



## Ageing and Disability Services

### *Residential Care Homes and Nursing Homes Complaints - Policy and Procedure*

**SUBJECT:**

Residential Care Home and Nursing Homes (RCHNH) Complaints Policy and Procedure.

**EFFECTIVE DATE**

August 31<sup>st</sup> 2017

**SUPERSEDES**

**APPROVED BY**

K. Belboda, Manager ADS

C. Peek Ball, CMO

#### 1. PURPOSE

To outline the policy and procedures for the receiving, screening and investigation of complaints against residential care homes and nursing homes (RCHNH).

#### 2. APPLICATION

This complaints policy applies to the government authorities responsible for regulating care homes being:

- The Chief Medical Officer (CMO); and
- Ageing and Disability Services (ADS)

#### 3. DEFINITIONS

The Coordinator- Ageing and Disability Services Coordinator, responsible for care home registration.

Care home- a residential care home and/or nursing home as defined in the Residential Care Home or Nursing Home Act (RCHNH) 1999

Inspectors – persons appointed to inspect, investigate and monitor care homes under the RCHNH Act. They include persons from the following areas:

- Department of Health: Community Nursing, Nutrition Services, Rehabilitation Services, Environmental Health, Occupational Health and Safety
- Ageing and Disability Services
- Bermuda Fire and Rescue Service
- Private professionals subcontracted for inspection purposes.

#### 4. LEGAL AUTHORITY

- Residential Care Home and Nursing Home Act (RCHNH) 1999 and Regulations 2001
- The Chief Medical Officer has delegated the administrative authorities under the RCHNH Act 1999 to Ageing and Disability Services for the registration, inspections and complaints.

---

## 5. POLICY AND PROCEDURES

---

### Receiving complaints:

- 5.1. Complaints are directed to the Coordinator. The Coordinator will log all complaints received in the complaints log located at O:\Ja-Mae\ADS\RCH\Inspections, Complaints & Investigations
- 5.2. Complaints may arrive by :
  - Walk ins to the ADS office, Continental Building, 25 Church St Hamilton
  - Telephone – 292-7802
  - Submission of a RCHNH Complaints Form- <https://www.gov.bm/care-home-registration-and-inspection>
- 5.3. The Coordinator will contact the complainant to indicate receipt of the complaint. Contact should be made within 24hours but no more than 3 days by the Coordinator.
- 5.4. Complaints may be accepted anonymously. The complainant must be informed that, depending on the nature of the complaint, anonymity may impede the possible interventions and follow up with the complainant.
- 5.5. The complainant, if they requested to be informed of the progress regarding the complaint, receives a definitive reply within two weeks. If the investigation is not complete a progress update is provided and a date set for the next update. The complainant is to be informed of the following while upholding required confidentiality:
  - a. the action taken to investigate the complaint,
  - b. the conclusions from the investigation, and
  - c. any action by the care home.
- 5.6. If the complainant is not satisfied with how the complaint was handled or resolved they are directed to the Ministry of Health’s complaint procedure: <https://www.gov.bm/how-raise-concern-about-ministry-health-and-seniors>

### Initial Screening and referrals:

- 5.7. Initial screening by the Coordinator must determine the following:
  - a. Is the complaint within the mandate for investigation (i.e. is it a valid complaint)?
    - If the complaint is outside of the scope of ADS to investigate, the complainant will be informed of such and alternative avenues recommended or referrals made when available.
  - b. What type of inspector is required for investigation?
    - The Coordinator will send the complaint to the appropriate inspector once determined and in accordance with the investigation timelines.
  - c. What is the risk level attached to the complaint?
    - See risk screening and investigation timelines in this policy document.
  - d. Is immediate follow-up with the complainant required to obtain more information to answer a thru c?

### Risk Screening and Investigation Timelines:

5.8. The following outlines levels of risk that and the corresponding timeframes to start an investigation. The time frames are guidelines that may be impacted but the nature of the investigation, existing case loads and available inspector resources.

a. **High risk:**

A level of harm that impairs and/or negatively impacts the resident's mental, physical and/or psychosocial status. This includes both immediate jeopardy and non-immediate jeopardy:

**Immediate jeopardy** includes, but is not limited to:

- Failure to respond immediately could result in death of, or serious injury to a person at the care home. This includes all forms of physical or sexual abuse or unusual incidents indicating such;
- Law enforcement requires an immediate response- physical or financial abuse;
- Forensic considerations would be compromised by slower response;
- There is reason to believe that evidence of the complaint will be removed if not an immediate response.

**Procedure:**

- Intake to contact the police or advise the complainant to do so and inform the Coordinator (if not Intake) immediately.
- The Coordinator contacts any required inspector upon receipt of the complaint and investigations commence immediately.
- The Coordinator will consult with the Senior Abuse Registrar to determine if a joint investigation is required at this stage or if the Coordinator will lead until further information is obtained.

**Non immediate jeopardy** includes but is not limited to:

- Resident is intimidated or threatened;
- Falls resulting in fracture;
- Inappropriate restraints resulting in injury;
- Inadequate staff negatively impacting resident health and safety;
- Failure to obtain appropriate care or medical intervention- failure to respond to a significant change in resident's condition;

**Procedure**

- Intake to pass the complaint to the Coordinator (if not intake) within the same working day it was received.
- The Coordinator contacts any required inspector upon receipt of the complaint and investigations commence within 24 hours of receipt of the complaint.
- The primary inspector will consult with the Senior Abuse Registrar to determine if a joint investigation is required at this stage or if the Coordinator will lead until further information is obtained.

b. **Moderate risk:**

- i. Alleged harm of limited consequence and does not significantly impact individual's resident's mental, physical and/or psychosocial status; AND/OR
- ii. The Care home has taken known actions to rectify the specific situation.
- iii. The resident involved in the incident is no longer in the care home and there is limited risk of the same issue occurring to other residents.

**Procedure**

- Intake sends complaint to coordinator within same working day.
- The Coordinator contacts required inspector(s) upon receipt of the complaint and investigations commence within 24 hours of receipt of the complaint.
- Investigation into the complaint is to commence within 2-5 working days.

**c. Low risk:**

- i. Alleged non-compliance with one or more requirements or conditions that may have caused physical, mental and/or psychosocial discomfort and that does not constitute injury or damage;
- ii. The alleged incident occurred more than six months ago AND no concerning behavior or circumstances have alleged to have occurred in the intervening time period.

**Procedure**

- Intake sends complaint to coordinator within same working day.
- The Coordinator contacts required inspector(s) upon receipt of the complaint and investigations commence within 24 hours of receipt of the complaint.
- Investigation is to commence within 7 working days.

**Investigations:**

5.9 The Coordinator will determine if another inspector or associated organization, included the Senior Abuse Registrar, is required to conduct, assist with or be informed of the initial investigation into a complaint.

5.10 The primary inspector, as designated by the Coordinator, must:

- a. Except where the complainant has requested to be anonymous, contact the complainant prior to any onsite visit to request additional information including witness names and others with information relevant to the complaint (see 5.7.d)
- b. Contact other entities with important information relevant to the investigation including past inspection reports and other service providers.
- c. Depending on the nature of the complaint, conduct an:
  - Initial discussion with care home administrator
  - Announced site inspection
  - Unannounced site inspection (most commonly used)

5.11 **Onsite inspection-** Upon arriving at the facility the inspector will check in with the Administrator or person in charge and:

- a. Identify themselves as an inspector and they are visiting in response to a complaint against the care home.
- b. Explain that the process is to protect the anonymity of the care recipient; determine if the complaint is valid and if so the scope of the problem;
- c. Request assistance from care home personnel if needed; and
- d. May interview care recipient privately, unless otherwise requested by the service user.
- e. May request a resident roster and layout to select a sample of three residents with characteristics pertinent to the subject of each allegation in the complaint. This is to protect

the anonymity of the complainant and helps to identify if the complaint is isolated or wide spread when regarding deficient practice.

- f. May review records pertinent to complaint both operational records and care recipient records.
- g. Interview residents, family members, facility staff and other interested parties where appropriate. Reasonable attempts to contact staff no longer working at the facility are to be made if they have pertinent information.
- h. Observe delivery of care and services relevant to the complaint allegation by the investigator will occur.
- i. Document all observations and interviews while on site.
- j. Upon leaving the facility the investigator will inform the administrator if they are to return and follow up requirements.

### **Reporting and Corrective Actions:**

5.12 The inspector will create a report summarizing the following:

- The complaint
- The inspection process
- The results of the inspection and any conclusions
- Areas of non-compliance with the legislation (if any)
- Required corrective actions and timeframes for them to be completed.

5.13 The care home may be required to cease any action of non-compliance and implement corrective actions. A timeframe for corrective actions is given based on the level of risk and required resources to implement the action.

5.14 For investigations that identify a high risk or ongoing non-compliance the CMO is provided the inspector's report, by the Coordinator, prior to the care home receiving it. This is to determine if legislated action is required and notification of such to the care home is to be provided, e.g. prosecution for an offence, changes to a condition or a license, removal of certificate.

5.15 A copy of all inspection reports must be given to the care home administrator, the Coordinator (if not primary inspector) and the Manager of Ageing and Disability Services.

5.16 The Coordinator or identified inspector verifies compliance with the required action in accordance with the reported action date. If there is ongoing non-compliance further regulatory actions by the CMO may occur.

5.17 The CMO is updated monthly by the Coordinator or Manager of Ageing and Disability Services on the general status of complaints and investigations.

5.18 Where applicable and appropriate, the residents and/or their responsible persons (if not the complainant) are provided with status updates and the outcomes of a complaint investigation by the regulatory authority.

### **Complaint Closure:**

5.19 A complaint is closed once the report has been issued to the care home. The care home file and complaint database is updated accordingly.

5.20 The complainant is notified of the outcome, if requested such, recognizing any matters of confidentiality that must be maintained.

---

## 6. REFERENCES

---

- Residential Care Home and Nursing Home Act 1999
- Residential Care Home and Nursing Home Regulations 2001
- Ministry of Health and Seniors Complaints Policy
- Senior Abuse Registrar Act 2008

---

## 7. COMPLIANCE and MONITORING OF POLICY

---

The Manager of Ageing and Disability Services is responsible for direct oversight of this policy and procedure.

---

## 8. CONTACTS FOR MORE INFORMATION

---

For more information regarding care home complaints inspections, contact Ageing and Disability Services 278 4902.

---

## 9. AUTHORIZATION

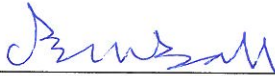
---



\_\_\_\_\_  
Keeona Belboda, ADS Manager

31 AUG 2017

\_\_\_\_\_  
Date



\_\_\_\_\_  
Dr. Cheryl Peek-Ball, Chief Medical Officer

31 August 2017

\_\_\_\_\_  
Date

ENDS