or care that resulted in harm or risk of harm to a resident
 - abuse or neglect of a resident by NIGGV or staff that resulted in harm or risk of harm to a resident
 - unlawful conduct that resulted in harm to a resident
 - misuse or misappropriation of a resident's money
 - misuse or misappropriation of funding provided to NIGGV

4. Required Documentation

- a) Using the Resident/Family Concern Log, the DOC shall keep a documented record of complaints that shall include:
- 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.

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- b) Resolution of resident care related concerns/complaints shall be documented in the progress notes of the resident's electronic health record as appropriate.

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.4 Reviewing and Analyzing

- a) The Resident/Family Concern Log shall be reviewed and analyzed quarterly to determine if there are trends and improvements required.
- b) The resolution of any concerns/complaints made through the Resident and Family Council shall be responded to in writing via a Resident and Family Council Resolution Form within ten (10) days of the concern/recommendation being received.