



## 1 PURPOSE

Better Living at Thompson House (Better Living) aims to continuously improve the quality of services and in doing so values the input of stakeholders. A comprehensive Feedback process will be implemented to ensure that all ideas, compliments, concerns and complaints from Residents and Caregivers are encouraged, documented, appropriately responded to and evaluated in order to recognize the good work of the organization and to identify opportunities for improvement.

## 2 SCOPE

Applies to all Employees, Volunteers, Students and other agents acting on behalf of Better Living at Thompson House.

## 3 RESPONSIBILITY

3.01 *Employees, Volunteers, Students and Agents* acting on behalf of the organization are responsible for professionally handling feedback and following the documentation and reporting practices outlined in the Feedback process.

3.02 *Managers* are responsible for ensuring that employees have the customer service skills and training to effectively manage the feedback received; for supporting team members to report feedback and engage in constructive discussion about improvement; and for responding to complaints within the timelines established.

3.03 *Privacy Officer* is responsible for managing all concerns or complaints related to the privacy standards of the organization.

3.04 *Quality and Decision Support* is responsible for evaluating and reporting on client and resident data collected through the Feedback process to the management teams.

3.05 *Administrator and/or President and CEO or Delegate* is responsible for responding to formal complaints when resolution has not been achieved by the applicable *Manager*.



3.06 *Board of Directors* is responsible for responding to formal complaints when resolution has not been achieved by the *Administrator and/or President and CEO or Delegate*.

## 4 DEFINITIONS

4.01 **Complaint** is a formal expression of dissatisfaction that a situation is unsatisfactory or unacceptable and/or about actions taken or a lack of action.

4.02 **Compliment** is an expression of gratitude, praise or respect.

4.03 **Concern** is an expression of worry or doubt over an issue or situation considered to be important for which reassurances are sought.

4.04 **Feedback** is information about a person's reactions to service or care received, to a particular process, organization or a person. Feedback includes compliments, ideas, concerns and complaints and is used as a basis for continuous quality improvement.

4.05 **Idea** is a thought or suggestion as to a possible course of action and/or how to improve programs and services.

## 5 RELATED STATEMENTS OF POLICY and PROCEDURE

*Privacy Policy*

*Event Reporting*

*Investigation Reporting*

## 6 GUIDELINES

6.01 Better Living encourages and documents all types of feedback (i.e. ideas, compliments, concerns, or complaints) from Residents, Caregivers and other stakeholders in order to:

- a) Protect the safety of Residents, Employees, Volunteers, Students and other agents of the organization
- b) Ensure that the services provided meet the needs of our Residents
- c) Support and maintain the reputation and best interests of the organization
- d) Document testimonials of services received and recognize the good works of our organization, employees, volunteers and other stakeholders.
- e) Identify issues and trends in order to continuously improve the quality of the delivery of service and care and planning for future services (i.e. gaps identified, new ideas proposed, etc.)



- 6.02 Employees that would like to express feedback will follow the practices outlined the policy *Feedback - Employees*.
- 6.03 The Feedback process is not time sensitive and allows for anonymity. Due to this the *Feedback – Resident* process is not intended to capture or document the following items:
- a) human resources issues
  - b) requests related to reasonable accomodation decisions made by the organization; or
  - c) requests for information regarding programs or services
- 6.04 In accordance with quality standards and the *Excellent Care for All Act 2010* and in order to ensure that Residents and Caregivers are well informed about the service delivery standards of the organization, and their individual rights, Better Living will provide all Residents with information related to:
- a) organization eligibility requirements as well as the scope and limitations of each program area
  - b) Resident Declaration of Values
  - c) privacy standards
  - d) organizational mission and values
  - e) service agreement of the organization
  - f) feedback process, including how and to whom to communicate ideas, compliments, concerns and complaints
- 6.05 Feedback shall be communicated in the manner that the Resident, Caregiver or other stakeholder feels most comfortable providing it and may be directed to any employee of the organization. Feedback may be obtained and collected through:
- a) Feedback Forms (i.e. via a collection box or through our website)
  - b) Surveys (i.e. Program Deliverables, Service Delivery, Resident Experience, Caregiver Experience, End of Service, etc.)
  - c) Online media channels (i.e. social media, Google reviews, email communications, etc.)
  - d) Service delivery interactions
- 6.06 In order to make the Feedback process accessible Better Living will provide *Feedback Forms* and collection boxes at central service delivery locations in order to provide individuals with the option to discretely or anonymously provide feedback in writing. Feedback collection boxes will be emptied by a designated *Feedback Lead* every Monday, Wednesday and Friday.
- 6.07 Any feedback related to privacy or the mishandling of Resident or Caregiver information will be immediately forwarded to the *Privacy Officer* for management and resolution. The Resident’s right to complain to the *Ontario Privacy Commissioner*, including contact



information will be detailed in the information materials provided during orientation and admission and will be shared as a matter of course when an investigation into a privacy complaint is initiated.

- 6.08 A complaint may be identified during the follow up or resolution process initiated as a result of feedback provided by an individual; or submitted independently of the *Feedback* process in writing to any employee of the organization.
- 6.09 Any concern that cannot be resolved by the individual receiving the feedback will be escalated to the appropriate Manager, treated as a complaint, and documented in the *Event Report*. At any time, the complainant may request that their issue be escalated to the next level of management up to and including the *Board of Directors*.
- 6.10 Complaints will be managed formally and as quickly and transparently as possible with respect for the rights of the Resident or Caregiver and the seriousness of the complaint. As such the following timelines have been established to ensure complaints are given prompt consideration and result in timely decisions:
  - a) *Managers* or individuals responsible for investigating and resolving the complaint will notify the complainant, either verbally or in writing, that the complaint has been received within two (2) business days of the report and as per the procedures outlined in *Investigation Reporting*. Where the complaint alleges harm or risk of harm to Residents the investigation will commence immediately
  - b) The investigation will be concluded and the findings, including proposed corrective and preventative actions, will be provided in writing to the Administrator or the *President and CEO* for approval within seven (7) business days of the date of the complaint
  - c) The organization will provide a written response to the complainant within ten (10) business days from the receipt of the complaint. Where the investigation cannot be resolved within ten (10) business days the complainant will be provided an update on when they can reasonably expect a written response.
- 6.11 Where there are reasonable grounds to suspect harm or risk of harm to Residents, as listed below, the following will be immediately reported to the Long Term Care Home Administrator or designate as outlined in section 24 of the *Fixing Long Term Care Homes Act, 2021 (FLTCA)*:
  - 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 long term care home or employee 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 the long term care home.
- 6.12 For all complaints, Better Living at Thompson House must let the complainant know that they have received the complaint within ten business days. For complaints that cannot be investigated and resolved within 10 business days, Better Living at Thompson House will inform the complainant when they can expect the complaint to be resolved.
- 6.13 Written responses to complaints will, at a minimum, include the following information;
- a) date of complaint
  - b) date of resolution
  - c) summary of complaint
  - d) findings
  - e) what has been done to resolve the complaint; or
  - f) if the findings determine the complaint to be unfounded the reasoning on why this decision has been made
  - g) Ministry of Long-Term Care's Toll-free telephone number for making complaints and contact information for the *Ontario Ombudsman*
  - h) Confirmation that the complaint was forwarded to the Director if the organization is required to do so.
- 6.14 Any complaint, whether written or verbal, and all investigation findings related to Section 6.11, will be reported to the Ministry of Long-Term Care immediately. Results of the investigation and any response made to the complainant will also be forwarded to the Ministry of Long-Term Care. The organization will utilize the online reporting system for a preliminary report and to complete a final report within the timelines specified by the written complaint and all investigation findings related to section 6.11 will be reported to the Ministry of Long-Term Care immediately upon completion of the investigation and will include the response made to the complaint. The organization will utilize the online reporting system within 10 days for a preliminary report and complete a final report to the Director within timelines specified by the Director if extra time is required
- 6.15 When a satisfactory resolution cannot be reached the Client, Resident or Caregiver will be provided with the contact information for the office of the *Ontario Ombudsman* should they choose to exercise their right to complain about services provided through the Ontario government

**Office of the Ontario Ombudsman**

Bell Trinity Square

483 Bay Street, 10th Floor, South Tower



Toronto, ON

M5G 2C

[www.ombudsman.on.ca](http://www.ombudsman.on.ca)

1-800-263-1830 (Complaints Line)

- 6.15 Complaint investigations will be categorized on the *Investigation Report* as follows;
- a) Eligibility
  - b) Facility
  - c) Product/Service
  - d) Personnel
  - e) Resident Rights
  - f) Privacy
  - g) Other
- 6.16 A quarterly review of formal complaints, concerns, compliments and ideas received will be reviewed and analyzed for trends with the *Thompson House Management Team* and the *Senior Management Committee* for utilization in operational and quality improvement planning.
- 6.17 An annual comparative analysis of documented feedback and complaint investigations will be completed to document trends, areas needing improvement, implementation of actions, and whether actions taken accomplished the intended results.

## **7 PROCEDURES**

- 7.01 Feedback provided anonymously through the collection boxes or documented on the *Feedback Form* and provided to an organization representative will be forwarded to the designated *Feedback Lead* who will ensure that:
- a) Residents, Caregivers and other stakeholders requesting follow up are contacted by the appropriate Supervisor
  - b) concerns that contain actual or potential risks or performance issues are immediately addressed and are immediately shared with the appropriate Supervisor
  - c) complaints are documented via *Event Reporting* and *Investigation Reporting* procedures
  - d) compliments and testimonials are shared with the appropriate Manager, named employees and the Charitable Foundation to ensure recognition of good work

- e) ideas are documented and shared with the appropriate supervisor to be included in continuous quality improvement planning.
  - f) Copies of completed *Feedback Forms* are forwarded to the *Senior Manager, Quality and Decision Support* for quarterly and annual analysis.
- 7.02 Any employee who receives verbal feedback or through email, will:
- a) respond to the individual providing the feedback, and if feedback is deemed a concern will attempt to immediately resolve the issue
  - b) inform the individual that the feedback will be documented according to organizational practices:
    - i. on the Resident record or *Feedback Form* for compliments, ideas or concerns
    - ii. on the *Event Report* for complaints
  - c) ask the individual providing the feedback if they would like a member of the management team to respond
  - d) ensure the Resident or Caregiver is satisfied with the resolution
  - e) ensure that the feedback is shared with the appropriate individuals as indicated in 7.01
- 7.03 If feedback is deemed to be a complaint, the *Manager* will contact the Resident, or Caregiver that made the complaint and will document the feedback on the *Event Report* and start an investigation as per the procedures outlined in *Investigation Reporting*.
- 7.04 Any complainant is protected from retaliation under the Whistle Blowing Policy

## **8 APPENDICES**

*Feedback Form*

*Event Report*

*Investigation Report*

*Excellent Care for All Act 2010*

*Fixing Long-Term Care Act, 2021*