



**ANNUAL REPORT ON THE
COMPLAINT EXAMINATION PROCEDURE AND THE
IMPROVEMENT OF THE QUALITY OF SERVICES
2019-2020**

The annual report on the complaint examination system and the improvement of the quality of services was adopted by the Board of Directors of the CHSLD Wales Inc. at the meeting on June 27th, 2019.

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INTRODUCTION

The goal of the complaint examination system is to improve the quality of services while ensuring respect for Users' rights. To reach this goal, residents must foremost understand their rights and recognize the circumstances of real life situations that might have an impact on their rights. These are the reasons underlying the importance of explaining Users' rights as outlined in the Act on Health services and Social services.

The goal is to increase awareness about individual rights. Consequently this awareness may increase the number of complaints filed; however the impact anticipated also depends on the quality of services already delivered in an establishment and the staff's commitment to respect residents' rights. At the Wales Home, quality of services and respect for residents are part of everyday life.

People don't only have rights, they also have responsibilities. They are responsible for sharing the information with others and making all the necessary efforts to respect these rights for others in a shared commitment. This is the only way to protect individual rights, respect for oneself and others and improve the quality of living.

This year's report is divided into two chapters. The first one explains the mandate of the service quality and complaints commissioner and briefly describes the complaint examination procedure. Chapter two presents the activity report on the examination.

In this document, the use of the professional title Service Quality and Complaints Commissioner also applies to the title of Assistant Services Quality and Complaints Commissioner.

CHAPTER 1

COMPLAINT EXAMINATION SYSTEM

1.1 MANDATE OF THE SERVICE QUALITY AND COMPLAINT COMMISSIONER

The Commissioner reports to the Board of Directors of the CHSLD Wales Inc. and is the only person with the mandate to apply the complaint examination procedure. The Board of Directors must preserve the Commissioner's independence in the exercise of his duties.

The Commissioner has the mandate to investigate complaints from Users of the CHSLD Wales or from their legal representative. The Commissioner also has the power to intervene when Users' rights are not respected.

Complaints from private residences are under the responsibility of the Bureau des plaintes et de la qualité des services of The Centre intégré universitaire de santé et de services sociaux de l'Estrie-CHUS.

At the heart of the mandate, the Commissioner investigates complaints or reported situations having an impact on Users' rights, answers questions about the complaint examination system or provides assistance and consultations as required. A definition of each category is presented below.

Complaint: Dissatisfaction expressed by a User, his legal representative or heir of a deceased person, regarding services that a person is receiving, services received in the past, or services that should have been received.

Intervention: Investigation by the Commissioner who has reason to believe that Users' rights are not respected after observing certain facts or being informed about them.

Assistance: Help requested to register a complaint or to have access to care or services.

Consultation: Commissioner's advice requested on the application of the complaint examination system and respect of Users' rights or on the improvement of the quality of services.

The responsibilities of the Commissioner also include other activities such as:

- 1. Application of the complaint examination system and ensuring communication with the Vigilance Committee;*
- 2. Promotion of the complaint examination system;*
- 3. Promotion of the independence of the Commissioner's role;*
- 4. Promotion of the Code of Ethics of the Wales Home;*
- 5. Recording and publishing an annual report.*

Power of intervention

The complaint examination system allows the Commissioner to investigate any situation in which User's rights are not respected. This power of intervention may occur in one of two ways:

Report: *A person, other than a User or representative who reveals a situation that may disregard the rights of a User or of a group of persons*

Own initiative: *The Commissioner may decide to investigate when they a situation may cause prejudice to a person or a group of persons without receiving a verbal or written report*

1.2 COMPLAINT EXAMINATION PROCEDURE

INVESTIGATION OF A COMPLAINT OR AN INTERVENTION

1. First level

The Commissioner:

- registers all complaints from residents/Users or family members and can assist to file a complaint;
- examines all pertinent facts to better understand the problem;
- intervenes in the most appropriate manner and without delay when informed that a resident/User is subject to reprisal of any sort;
- informs the person making a complaint of the results of the analysis of the situation. Conclusions are explained to the persons concerned that may be accompanied by recommendations.

Medical examiner:

A complaint concerning a professional practicing in an institution, bound by a service agreement, will be transferred by the service quality and complaint commissioner to the medical examiner. Such professionals are: a physician; a dentist; a pharmacist or a medical resident.

Private practices of physicians, dentists or pharmacists are not covered by the complaint examination system. Consequently, the Wales Home is not under the obligation to designate a medical examiner since the physician and the dentist give services on a private basis. Should a complaint be addressed towards the physician or the dentist, it

would be transferred to their respective association (Collège des médecins du Québec or Ordre des dentistes du Québec).

2. Second level

Public Protector

The complaint examination system allows a person, who is dissatisfied with the Commissioner's conclusions (first level), following the investigation of the complaint or after the 45 days delay stipulated in the Act, to complain to the Public Protector.

Complete or incomplete investigations

The investigation of a complaint or intervention may be incomplete due to different reasons such as:

- Abandoned or ceased by the User
- Refused or rejected after a summary investigation

When investigations are completed, corrective or improvement measures may be recommended.

Individual or systemic measures

Individual measures allow the correction or improvement of a situation concerning a person who is dissatisfied. Systemic measures allow the improvement of the quality of services on different aspects of the organization having an impact on all users.

Concluded or closed files

A file is "concluded" when the conclusions are transmitted to the person registering a complaint. A complaint must be concluded within a delay of 45 days, as stipulated in the Act. A file is closed when the corrective measures or recommendations are implemented.

The following section presents the Commissioner's activities on the application of the complaint examination system.

CHAPTER 2

ACTIVITY REPORT

2.1- COMPLAINTS AND INTERVENTIONS – OVERVIEW

Complaints and interventions represent the motives of dissatisfaction regarding the services received or expected by the clientele. Each file can contain more than one motive of dissatisfaction. Therefore, the number of motives to investigate is equal or higher than the number of files.

As shown in table 1, there was one official complaint and no intervention files opened in 2019-2020.

Table 1

FILES AND CATEGORY OF MOTIVES				
Files	Complaints	Interventions	TOTAL	2018-2019
Files opened	1	0	1	1
Files closed	1	0	1	1
Category of motives	Complaints	Interventions	Total	2018-2019
Accessibility	0	0	0	0
Financial aspects	0	0	0	0
Users' rights	0	0	0	0
Organization of the environment and material resources	1	0	0	1
Interpersonal relations	0	0	0	0
Care and services provided	0	0	1	1
Other	0	0	0	0
Total	1	0	1	1

2.2- TYPES OF MEASURES RECOMMENDED

Recommendations may allow for individual or systemic corrective measures.

For the year 2019-2020, as indicated in the table 2, the complaint generated one recommendation or action.

Table 2

TYPES OF MEASURES AND CATEGORY OF MOTIVES										
Types of measures	Category of motives								Total 2019-2020	2018-2019
	Accessibility	Financial aspects	Users' rights	Organization of the environment and material resources	Interpersonal relations	Care and services provided	Other			
Individual										
Sub-total	0	0	0	0	0	0	0	0	0	
Systemic										
Clinical or administrative protocole	0	0	0	0	0	0	1	1	1	
Communication / promotion	0	0	0	0	0	0	0	0	0	
Sub-total	0	0	0	0	0	0	0	0	0	
Total	0	0	0	0	0	0	1	1	1	

2.3- ASSISTANCE AND CONSULTATION

There was no assistance request in 2019-2020.

2.4- OTHER ACTIVITIES

As shown in Table 3, the Assistant Service Quality and Complaints Commissioner did no activity in 2019-2020.

Table 3

SUMMARY OF OTHER ACTIVITIES	TOTAL
Promotion / Information	
Users' rights activities	0
Resident and family meeting	0
Annual general meeting	0
Sub-total	0
Board of Directors	
Presentation to the Board of Directors (annual report)	0
Sub-total	0
Vigilance and Quality Committee	
Participation in the Vigilance and Quality Committee meeting	0
Sub-total	0
Collaboration in the complaint examination system	
Participation in the Users' Committee meetings	0
Sub-total	0
Total	0

2.5- ELDERLY ABUSE

Bill 115 — an Act to fight maltreatment of seniors and other persons of full age in vulnerable situations was implemented on May 30, 2017. The goal of this law is to better protect older people and their families against abuse including facilitating reporting of abuse and implementing a national framework agreement to fight against abuse. The law states that every seniors' home in the province, both public and private are required to adopt and implement a policy to fight elder abuse. Under Bill 115, all healthcare providers and professionals have an obligation to report abuse and would be protected against reprisals and granted immunity from proceedings after making a report in good faith to the Quality of Services and Complaints Commissioner. Lastly, this law regulates the use by a user or his representative of surveillance mechanisms, such as a camera, in long-term care facilities. In 2016, The CHSLD Wales Inc. adopted a policy on elder abuse.

APPENDIX

List of users' rights¹

Guideline: The right to be treated, at all times, with courtesy, fairness and understanding, and with respect for my dignity, autonomy, needs and safety.

Information

- *The right to be informed of existing services and the method of accessing them.*
- *The right to be informed of my condition and the various options available to me and their consequences, before giving my consent to receive treatment.*
- *The right to be informed as soon as possible, of any accident happening to me while receiving care or services.*

Assistance/help

- *The right to be accompanied or assisted by the person of my choice.*
- *The right to be represented by someone to defend my rights and to consent to my care, should I become temporarily or permanently disabled.*
- *The right to file a complaint without the risk of reprisal, to be informed of the complaint examination system and, if required, to be accompanied or assisted in the process.*
- *The right to have access to my file which is confidential, and if needed, to have someone explain to me the information in my file.*

Participation/decision

- *The right to participate in the decisions that concern my care and the services I receive.*
- *The right to accept or refuse care freely and in an enlightened manner after receiving all pertinent information.*
- *The right to choose the professional or institution from whom I wish to receive health services and social services.*

Services

- *The right to receive appropriate services in a personalized and safe manner.*
- *The right to receive the appropriate level of care or treatment adapted to my condition.*
- *The right to receive emergency care.*
- *The right to receive services in English, in respect with the government access program.*

¹ Adapted from the Act on Health services and Social services, L.R.Q., c. S.-4-2.