

Section:	Leadership	No.6-1.44
Subject:	Feedback and Complaint	
Issue to:	All Safehaven Staff	Pages:1 of 11
Issued by:	Chief Executive Officer (CEO)	Developed: March 2017 Reviewed: April 2018

1.0 POLICY

The Safehaven Project for Community Living (Safehaven) has developed a feedback and complaints process as this is an important component of providing quality care and support for individuals that is responsive to their needs and allows for continual improvements in care and service delivery.

This feedback and complaint policy sets out the steps required to improve administrative practices to better support individuals with a developmental disability.

Safehaven's feedback and complaint policy as well as the associated process are in alignment with the organization's confidentiality and privacy policies as well as legislated privacy mandates.

2.0 PURPOSE

The purpose of this policy is to provide a mechanism to obtain feedback, to resolve deficiencies in the provision of care and services and respond to complaints regarding the organization, its care and services. All feedback and complaints received through this mechanism should be regarding the direct care, services and/or supports of a client. Feedback and complaints may originate from individuals with a developmental disability, people acting on their behalf (i.e. family member, guardian, substitute decision maker, etc.), and the general public. Safehaven strives to use feedback and complaints as opportunities for organizational growth and improvement. Therefore, in alignment with QAM standards, Safehaven discourages feedback and complaints of a vexatious or malicious manner.

Included in this policy is Safehaven's *Three Step Complaint Process* poster which outlines the process for submitting a feedback or complaint. This poster is available on Safehaven's website and is posted at all locations.

3.0 SCOPE

This policy applies to all Safehaven employees, clients, families/guardians, students, visitors, volunteers and external service providers.

4.0 RESPONSIBILITY

Employees are responsible for:

- a) Completing all training and reviews as required;
- b) Understanding their role in the application of this policy;
- c) Notifying their direct Client Care Coordinator should a concern become evident;
- d) Following direction and guidance provided by their Client Care Coordinator and organization; and

- e) Assisting clients and families in completing the *Feedback and Complaint Form* and submitting the completed form to the Client Relations Specialist.

Client Care Coordinators (CCC) are responsible for:

- a) Promoting a culture of safety;
- b) Ensuring staff complete all necessary training regarding the feedback and complaints procedure and understand how to support clients and families;
- c) Supporting their staff and complainants with completing and submitting the *Feedback and Complaint Form*; and
- d) Responding in a timely manner to any reported concerns and implementing changes as required.

Client Relations Specialist is responsible for:

- a) Assisting individuals initiating the complaint process with completing the *Feedback and Complaint Form*;
- b) Conducting an internal review of the complaint within two (2) business days of its submission;
- c) Following-up within two (2) business days with the complainant with an appropriate response including recommendations to resolve the situation and information about additional steps;
- d) Referring the complaint to the Director, Programs and Professional Practice in the event that the complaint was not resolved to the complainant's satisfaction. The DPPP will then have five (5) business days to respond;
- e) Helping to educate staff on the feedback and complaint process;
- f) Providing the Quality, Safety and Risk (QSR) Committee with a summary of all complaints received every quarter; and
- g) Preparing appropriate quarterly summary reports for distribution to the Board of Directors, CEO and the organization.

The Leadership Team is responsible for:

- a) Advising individuals of their right to make a complaint; and
- b) Understanding this policy and applying it appropriately.

The Director, Programs and Professional Practice (DPPP) / Chief Executive Officer (CEO) are responsible for:

- a) Ensuring processes for managing complaints are in place, utilized and regularly evaluated;
- b) Understanding this policy and applying it appropriately;
- c) Teaching, coaching and supporting staff in the application of this policy and associated process;
- d) Ensuring that all complainants are supported throughout the process;
- e) Reporting a complaint to the Ministry of Children and Youth Services/Ministry of Community and Social Services (MCYS/MCSS) should they not be able to reach an amicable resolution;
- f) Notifying the police in the event that a feedback or complaint refers to a criminal act; and
- g) Providing leadership and oversight to the complaint and resolution process.

The Quality, Safety and Risk (QSR) Committee is responsible for:

- a) Reviewing a summary of all complaints received by the Client Relations Specialist on a quarterly basis (summary should include trends and recommendations); and
- b) Reporting, in collaboration with the Client Relations Specialist, to the Board QSR Committee, the Board of Directors and the organization on a quarterly-basis a summary of complaints received.

The Board of Directors is responsible for:

- a) Reviewing a report summarizing all complaints received during the quarter; and
- b) Reviewing feedback and complaints that relate to the CEO.

Complainant is responsible for:

- a) Providing a clear and honest account of their complaint and expectations for the outcome of their complaint. This should include all relevant information and documents to assist in the investigation and/or resolution of the matter;
- b) Engaging openly in the process to review the complaint, which may include participating in discussions with other parties to resolve the complaint;
- c) Responding to requests for information in a timely manner; and
- d) Respecting all individuals involved in the complaint process.

Respondent is responsible for:

- a) Creating a safe space where feedback and complaints can be given and received;
- b) Asking questions that are relevant/appropriate to the individual(s) experience with Safehaven;
- c) Engaging with clients, families/guardians, employees and other individuals as necessary throughout the complaint process;
- d) Developing and implementing further education for staff to effectively support; and Safehaven's clients, as a recommendation following the resolution of complaints.

5.0 DEFINITIONS

Feedback - It may be positive or constructive and relate to the quality or delivery of care services and/or supports, policies and procedures provided by Safehaven. Feedback may be solicited through formal instruments (such as satisfaction surveys or comment boxes) or unsolicited (such as letters, emails or verbal complaints) from a client, family member/guardian, or individual associated with the organization.

Complaint - An expression of dissatisfaction related to the care, services and/or supports that are provided by Safehaven. A complaint may be expressed by a Safehaven client or a person acting on their behalf, or by the general public, regarding the care, services and/or supports that are provided by Safehaven. A complaint does not include feedback on matters unrelated to Safehaven and the services it provides.

Examples of complaints include, but are not limited to, perceived:

- Failure to do something agreed upon
- Failure to observe policies
- Unacceptable delay
- Staff error
- Discourteous actions or statements by staff or volunteers
- Inappropriate or insufficient procedures

Quality, Safety and Risk (QSR) Committee -A collaborative group of Safehaven employees that gather data and feedback to develop quality improvement initiatives and act as a “Report-Back” mechanism for communicating incident analysis findings to the CEO, Board of Directors and identified partners as appropriate.

Best Practice Committee - Consists of front line and leadership staff from the organization whose primary focus is to examine and make process improvements in the delivery of care and services to our clients and families. The overall goal is to ensure evidence best practices are introduced and sustained across the organization.

Client Relations Specialist: A mediator between the organization and the complainant. In the event a client is unhappy with a provision of service, it is the duty of a client relations specialist to discuss the issues the customer has and work quickly to resolve them.

Complainant - An individual, group, or company that makes a complaint against Safehaven.

Respondent -An individual or group of individuals at Safehaven whom respond to the complaint.

Complaint Handling Principles:

- **Access:** This Policy and its procedures should be easily accessible, simple to understand and well-publicized to ensure familiarity with the process and ease of implementation. All employees and volunteers should understand how to receive and pass on complaints. Complaints will be handled in a timely manner, taking into account the complexity and seriousness of the issues raised. All parties should be supported in trying to quickly resolve complaints at lowest appropriate level, to reduce the potential for escalation of concerns.
- **Procedural Fairness:** All parties will be afforded natural justice and procedural fairness in the handling of complaints, including:
 - No service disruption for a person Safehaven supports who offers feedback, or makes a complaint;
 - Responding to all feedback/complaints in a timely manner;
 - Ensuring that all parties to a complaint know what to expect during the complaint handling process;
 - Carrying out the complaint handling process in a transparent manner;
 - Providing all parties with equal opportunity to participate in the process;
 - Treating all parties in a respectful manner; and
 - Providing reasons for decisions.

Equity -Actions and decisions in relation to complaints will be made having the utmost regard for the persons involved. Safehaven will make every attempt to investigate concerns raised with it regardless of the manner in which they are expressed. A complainant will not be disadvantaged (at the time or thereafter) through lodging a complaint in good faith, regardless of the outcome. Complainants and respondents may be assisted by a support person, which may be a member of the person’s family, a friend, care giver or other person (not being an attorney or other legally trained person acting in the capacity of legal counsel).

Confidentiality and Recording -The privacy and confidentiality of parties will be respected to the extent practicable and possible, and in accordance with relevant legislated requirements.

Accurate records will be kept by each employee dealing with the complaint, including recording of reasons for all significant decisions, and will be stored in a locked and secure location.

Resolution - It is assumed that Safehaven will act responsibly, fair and reasonable remedies will be offered as appropriate. Safehaven is committed to learning from the complaint process and using this knowledge to improve service quality. Preventative and corrective action will be taken to eliminate the causes of complaints and to improve the quality of the Safehaven's policies and operating environment.

Monitoring - A review of complaints, monitoring of outcomes and actions taken to improve service delivery, workplace environment, policies and staff training are reported to the Quality, Safety and Risk committee. Due to confidentiality concerns, no names or disciplinary actions will be reported to the committee.

Authority - Individuals involved in handling complaints will have the necessary authority and management support to carry out the process, and will have (where specific skills are required, such as mediation) access to appropriate training and resources to fulfil their role.

Conflict of Interest- Individuals involved in the handling, investigating, or adjudicating of a complaint, must recuse themselves from such a role where they have a conflict of interest, actual, potential, or perceived.

6.0 REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE

In accordance to Accreditation Canada Leadership Standards 3.4-3.5 15.5-15.8

In accordance to Accreditation Canada Developmental Disabilities Standards 8.15

Safehaven Policy and Procedure: Serious Occurrence

Safehaven Policy and Procedure: Abuse and Neglect Prevention

Safehaven Policy and Procedure: Client Bill of Rights and Responsibilities

Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 – Ontario Regulation 299/10

Reena Complaints Policy

7.0 PROCEDURE

7.1 How to Submit Feedback and Complaints

Information about Safehaven's Feedback and Complaint process has been posted on Safehaven's website, and within all the locations. All staff should be trained to explain and support individuals through the process (see Attachment C).

Safehaven encourages feedback and complaints using any of the following methods:

By Telephone

- Call our Client Relations Specialist at (416) 535-8525 ext. 261
- The Client Relations Specialist will input the information shared over the phone onto the *Feedback and Complaint Form* (to ensure there is a documented record of the submission (See Attachment A)

Online

Go to Safehaven's website: www.safehaven.to

- Click on the *Feedback and Complaint Form*, enter the required fields and submit
- The submitted form will be sent directly to the Client Relations Specialist for review and response

In Person

Visit any Safehaven location and ask a staff member to help complete part one of the *Feedback and Complaint Form* (Attachment A). The staff member that helped complete the form will then be responsible for submitting the form to the Client Relations Specialist for further review.

Any staff can locate the *Feedback and Complaint Form* on Safehaven's shared drive and complete the form on behalf on the complainant. Part one of the *Feedback and Complaint Form* will be a record with the following information:

- The type of feedback, i.e., complaint or compliment or suggestion;
- Time and date feedback or complaint was received;
- Brief description of feedback or complaint; and
- The contact of the complainant (optional).

7.2 Receiving Feedback and Complaints

All *Feedback and Complaint Forms* will be immediately referred to the Client Relations Specialist.

Depending on the nature of the feedback (i.e., a complaint that requires further follow-up), the Client Relations Specialist will complete part two of the *Feedback and Complaint Form* (the internal review) which outlines the steps and timeline for a resolution. The Client Relations Specialist must follow-up with the complainant within two (2) business days of submission of the complaint.

Notes

Should the complaint involve suspected abuse toward a client or staff, timelines for a response and investigation will vary based on Safehaven's Abuse and Neglect Prevention Policy QAM 20 (Procedure).

Where appropriate, Safehaven will ensure that a feedback or complaint and the associated follow-up are reported to the:

- Police (i.e., as in the case of alleged, suspected or witnessed abuse that may constitute a criminal offence); and/or the
- Ministry of Children and Youth Services and Ministry of Community and Social Services as a serious occurrence through the Ministry's serious occurrence reporting process (based on the nature of the complaint/feedback).

7.3 Review and Investigation of a Complaint

The Client Relations Specialist will review all complaints and ensure the complainant receives follow-up information within two (2) business days of the submission of the complaint.

In some instances, an investigation will be required to gather further information and document the situation. When an investigation is required, the Client Relations Specialist will be responsible for leading it. An investigation may include:

- Discussion(s) with the complainant to clarify the complaint, confirm common understanding, clarify outcome sought and explain complaint procedures;
- Discussion(s) with employee(s) involved in the complaint;
- Review of background information such as policies and procedures, previous written communications and other documentation (i.e. photographs, progress notes, incident reports, etc.);
- Attach any relevant supplementary forms to the *Feedback and Complaint Form* (i.e., photographs, incident reports, progress notes, etc.); and
- Obtain and review other expert opinions or perspectives, if needed and possible.

When necessary, the DPPP and/or CEO will be involved in the investigation and a final report will be provided to them on the complaint, investigation, findings and resulting recommendations. The findings will then be shared with the complainant in the form of a summary document including recommendations.

Investigation Guiding Principles

a) Consistency:

The established process is the same for all investigations.

b) Objectivity:

The team is comprised of persons who do not directly supervise the respondent or support the person with a developmental disability connected with the complaint or are in any way involved in the complaint.

c) Timeliness:

The investigation should begin no later than three working days from the time the complaint was received and conclude according to timeliness specified by this policy.

7.4 Responding to the Complainant and Resolution of the Complaint

All complainants will receive an initial response from the Client Relations Specialist within two (2) business days of submitting the *Feedback and Complaint Form*.

7.5 Appeal Process

If the complainant is not satisfied with the response they received from the Client Relations Specialist, they can appeal the response. The complaint will then be referred to the DPPP for further review. The DPPP will respond to the complainant within five (5) business days of receiving the escalated complaint. Depending on the nature of the complaint, it may further be deferred to the CEO and/or the Board of Directors.

7.6 Maintaining Documentation Records

Any *Feedback and Complaint Forms* pertaining to a client and their families/guardians/advocates will be filed in their respective folder/binder and within their Salesforce profile.

For residential clients, a copy of the *Feedback and Complaint Form* with any supplementary attachments will be filed in their residential binders (under section 21: Correspondence) – the original to be kept at the main office and a copy at the resident's location.

For respite clients, the original copy will be retained in their green folder at the main office (under section 2: Correspondence).

An electronic version of all completed *Feedback and Complaint Forms* will be kept in a locked folder on Safehaven's shared drive called Feedback and Complaint. Within this folder, the forms will be saved within subfolders per year. Each *Feedback and Complaint Form* will be saved with the initials of the complainant and the date. For example, John Smith provided feedback on April 1, 2017; the form will be saved as "J.S. – April 1, 2017".

The Client Relations Specialist will have access to this folder and maintain a chart with a summary of the feedback entered each quarter. This chart will be used to report out the feedback to Safehaven's Quality, Safety and Risk (QSR) Committee, the Board of Directors and the organization.

7.7 Quarterly Complaints Reporting

In order to promote a culture of continuous quality improvement, the QSR Committee will conduct a quarterly review and evaluation of the feedback and complaints process. In order to conduct the evaluation, the Client Relations Specialist will provide the QSR Committee with a summary of the complaints received, investigations completed, and recommendations made throughout the quarter. The Committee will evaluate the effectiveness of the process, and whether there are any noticeable gaps or trends in reporting. The QSR Committee in collaboration with the Client Relations Specialist will prepare a quarterly report for review by the Board QSR Committee, as well as the Board of Directors

8.0 ATTACHMENTS

- 8.1 Safehaven's Feedback and Complaint Form
- 8.2 Safehaven's Three Step Complaint Process Poster

8.1 The Safehaven Project for Community Living's Feedback and Complaint Form (Part One)

Please complete the form and submit to the Client Relations Specialists immediately. Part two of the Feedback and Complaint Form will be completed by the Client Relations Specialist as need

Select the option that best describes you:

- Client
- Family member/Guardian
- Friend of a client
- Visitor/member of the public
- Community partner/contractor

Your information (optional):

First name: [Click here to enter text.](#)

Last name: [Click here to enter text.](#)

Client information (optional):

First name: [Click here to enter text.](#)

Last name: [Click here to enter text.](#)

What feedback would you like to give Safehaven:

- Compliment
- Complaint
- Suggestion
- Offer Staff Recognition
- Other (please specify below)

Description of feedback (please include date, time, and location):

[Click here to enter text.](#)

Would you like our Client Relations Specialist to follow up with you?

- Yes
- No

If yes, please provide us with the best method to contact you:

Contact number: [Click here to enter text.](#)

Email address: [Click here to enter text.](#)

**The Safehaven Project for Community Living's
Feedback and Complaint Form (Internal Review)**

Attach the *Feedback and Complaint Form* to this form (part one)

Date (& Time) Complaint was received: [Click here to enter a date.](#)

How was this complaint received:

In person By Fax By Phone By Email By Mail Website

Reviewed summary of events with the family

Receive any additional information: Summary:

[Click here to enter text.](#)

Attach any relevant supplementary forms to the *Feedback and Complaint Form* (i.e., photographs, incident reports, progress notes, etc.)

Determined appropriate case review team (those who may be involved in the resolution)

Who: [Click here to enter text.](#)

Determined next steps & timelines with team

[Click here to enter text.](#)

Outcome:

[Click here to enter text.](#)

Resolved to the complainant's satisfaction

Date: [Click here to enter a date.](#)

Appeal Process: If not resolved to the complainant's satisfaction, at the Client Relations Specialist's discretion or at the complainant's request, the complaint is referred to the Director for further review.

Complaint referred to Director

Date: [Click here to enter a date.](#)

Complaint referred to CEO

Date: [Click here to enter a date.](#)

Complaint referred to Board of Directors

Date: [Click here to enter a date.](#)

[Click here to enter text.](#)

- This Internal Review is to be completed by the Client Relations Specialist in response to part one of the Feedback and Complaint Form

Client Relations Specialist Signature:

Date: [Click here to enter a date.](#)

Reviewed at the Quality, Safety and Risk Committee

Date: [Click here to enter a date.](#)

Copy filed in Client's folder/binder

Date: [Click here to enter a date.](#)

Hard Copied Filed:

Client's Residential Binder (section 21)

Client's Respite Folder (section 2)

8.2 Three Step Complaint Procedure



Safehaven

Exceptional Lives. Exceptional Care.



At Safehaven, we emphasize the importance of collaboration and partnership with families. If you need to make a formal complaint, we invite families to follow our Three Step Complaint Process.

Safehaven's Three Step Complaint Process



- **Step 1 – Submit your Feedback:** *Choose from 1 of 3 options*
- Click on the *Feedback and Complaints* link on our website: www.safehaven.to and complete the online form
- Contact our Client Relations Specialist at 416-535-8525 ext. 261
- Visit any Safehaven location and ask a staff member to help you complete the *Feedback and Complaint Form*
- **TIMELINE – 5-10 MINUTES**

- **Step 2 – Internal Review**
- All complaints will be submitted to the Client Relations Specialist for review and will follow-up within 2 business days. There will be an appropriate response to each complaint with recommendation(s) to resolve the situation and information about additional steps you may take if you are not satisfied
- **TIMELINE – WITHIN 2 BUSINESS DAYS**

- **Step 3 – Appeal Process (As Necessary)**
- If not resolved to the complainant's satisfaction, at the Client Relations Specialist's discretion or at the complainant's request, the complaint is referred to the Director for further review
- **TIMELINE – WITHIN 5 BUSINESS DAYS**

All complaints are further reviewed on a quarterly basis by Safehaven's Quality, Safety and Risk Committee.