

COMMUNITY LIVING DURHAM NORTH

RESOLUTION OF CONCERNS AND COMPLAINTS

Policy No: B-22 (Service Delivery)

Effective Date: September 12, 2007

Last Revision/Review: Nov. 4, 2013

Rationale:

To ensure that the supports and services provided by CLDN are responsive to people's needs and are engaged in a continuous process of quality improvement.

Policy Statement:

Senior staff will clearly articulate a formal complaints/feedback process that is readily available and easily understandable. It will be provided, in plain language format, to all people in receipt of service or, where appropriate, to those acting on their behalf.

Our formal complaints/feedback process shall also be made available to the general public and a copy of this policy, with its procedures, will be provided to anyone who requests it.

CLDN takes seriously all complaints that are made in good faith and will review or investigate as necessary. Wherever possible, reasonable efforts shall be made to resolve the matter to the mutual satisfaction of the parties. In any case, a timely response will be provided to complaints made and to feedback provided.

No one who makes a complaint will have his services or supports withdrawn or negatively affected in any way, as a consequence of having made a complaint.

CLDN documents the complaints and feedback received over time (as well as our response to same) with a view to supporting our ongoing quality improvement efforts.

Direct care staff are required to advise management personnel whenever an instance of possible abuse is observed, disclosed, alleged or suspected. If management suspects that the incident might constitute a criminal offence it will report immediately to the police and will not initiate an internal investigation until the police have completed their own investigation. Management will also comply with the Ministry's serious occurrence reporting protocol and file a report within 24 hours of becoming aware of the incident.

Internal References:

*B-19 Prevention of Assault and Abuse*

*B-21 Serious Occurrence Reporting*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
for the Board of Directors

COMMUNITY LIVING DURHAM NORTH  
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Procedure No: B-22-1  
**Formal Complaint Mechanism**

Effective Date: September 12, 2007  
Last Revision/Review: June 15, 2017

- CLDN accepts concerns and complaints from all avenues; i.e. whether made during verbal conversations; through phone calls or voicemail; emails, web link, written letters, TYY or with the assistance of visual aids.
- Through informal information sharing, formal educational initiatives, and the distribution of plain language written material, CLDN will make every effort to ensure that people receiving support, and their advocates, have an understanding of their right to express concerns and launch complaints. Also, while the language used below frames the process in terms of the receipt and provision of service, CLDN's complaint mechanism is open to members of the general public.
- All staff have an obligation to attentively receive complaints or feedback and to forward them to the manager and/or director responsible for the home, program or department most directly concerned.
- The formal mechanism is as follows:

Step One      People in receipt of service (and/or the family member or guardian acting on their behalf) who have a concern or complaint will be encouraged to attempt resolution with the concerned staff and/or their immediate Program Manager.

Step Two      If resolution is not achieved at Step One, or if the person/family/guardian prefers not to attempt resolution in that way, a meeting with, and a written response from, a Program Director will occur within 10 working days.

Step Three      If resolution is not achieved at Step Two, or if the person/family/guardian prefers not to attempt resolution in that way, a meeting with the CEO will occur within 10 working days.

If this meeting does not resolve the situation to the satisfaction of the complainant, the CEO or his designate will attempt to resolve the concern or complaint and respond within a further 10 working days (and will advise the Board, if appropriate).

Step Four      If there is no resolution at Step Three, the complainant may choose to appeal to the Board. However, the Board will only review the complaint, and staff decisions made to date, with a view to determining if staff have violated policy or acted in a way that contradicts basic organizational principles and values.

- All complaints are entered into the AIMS database; it provides automatic notification to all staff directors. All outcomes or resolutions are also documented in the database.
- At each of these steps, CLDN staff will undertake such consultations or investigations as are necessary in order to give the matter the informed consideration it deserves, and this review process shall be documented.
- If a staff member who would normally be involved in such a review has a conflict of interest (based, perhaps, in family relationships) he or she is obliged to declare the conflict and remove himself from the proceedings (see Policy C-18).
- At any point in the process, the person supported or his family may request an advocate or spokesperson. A staff person with no direct connection to the matters under review will, upon request, be assigned. If the person/family prefers outside assistance, CLDN will strive to link them to the *Adult Community Support Services* program that is operated by Durham Region.
- Further, at any step in this process, or at its conclusion if the person/family/guardian remains unsatisfied, recourse can always be had to the government Ministry that funds our agency. At the time of this revision, the appropriate address and phone number is as follows:

Ministry of Community and Social Services  
Central East Region  
17310 Yonge Street, Unit 1  
Newmarket, ON  
L3Y 7R8  
Phone: 1-877-669-6658
- Note, however, that phone numbers change and are susceptible to technical difficulties. People wishing to contact the Ministry may wish to check with us for updates and for the identity of our current liaison within the Ministry.
- People who receive services funded by the Regional Municipality of Durham may go beyond CLDN's Board and speak directly to the Homelessness Coordinator within the Region's Housing Services Division. Housing Services staff may visit the site to conduct a review or interview the supported person and/or staff about the issue.
- People deemed ineligible for regionally funded services may also go beyond CLDN's internal mechanisms and appeal to the Program Manager, Housing Services. If the person is not satisfied with the result at this level he/she may request a Regional Review of the

decision, by writing to the Program Manager, Housing Services. The decision of this review panel will be final.

Procedure No: B-22-2

Effective Date: June 18, 2012

**Our Formal Feedback Solicitation Process**

- CLDN actively solicits feedback on an annual basis (in September – October) by providing all service recipients and family members with written satisfaction surveys. The one provided to service recipients is in a plain language format.
- Questions asked are designed to gauge stakeholder satisfaction in major areas such as levels of support, protection from abuse and efforts to promote inclusion. Efforts will be made to minimize change in the array of questions, from year to year, so as to facilitate comparison over time. At the same time, more specific questions will be added on a one time basis because they are topical and timely.
- Responses are collected and sorted so as to promote statistical analysis, and these aggregate results are then shared with the people surveyed. Survey results are also posted on our website.
- Anecdotal comments cannot generally be quantified and it is often not appropriate to publish them. They are nevertheless retained and are reviewed for the purpose of identifying good ideas that can be built into our planning process or acted upon immediately, where that is feasible.
- It is neither possible nor appropriate to respond to all feedback received; indeed, some of it is provided anonymously. Nevertheless, where possible, and when it serves a constructive purpose, people will be contacted in connection with feedback provided.

Procedure No: B-22-3

Effective Date:

February 1, 2010

**The Hot Line**

Last Revision/Review:

July 26, 2019

- To make it as easy as possible for supported persons to express a concern or complaint, a phone line has been designated as our agency “hot-line.” It will not be manned, but our Administrative Assistant will check messages on a daily basis.
- Family members related to supported persons will also be welcome to use the hot-line.
- The phone number is 905-985-8666.

- Every effort will be made to familiarize supported persons with this option. For example, laminated information cards have been distributed to all service recipients. It is also discussed during the in-house abuse awareness training (*Keeping Safe*) that is provided to supported persons.
- The Administrative Assistant will formalize the complaint and ensure that the Agency begins to respond to it in a timely manner, whether at Step 1, 2, 3 or 4.
- If the complaint concerns a rights restriction, it will be diverted directly to the Rights Committee.
- All Hot Line complaints will be documented on our AIMS database.

Procedure No: B-22-4  
**MCSS – Report ON- Direct Reporting Service**

Effective Date: January 30, 2017

- Effective November 14, 2016 the Ministry of Community and Social Services launched a direct reporting service, Report ON, that includes a toll free phone line 1-800-575-222, TTY – 1-844-309-1025 and email address – [reportONdisability@ontarion.ca](mailto:reportONdisability@ontarion.ca)
- This direct reporting service was developed so that anyone (victims, DSO’s, agency staff and members of the public) who has concerns of alleged, suspected and/or witnessed incidents of abuse and/or neglect of adults with a developmental disability can report the incident.
- **Report ON** is intended to complement, not replace current processes for agency staff. CLDN employees are to follow existing reporting procedures and SO reporting protocols as per policy.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 CEO