

POLICY SECTION: SUPPORT SERVICES

POLICY NO: SS8

POLICY TITLE: PERSON SUPPORTED COMPLAINT / FEEDBACK POLICY

EFFECTIVE DATE: APRIL 2, 2002

REVISION DATES: DEC. 19, 2011; AUGUST 2014; OCTOBER 2016

OCTOBER 2016 AMEND POLICY TITLE, PROBLEM RESOLUTION PROCESS POLICY

PAGE NO. 1 OF 10

Intent

All persons supported by Community Living Wingham and District shall have access to a system of complaint and feedback with respect to matters of the Agency, its staff and volunteers. A complaint/feedback process is an important part of providing quality support that is responsive to individuals' needs and promotes continuous improvement in service delivery. The information received through a complaints/feedback process can assist an organization to take steps to better support individuals and/or improve administrative practices. As such, any person shall have access to the Person Supported Complaint/Feedback Policy. Non-compliance with the Agency's Persons Supported Complaint/Feedback Policy is subject to discipline; up to and including dismissal from the Agency's employ and/or its services.

All persons supported through Community Living Wingham & District, as well as any person acting on behalf of a person supported; and the general public have access to a complaint procedure that ensures the fair and unbiased review of any complaint the individual may have. Dependent upon the capabilities of the person supported, the Agency will ensure support is provided in lodging the complaint, as requested.

Rights of the Individuals Supported Under this Policy

Any person receiving support from Community Living Wingham and District must be informed of their right to initiate and use the Agency's Person Supported Complaint/Feedback Policy and be supported by any person of their choice including the Adult Protective Service Worker. The information must be conveyed/discussed in a manner that the person receiving support can understand.

In the event that the Person Supported Complaint/Feedback Policy involves a particular Community Living Wingham and District employee or volunteer, the individual receiving support has the right to be

POLICY SECTION: SUPPORT SERVICES

POLICY NO: SS8

POLICY TITLE: PERSON SUPPORTED COMPLAINT / FEEDBACK POLICY

EFFECTIVE DATE: APRIL 2, 2002

REVISION DATES: DEC. 19, 2011; AUGUST 2014; OCTOBER 2016

OCTOBER 2016 AMEND POLICY TITLE, PROBLEM RESOLUTION PROCESS POLICY

PAGE NO. 2 OF 10

supported by another Community Living Wingham and District employee or volunteer who has no connection to the persons or situation giving rise to the need for the complaint/feedback process. Regardless of who the person supported selects to represent them, the person supported may at any time during the process, request that any additional person, family member, friend or professional act with them as an advocate or interpreter. Such person(s) may attend any and all meetings with the person supported during this process.

Definition of Complainant under this policy

Complainant as used in this policy refers to any persons supported by Community Living Wingham and District, person(s) acting on their behalf, and the general public.

Definitions as per Policy Directives for Service Agencies (June 1, 2012)

“Complaint” is an expression of dissatisfaction related to the services and/or supports that are provided by a service agency. A complaint may be expressed by a person with a developmental disability who is receiving services and supports from the service agency, or a person acting on their behalf, or by the general public, regarding the services and supports that are provided by the service agency. A complaint may be made formally (such as a letter written to the agency) or informally (such as a verbal complaint expressed to a staff person). A complaint does not include feedback on matters unrelated to the agency and the services and supports that it provides.

“Feedback” may be positive or negative (including complaints) and is related to the services and/or supports that are provided by a service agency. Feedback may be solicited (such as information and comments collected through a satisfaction survey or a comment box) or unsolicited (such as a letter from a person or family member about the services and supports that the agency provides). Feedback may be formal (like the survey or letter noted above) or informal (such as a verbal complaint expressed to a staff person).

POLICY SECTION: SUPPORT SERVICES

POLICY NO: SS8

POLICY TITLE: PERSON SUPPORTED COMPLAINT / FEEDBACK POLICY

EFFECTIVE DATE: APRIL 2, 2002

REVISION DATES: DEC. 19, 2011; AUGUST 2014; OCTOBER 2016

OCTOBER 2016 AMEND POLICY TITLE, PROBLEM RESOLUTION PROCESS POLICY

PAGE NO. 3 OF 10

Guidelines

Community Living Wingham and District recognizes that from time-to-time there will be complaints about the organization and the services and supports it provides. Community Living Wingham and District wants to ensure individuals with a developmental disability, persons acting on their behalf, and the general public with complaints are able to voice their concerns, but that they should do so through proper channels of communication.

Community Living Wingham and District recognizes there are various ways that feedback and complaints can be received. Complaints/Feedback can be brought forth in formats such as verbal, either in person or over telephone; written letter or Community Living Wingham and District forms (see attachments); and/or email to any employee, Liaison, Program Manager, Executive Director and to any member of the Board of Directors. Occasionally, Complaints/Feedback can be received through surveys.

All verbal Complaints/Feedback regarding the agency and the services and supports shall be documented by the person receiving the Complaint/Feedback. Documentation will be submitted to the Program Manager that oversees them or oversees the location that the Complaint/Feedback is directed at, and then the problem resolution process may begin. The Executive Director will be responsible for maintaining a record of the Complaint/Feedback and the resolution.

If Community Living Wingham and District is requested to provide the individual with a developmental disability, persons acting on their behalf, and/or the general public a document or information, Community Living Wingham and District will take into consideration the communication needs of the person and provide the information to the person in the requested format that takes into account the person's needs.

If in the opinion of the Executive Director the complaint is serious, a written and signed copy of the complaint must be provided. In the event the complainant is unable to prepare a written complaint, the Executive Director may provide assistance in preparing a statement, which is then signed by the

POLICY SECTION: SUPPORT SERVICES

POLICY NO: SS8

POLICY TITLE: PERSON SUPPORTED COMPLAINT / FEEDBACK POLICY

EFFECTIVE DATE: APRIL 2, 2002

REVISION DATES: DEC. 19, 2011; AUGUST 2014; OCTOBER 2016

OCTOBER 2016 AMEND POLICY TITLE, PROBLEM RESOLUTION PROCESS POLICY

PAGE NO. 4 OF 10

complainant. The complainant shall be cautioned about potential risks of making a false or harmful complaint.

Community Living Wingham and District's policies and procedures on the complaints and feedback process shall comply with reporting requirements set out in the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 and its regulations. Where necessary, Community Living Wingham and District shall ensure that a complaint/feedback is:

- Reported to the police (i.e., as in the case of alleged, suspected or witnessed abuse that may constitute a criminal offence, as required by Ontario Regulation 299/10 regarding quality assurance measures made under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008, as per policy SS7;and/or
- Reported to the ministry as a serious occurrence through the ministry's serious occurrence reporting process (based on the nature of the complaint/feedback), as per policy SS 6.

Complaint Procedure

Procedure for problem-resolution for a complaint against an Employee or Volunteer:

- The proper channel for an individual with a developmental disability, persons acting on their behalf, or the general public to voice a complaint against an employee is to approach the following individuals in the order indicated:
 - The employee or volunteer against whom the complaint is directed;
 - Program Manager;
 - Executive Director;
 - Board of Directors
- 1. If an individual with a developmental disability, persons acting on their behalf, and/or the general public has a concern about the support being received, the conduct of staff or is

POLICY SECTION: SUPPORT SERVICES

POLICY NO: SS8

POLICY TITLE: PERSON SUPPORTED COMPLAINT / FEEDBACK POLICY

EFFECTIVE DATE: APRIL 2, 2002

REVISION DATES: DEC. 19, 2011; AUGUST 2014; OCTOBER 2016

OCTOBER 2016 AMEND POLICY TITLE, PROBLEM RESOLUTION PROCESS POLICY

PAGE NO. 5 OF 10

concerned for their personal safety for any reason, they shall discuss respectfully with the employee or volunteer against whom the complaint is directed.

2. The employee or volunteer against whom the complaint is directed shall schedule a time to discuss and clarify the concern with the individual with a developmental disability, persons acting on their behalf, or the general public within 2 business days of being made aware of the complaint. The purpose of this meeting is to identify solutions to address the concern. This meeting also gives the employee or volunteer an opportunity to respond. The employee or volunteer involved shall ensure that the meeting content is documented and submitted to the Designated Program Manager within 24 hours after the meeting, or the next business day.
3. If a solution cannot be found that satisfies the individual with a developmental disability, persons acting on their behalf or the general public, the person may approach the Designated Program Manager for assistance.
4. The Designated Program Manager will arrange a meeting with the individual with a developmental disability, persons acting on their behalf, or the general public and the employee or volunteer who has the complaint directed against them within 2 business days of being made aware of the unresolved complaint. The purpose of this meeting is to identify solutions to address the concern. The Designated Program Manager shall ensure that the meeting content is documented and submitted to the Executive Director within 24 hours or next business day, along with documentation from the first meeting.
5. If a solution cannot be found that satisfies the individual with a developmental disability, persons acting on their behalf or the general public, the person may approach the Executive Director for assistance.
6. The Executive Director shall schedule a time to discuss and clarify the concern with the individual with a developmental disability, persons acting on their behalf or the general public and the employee or volunteer who has the complaint directed against within 5 business days of being made aware of the unresolved complaint. The Designated Program Manager may also be in attendance at the meeting. The purpose of the meeting is to identify solutions to address the concern. The Executive Director shall maintain a record of the complaint and resolution process and keep all documents submitted from prior meetings regarding the concern. The Executive Director may choose to record the incident in the employee's or volunteer's personnel file, in

POLICY SECTION: SUPPORT SERVICES

POLICY NO: SS8

POLICY TITLE: PERSON SUPPORTED COMPLAINT / FEEDBACK POLICY

EFFECTIVE DATE: APRIL 2, 2002

REVISION DATES: DEC. 19, 2011; AUGUST 2014; OCTOBER 2016

OCTOBER 2016 AMEND POLICY TITLE, PROBLEM RESOLUTION PROCESS POLICY

PAGE NO. 6 OF 10

which case the employee or volunteer shall be so informed that the item is being placed on file. The employee's or volunteer's written response to the complaint shall be recorded on the personnel file, upon request.

7. If in the opinion of the Executive Director the complaint is serious, a written and signed copy of the complaint must be provided. In the event the complainant is unable to prepare a written complaint, the Executive Director may provide assistance in preparing a statement, which is then signed by the complainant. The complainant shall be cautioned about potential risks of making a false or unsubstantiated complaint. Depending on the nature of the complaint the Executive Director may have to get police involvement and/or report to the Ministry as a Serious Occurrence.
8. If a solution cannot be found that satisfies the individual with a developmental disability, persons acting on their behalf or the general public, the person may approach a member of the Board of Directors for assistance.
9. The member of the Board of Directors who received the complaint will inform the other members of the Board. Information from the 3 previous meetings around the complaint will also be forwarded to the Board of Directors by the Executive Director. The Board of Directors will address the concern at next scheduled meeting. However, depending on the nature of the complaint the Board of Directors may decide or need to meet sooner to discuss the concern. The member of the Board whom received the complaint will inform the complainant of the outcome. Documentation will be in the Board of Directors meeting minutes.
10. If the Executive Director and/or the Board of Directors determine an investigation is required, the Executive Director shall ensure a protocol for the investigation and resolution of complaints is developed and the Program Managers are informed of the process. When findings are determined all parties involved will be informed. See attached investigation form.
11. The individual with a developmental disability, persons acting on their behalf or the general public may elect to take his/her concern to an external organization or resource. The individual with a developmental disability may decide to seek assistance from People Empowering People or an Adult Protective Service Worker.

POLICY SECTION: SUPPORT SERVICES

POLICY NO: SS8

POLICY TITLE: PERSON SUPPORTED COMPLAINT / FEEDBACK POLICY

EFFECTIVE DATE: APRIL 2, 2002

REVISION DATES: DEC. 19, 2011; AUGUST 2014; OCTOBER 2016

OCTOBER 2016 AMEND POLICY TITLE, PROBLEM RESOLUTION PROCESS POLICY

PAGE NO. 7 OF 10

Procedure for problem-resolution for a complaint against the Organization

- Any complaints made by an individual with a developmental disability, persons acting on their behalf or the general public directly against the organization shall be filed immediately to the Designated Program Manager by the complainant or by the employee or volunteer who received the complaint.
- The Designated Program Manager shall try and resolve the concerns of the complainant and keep a copy of the written and signed complaint along with the steps taken to resolve the matter. A response to the complaint will be provided within 5 business days of receipt and will be provided in the format requested by the complainant in a manner that takes into consideration of the person's needs.
- In the event that the Designated Program Manager cannot satisfactorily resolve the complaint, the complaint must be brought forth to the Executive Director who will determine the best way to handle the concern.
- The Executive Director will keep a copy of the written and signed complaint, along with the steps taken to resolve the matter. A response to the complaint will be provided within 10 business days of receipt and will be provided in the format requested by the complainant in a manner that takes into consideration of the person's needs.
- If the Executive Director determines that:
 - a) The Association cannot offer any solution since it would contravene provincial legislation, funding regulations or Association policy or could appear to do so, or
 - b) The solution desired by the individual with a developmental disability, persons acting on their behalf or the general public would result in imminent harm to themselves or to another person or groups of persons, or
 - c) It is beyond the financial or human resource capacity to offer a solution desired by the individual with a developmental disability, persons acting on their behalf or the general public,

Then the Executive Director will inform the individual with a developmental disability, persons acting on their behalf or the general public of the decision and the reasons for it and advise them of other possible ways to resolve their concern in manner that takes into consideration of the person's needs.

POLICY SECTION: SUPPORT SERVICES

POLICY NO: SS8

POLICY TITLE: PERSON SUPPORTED COMPLAINT / FEEDBACK POLICY

EFFECTIVE DATE: APRIL 2, 2002

REVISION DATES: DEC. 19, 2011; AUGUST 2014; OCTOBER 2016

OCTOBER 2016 AMEND POLICY TITLE, PROBLEM RESOLUTION PROCESS POLICY

PAGE NO. 8 OF 10

- In the event that the Executive Director cannot satisfactorily resolve the complaint, the complaint must be brought forth to the Board of Directors who will determine the best way to handle the concern. A response to the complaint will be provided within 10 business days of receipt and will be provided in the format requested by the complainant in a manner that takes into consideration of the person's needs. The individual with a developmental disability, persons acting on their behalf or the general public may elect to take his/her concern to an external organization or resource. The individual with a developmental disability may decide to seek assistance from People Empowering People or an Adult Protective Service Worker.
- The individual with a developmental disability, persons acting on their behalf or the general public may elect to take his/her concern to an external organization or resource. The individual with a developmental disability may decide to seek assistance from People Empowering People or an Adult Protective Service Worker.

Conflict of Interest

Definition of Conflict of Interest:

For the purpose of this policy, conflict of interest is defined to mean a struggle between the person who makes the complaint or provides feedback, and those who may be involved in the review, documentation, investigation, resolution and notification and therefore has the potential to have a compromised/unfair investigation regarding the complaint/feedback.

Responsibility to Declare Conflict of Interest:

It is the responsibility of the employee/volunteer/management/board of director to identify and report any possible or actual conflict of interest to their supervisor or designate regardless of whether or not the employee, volunteer, management or board of director derives benefit. This is to ensure the review process is free of any coercion or intimidation or bias, either before, during, or after the review. Community Living Wingham and District must be made aware of all conflicts of interest in order to take the appropriate action.

POLICY SECTION: SUPPORT SERVICES

POLICY NO: SS8

POLICY TITLE: PERSON SUPPORTED COMPLAINT / FEEDBACK POLICY

EFFECTIVE DATE: APRIL 2, 2002

REVISION DATES: DEC. 19, 2011; AUGUST 2014; OCTOBER 2016

OCTOBER 2016 AMEND POLICY TITLE, PROBLEM RESOLUTION PROCESS POLICY

PAGE NO. 9 OF 10

Procedures in Responding to a Declaration of Conflict of Interest:

- a) The employee, volunteer, management or the board of director shall make a written declaration of conflict of interest or potential conflict of interest to their immediate supervisor/designate e.g. Community Support Worker to Designated Program Manager; Program Manager to Executive Director; etc., describing the nature of the conflict or potential conflict;
- b) Employees, volunteers, management or the board of directors who believe they have witnessed a conflict of interest shall inform their immediate supervisor/designate in writing, describing the nature of the conflict or potential conflict.
- c) The immediate supervisor/designate discusses the report with their supervisor/designate so appropriate steps can be taken to prevent the conflict of interest.
- d) The employee, volunteer, management or board of director shall be notified in writing the procedure that is going to take place to avoid any conflict of interest.

Assurance Against Retaliation/Revenge

This policy encourages individuals with a developmental disability, persons acting on their behalf and the general public to report any Complaints/Feedback as it is an important part of providing quality support that is responsive to people's needs and allows the agency to provide supports with the best possible practices, keeping in mind of Community Living Wingham and District's mission statement. Retaliation against the complainant is strictly prohibited and will result in appropriate disciplinary action. Community Living Wingham and District shall ensure that a person who submits a complaint or provides feedback is not at risk of having his/her services and supports negatively impacted or withdrawn, as a consequence of submitting the complaint/feedback.

However, any complaint made in bad faith, if demonstrated as being such through convincing evidence, may result in consequences that may involve legal action due to lodging the false or mean/hateful complaint

POLICY SECTION: SUPPORT SERVICES

POLICY NO: SS8

POLICY TITLE: PERSON SUPPORTED COMPLAINT / FEEDBACK POLICY

EFFECTIVE DATE: APRIL 2, 2002

REVISION DATES: DEC. 19, 2011; AUGUST 2014; OCTOBER 2016

OCTOBER 2016 AMEND POLICY TITLE, PROBLEM RESOLUTION PROCESS POLICY

PAGE NO. 10 OF 10

Persons Supported Complaints/Feedback Policy Evaluation

In order to promote continuous quality improvement, Community Living Wingham and District shall conduct a review and analysis of the complaints and feedback received to evaluate the effectiveness of its policies and procedures, on an annual basis. Community Living Wingham and District shall also take into consideration, based upon the review, if any other policies and procedures that the agency has in place may need revised.

Community Living Wingham and District shall share information about its complaints/feedback process, and/or about complaints/feedback, as part of the ministry's risk assessment process, upon request by the ministry.

Note: This policy intent isn't to replace the policy for employee concerns, complaints and disputes. If an employee has a concern, complaint, etc. please refer to policy in Human Resources section-- HR 12 Problem Resolution.

FORMS ATTACHED

COMMUNITY LIVING WINGHAM & DISTRICT

PERSONS SUPPORTED/PERSON(S) ACTING ON THEIR BEHALF FEEDBACK FORM

DATE: _____

Community Living Wingham & District (CLWD) is committed to providing the best possible supports that are readily accessible to you and/or your family member. Your feedback is an important part of our commitment to continuous quality improvement. Please take a few minutes to complete this survey and return it to a Program Manager or Executive Director.

Please place a check mark beside the Service Area(s) with which you have had contact.	
<input type="radio"/> Residential	<input type="radio"/> Passport
<input type="radio"/> Supported Independent Living	<input type="radio"/> Administration
<input type="radio"/> Community Access	<input type="radio"/> Reception
<input type="radio"/> Respite	<input type="radio"/> Other, (please indicate) _____
<input type="radio"/> Group Activities (i.e. swimming, cooking coop, drumming, fitness fanatics, seniors link, etc.)	

Please indicate with a check if you are:

- service user
- family member
- other

Please circle the responses which best describes your experiences with Community Living Wingham & District:

1. I feel comfortable and welcomed when attending/visiting any service provided by Community Living Wingham & District.

VERY HAPPY



HAPPY



UNHAPPY



2. My family is involved in my life as much as I like/I am encouraged to be involved with my family member.

VERY HAPPY



HAPPY



UNHAPPY



3. I am encouraged to make/participate in making choices and decisions that affect me/my family member.

VERY HAPPY



HAPPY



UNHAPPY



4. Where there are problems/concerns, I or my family am/are consulted and any input is valued.

VERY HAPPY



HAPPY



UNHAPPY



5. I am satisfied with the amount of support I/my family member receives to feel safe and have the best possible health.

VERY HAPPY



HAPPY



UNHAPPY



6. My/My family member's self-esteem, feelings and development are priorities to my/his/her support staff.

VERY HAPPY



HAPPY



UNHAPPY



7. I feel that necessary adaptations and/or modifications are in place so that I/my family member have/has full access to all areas where services are provided. Information regarding service is available to me in an understandable manner.

VERY HAPPY



HAPPY



DOESN'T APPLY



8 I am aware of the process to express any complaint or concern.

AGREE



DISAGREE



9. I know that I/my family member have/has Rights and if they are taken away, I can ask for a meeting with the People Empowering People Committee.

AGREE



DISAGREE



DOESN'T APPLY



10. CLWD is making substantial effort to educate and support the community to accept me/my family member as a valued citizen.

AGREE



DISAGREE



DOESN'T APPLY



Please use the space below to provide any additional feedback:

Please feel free to provide your name and contact information if you would like to speak to or meet with a Program Manager and/or Executive Director of CLWD. Otherwise your feedback is anonymous

NAME: _____ PHONE NUMBER: _____

If the complaint is about an employee/volunteer/management/board of director, did you discuss with the person you have a complaint/problem with?

Please circle one: Yes or No

1. If No, please discuss with person whom the complaint/problem is with. If you can't discuss with them, please indicate why?

2. If yes, what happened?

3. Was anyone else involved?

4. Do you have any suggestions with how to fix or what you want done to resolve?

5. Would you like a response to your complaint? Please circle one: Yes or No

If yes, please circle how you want the response: written or verbal

If written, please circle one: Mail or Email

Please provide mailing address or email address below, if applicable:

If Verbal, please circle one: Meeting in person or Telephone

Please provide telephone number, so you can be reached if want a verbal response.

If want a different type of response, please indicate other method you are requesting:

6. Is there any other pages attached? Please circle one: Yes or No

Acknowledgement & Agreement

By signing below, you agree that the statements contained within this Complaint Form are accurate and truthful.

Complainant Signature (if applicable): _____

Complainant Print Name (if applicable): _____

Date: _____

Person filling out form if other than Complainant, due to receiving a complaint/or asked by complainant to help/assist to fill out form:

Signature: _____

Print Name: _____

Date: _____



Community Living Wingham & District Complaint Investigation Form

Date: _____

Name of Person Interviewed: _____

Reason for Complaint:

Complaint Investigation Interview Questions

1. What happened?

2. Where did the situation occur?

3. When did the situation occur?

4. Was anyone else involved?

5. In your opinion, what was the source of the problem/situation?

6. Who else may know relevant information pertaining to this complaint?

7. Could the situation have been avoided, and how?

8. Do you have any evidence of the situation (emails, letters, text messages, etc.)?

9. Do you have any other relevant facts or information you would like to add?
