

Complaints Process	Section: Introduction Number: 0.12
Approved: October 27, 2021	Page: 1 of 6
Revised: May 5, 2022 February 8, 2023	Scope: Employees, volunteers, students and people supported

PURPOSE:

Community Living Oakville (CLO) is committed to providing quality service that is responsive to the needs of the individuals in service. CLO is further committed to continually striving to improve services and recognizes that information received through a complaints process may assist the agency to take steps to better support individuals and/or improve existing practices. The intent of this policy is to ensure that complaints are responded to fairly, promptly, consistently and wherever possible, resolved in a manner that enhances service provision and elevates best practice.

POLICY:

Complaints may be initiated by an individual in service, persons acting on their behalf and the general public. CLO will take all complaints seriously and will receive, document, review and where possible resolve all complaints. The process for investigating the matter will be free of conflict of interest and free of any coercion or intimidation or bias, either before, during, or after the review.

If the complaint is one of alleged abuse, CLO’s Abuse Policy will supersede this policy. If the complaint meets the criteria of a serious occurrence, as defined by the Ministry of Children, Community and Social Services (MCCSS) it shall be reported as outlined in the Management of Serious Occurrences Policy, which may include contacting the police.

In order to ensure information about the complaint policy and procedure is widely available and well understood, a copy of the Complaint Process Policy and Procedure will be made available to any person who requests it. A plain language version of the policy and procedure with visual aids will also be available. Both versions of the process will be on the CLO website and at all service locations.

Every individual in service has a right to understand why and how a decision was made and have the opportunity to respond. The service and support needs and interests of

the individual will guide the complaints resolution process, regardless of who is making the complaint. CLO will ensure that a person who submits a complaint or provides feedback is able to do so without fear of reprisal as a consequence of participation in this process. Where the complaint involves person(s) who have a disability and consent has been attained, the option of having a committee of person(s) who use services will be offered to assist in resolution.

Every individual who receives services and supports will be informed of the Complaint Process policy as part of their orientation to service and every year thereafter. This information will be provided in a manner that supports the individual's communication and learning needs and will be documented as part of the person's Individual Support Plan (ISP).

Definitions

Complaint:

Complaint will be defined as: an expression of dissatisfaction related to the services and/or supports that are provided by CLO. Complaints may come as a result of unresolved problems or concerns.

Concern:

An on-going issue that engages a person's attention, interest or care and that affects a person's welfare or happiness. A concern may require help from someone to resolve.

Problem:

A situation, matter, or person that presents difficulty with regard to day-to-day living, but can be readily resolved and may be a one-time issue.

Potential Outcomes

CLO may respond after reviewing a complaint with:

- An explanation
- Provision of a service
- A change of the initial decision
- Confirmation of the original decision
- Additional training for staff
- A change in operational best practices
- A change or revision of agency policy or procedure

PROCEDURE:

CLO will receive, document, review and where possible resolve all complaints. The Complaints Process is prefaced with an understanding and expectation that individuals or those acting on their behalf (staff/manager) will attempt to resolve problems or concerns (as per definitions) informally with the person(s) directly involved, when possible and appropriate. Complaints (as per definition) will be documented through AIMS by the receiving manager and forwarded to the Quality Enhancement Manager or designate.

All reasonable efforts will be made to contact the person submitting the complaint within the timeframe listed below. If there is no response from the complainant within 30 days of a formal response to the complaint by CLO, the complaint will be documented as resolved; however, the complaint can be re-opened at any time if requested.

Documentation is not required if the person resolves the situation on his/her own and is satisfied with the resolution.

If there is witnessed/suspected/alleged abuse that may constitute a criminal offence, the Abuse Prevention, Identification and Reporting policy will be followed.

COMPLAINTS PROCESS

Step One (Quality Enhancement Manager or designate)

The individual in service, and/or person acting on their behalf, will present documentation (in writing on a "Complaint Card"), by email, or other form of their choice e.g. text, voice recording, explaining the details of the complaint and forward it to the Quality Enhancement Manager or designate.

Within Five working days of receiving the complaint, the Quality Enhancement Manager (or designate) will:

- meet with the person making the complaint, (and a representative of his or her choice if desired) to explain the complaint process
- meet with the appropriate parties to obtain all necessary information relevant to the complaint including a summary of agreed points, unresolved issues and proposed resolutions
- discuss the issues and provide advice and options if possible to develop a plan to address them
- document the review and efforts to reach a solution
- communicate with the individual making the complaint and advising of decisions and reasons

- determine if the individual is satisfied with the decision
- document the resolution and provide copies of documentation to the individual and/or person acting on their behalf
- Document complaint on AIMS and forward a copy of documentation to the Director of Service & Quality Enhancement for review and inclusion in the next Quality Outcomes Committee meeting
- Executive Director to present the complaint at the next Quality Outcomes Committee
- Forward annual review and analysis of the complaints procedure to the Board of Directors

Unresolved complaints will be moved to Step Two for Director of Service & Quality Enhancement involvement. The Quality Enhancement Manager or designate will forward an outline of their review highlighting the resolved issues or work underway to achieve resolution and those outstanding. The outline will be provided to both the Director of Service & Quality Enhancement and the complainant.

Step Two (Director of Service & Quality Enhancement or Designate)

Unresolved complaints after Step One will be sent to the Director of Service and Quality Enhancement. Within 5 days of receipt the Director of Service & Quality Enhancement (or designate) will:

- Review background material and provide direction to the Quality Enhancement Manager and staff involved
- Meet with the person making the complaint (and a representative of his/her choice if desired) to inform them of any changes in decisions with reasons and determine if the individual is satisfied with the decisions
- Document the resolutions and provide copies of documentation to the individual and/or person acting on their behalf
- Ensure documentation is included in the bi-annual review and analysis of the complaints procedure

Step Three (Executive Director)

Unresolved complaints after Step Two will be sent to the Executive Director. All operational matters are the responsibility of the Executive Director and he/she has final decision-making authority for operational issues. Within 10 days of receipt the executive director will:

- Review all materials and provide specific action to be taken
- Document the resolutions and provide copies to the individual and/or person acting on their behalf

- Ensure documentation is included in the bi-annual review and analysis of the complaints procedure

Step Four (Board of Directors)

Unresolved issues after step three or in instances where a formal complaint is in relation to actions of the Executive Director that are in violation of CLO's policies or, are not operational in nature, the individual in receipt of service, and/or person acting on their behalf, will present documentation (in writing or other form e.g. voice recording) explaining the details of the complaint and forward it to the President of the Board of Directors. The documentation must outline the nature of the complaint specific to the executive director and non-operational matters.

The Board of Directors will review the correspondence and if satisfied that the decision and actions taken by Management and the Executive Director were within their responsibilities and are operational in nature, the matter will not be reviewed further by the Board and considered final.

At the sole discretion of the Board of Directors, they may choose to meet with the complainant to review the matter further. Should the matter not be operational the President of the Board of Directors will arrange for a meeting between the complainant and Board representation as the Board determines appropriate.

Step Five (Government and Funding Bodies)

An individual in receipt of service, persons acting on their behalf or the general public who are dissatisfied with the resolution determined by CLO through this process have the right to complain or take their action beyond the agency to government and funding bodies (Ministry of Children, Community and Social Services). CLO will provide the contact information upon request.

Bi - Annual Review

The Quality Outcomes Committee will conduct a bi-annual review of all complaints received and how they were resolved in order to evaluate the effectiveness of the Complaints Process and other policies and procedures. The Executive Director will provide a summary report of these findings to the Board of Directors annually.



Policy and Procedure Manual

Approved by:

A handwritten signature in blue ink, appearing to read "Alexandra Perry".

Executive Director

A handwritten signature in blue ink, appearing to read "J. Whelan".

Board President

February 8th, 2023

Date

February 8th, 2023

Date