Complaints Policy and Procedure

North London Massage Therapy

Policy owner: Joshua Lawton, Director Version: 1.0 Date adopted: September 2026 Review date: September 2027

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1. Our position on complaints

If something has gone wrong, we want to know. A complaint tells us something we could not otherwise see, and we would far rather hear it directly than have someone quietly stop booking.

Raising a concern will never affect the quality of care you or your organisation receives from us.

2. Who can complain

This procedure is open to anyone who uses or is affected by our service, including:

- Clients receiving treatment
- Care home residents, and family members or representatives acting on their behalf
- Care home and corporate staff, managers and commissioners
- Anyone else affected by our work

Where a care home resident is unable to raise a concern themselves, a relative, advocate, attorney or member of the home's staff may do so for them. We will always accept a complaint raised on someone else's behalf.

3. How to complain

You can contact us however is easiest for you:

Joshua Lawton, Director Telephone: 07990 163 392 Email: joshua@northlondonmassagetherapy.com

You may complain verbally or in writing. There is no form to complete and no particular wording required.

If your complaint is about the Director personally and you would prefer not to raise it with him, you may raise it with the Federation of Holistic Therapists directly — see section 8.

4. Timescales

Stage	What happens	When
Acknowledgement	We confirm we have received your complaint and tell you who is handling it	Within 2 working days
Investigation	We look into what happened, review records, and speak to anyone involved	Begins immediately
Response	We give you a full written response	Within 20 working days
If more time is needed	We contact you, explain why, and give a revised date	Before the 20 working days expire

Where a complaint is straightforward and can be resolved immediately to your satisfaction, we will do so and confirm it in writing.

5. Our investigation

We will:

- Establish the facts, including reviewing treatment records and consultation forms
- Speak to the therapist involved
- Speak to you, if you would find that helpful
- Consider whether our own standards were met

We will tell you plainly what we found, whether we think something went wrong, and what we are doing about it. Where we are at fault we will say so and apologise. Where we do not uphold a complaint, we will explain our reasoning rather than simply reject it.

6. If you are not satisfied with our response

You may ask for the outcome to be reviewed. Put your reasons in writing within 20 working days of our response and the Director will review the complaint afresh, including any new information you provide. We will respond within a further 20 working days.

7. Complaints involving a care home or corporate client

Where a complaint relates to work carried out on another organisation's premises:

- We notify that organisation's manager promptly
- We cooperate fully with their own complaints or investigation process
- We share our findings with them
- We recognise that the organisation may also handle the complaint under its own procedure, and we do not regard our process as a substitute for theirs

8. Taking it further

If you remain dissatisfied, or if you would prefer not to raise the matter with us at all, you can complain independently to:

- **The Federation of Holistic Therapists** — our professional body, which operates a complaints and disciplinary process for members
- **The care home's registered manager**, where the treatment took place in a care setting
- **The Care Quality Commission**, where the concern relates to a regulated care setting — 03000 616161
- **The local authority adult safeguarding team**, where the concern relates to the safety of an adult at risk

Nothing in this procedure limits your right to complain to any of the above at any stage, including before contacting us.

9. Safeguarding concerns

A complaint that raises a safeguarding concern is handled immediately under the **NLMT Safeguarding Adults Policy** and is not delayed by this procedure. Safeguarding always takes precedence over complaint timescales.

10. Records and learning

All complaints are recorded with the date received, the nature of the complaint, the investigation, the outcome and any action taken. Records are held securely and separately from routine client records, in line with our Privacy Notice.

Complaints are reviewed by the Director to identify patterns and to change how we work where a pattern exists. Where a complaint results in a change to our practice, we will tell the person who raised it what changed.

A copy of this procedure is available to any client, corporate partner or care provider on request.

Equality, Diversity and Inclusion Policy

North London Massage Therapy

Policy owner: Joshua Lawton, Director Version: 1.0 Date adopted: September 2026 Review date: September 2027

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1. Statement

North London Massage Therapy believes that professional massage therapy is healthcare, and that access to it should not depend on who someone is.

We treat every client with the same standard of care, dignity and respect, and we recruit, train and work with therapists on the same basis. This applies to Joshua Lawton and to every therapist, subcontractor, employee or associate working on behalf of NLMT.

2. Legal framework

This policy is written with reference to the Equality Act 2010, which protects people from discrimination on the basis of the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race, including colour, nationality and ethnic or national origin
- Religion or belief
- Sex
- Sexual orientation

3. What we will not do

We will not refuse treatment, offer a lesser service, or treat anyone less favourably on the basis of any protected characteristic. We will not tolerate harassment, victimisation or discriminatory language from or towards therapists, clients, residents or the staff of organisations we work with.

The only grounds on which we decline or modify treatment are clinical — a contraindication, a genuine safety concern, or a limitation of our competence — or a breach of professional boundaries.

4. Clients and residents

- **Body and appearance.** Our therapists are experienced in working with people of all shapes, sizes, ages and levels of mobility. No one is made to feel their body is a problem to be accommodated.
- **Disability and access.** We adapt how we work rather than expecting the client to adapt. Treatments are delivered seated, bedside, in a wheelchair or on a couch, whichever suits the person. Because we are mobile, we remove the access barrier that stops many disabled people using clinic-based services at all.
- **Cognitive impairment.** Residents living with dementia or other cognitive impairment are addressed directly, respectfully, and in their own right — never talked over or talked about in their presence. Consent and capacity are handled as set out in the Safeguarding Adults Policy.
- **Religion, culture and modesty.** We accommodate requests relating to modesty, draping, physical contact and therapist gender wherever we can. Where we cannot meet a request, we say so honestly and help the person find a provider who can.
- **Gender identity.** Clients are addressed by the name and pronouns they use. Requests regarding therapist gender are accommodated where possible without question or comment.
- **Language.** Where English is not a client's first language, we take the time needed to ensure consultation and consent are genuinely understood, involving a family member or member of staff where appropriate.

5. Therapists and recruitment

- Recruitment, selection, training and progression are based on skill, competence and conduct.
- Reasonable adjustments are made for therapists with a disability.
- Therapists are entitled to work free from discrimination and harassment, from colleagues, clients and the staff of host organisations alike.
- Where a client requests a different therapist on grounds related to a protected characteristic, we are under no obligation to accommodate it, and we will not do so where it would mean endorsing discrimination against one of our own therapists. Requests relating to modesty, religious observance or a history of trauma are treated differently and accommodated where we reasonably can.

6. Raising a concern

Anyone who believes they have been treated unfairly by NLMT can raise it under the **NLMT Complaints Policy**. Concerns raised by therapists are taken directly to the Director and, where the concern is about the Director, may be taken to the Federation of Holistic Therapists.

7. Review

This policy is reviewed annually and whenever relevant legislation or guidance changes.

A copy of this policy is available to any client, corporate partner or care provider on request.

Health and Safety Policy and Generic Risk Assessment

North London Massage Therapy

Policy owner: Joshua Lawton, Director Version: 1.0 Date adopted: September 2026 Review date: September 2027

Part One — Health and Safety Policy

1. Statement of intent

North London Massage Therapy (NLMT) is committed to providing a safe working environment for its therapists and a safe treatment experience for its clients.

As an employer with fewer than five employees, NLMT is not legally required to hold a written health and safety policy. We maintain one because we work in other people's homes, workplaces and care settings, and because our clients are entitled to see how we manage risk before they let us through the door.

This policy applies to Joshua Lawton and to every therapist, subcontractor, employee or associate working on behalf of NLMT.

2. Responsibilities

The Director is responsible for:

- The overall health and safety of the business and everyone working within it
- Maintaining this policy and the risk assessment below
- Ensuring therapists are trained, insured and briefed before working unsupervised
- Maintaining equipment in safe working order
- Recording and investigating accidents and near misses

Therapists are responsible for:

- Assessing each treatment environment on arrival and before setting up
- Refusing or halting a treatment where it cannot be delivered safely

- Using equipment correctly and reporting any fault immediately
- Reporting accidents, injuries and near misses to the Director the same day
- Following the host organisation's health and safety rules when working on their premises

Clients and host organisations are asked to:

- Provide a suitable space, free from obvious hazards, with room to set up safely
- Disclose relevant health information honestly on the consultation form
- Inform us of any site-specific risks, emergency procedures or access requirements

3. Insurance and credentials

All NLMT therapists hold current professional indemnity and public liability insurance, hold a recognised massage qualification, and work to the standards of the Federation of Holistic Therapists. Certificates are available for inspection on request.

4. Equipment

- The portable couch, massage chair and all supporting equipment are visually inspected before every use and checked thoroughly at regular intervals.
- Any equipment showing wear, instability or damage is withdrawn from use immediately and not returned until repaired or replaced.
- Equipment is set up on a level, stable surface with adequate clear space around it, and is never positioned so as to block an exit or fire route.
- Weight limits and manufacturer instructions are observed at all times.
- Any electrical equipment we bring to site is visually checked before use and kept in good condition.

5. Manual handling

- Therapists are responsible for carrying and setting up their own equipment and do so using safe lifting technique.
- Equipment is carried in wheeled or padded carry cases where possible and loads are split rather than carried in one trip.
- **Therapists do not move, lift, transfer or reposition clients.** In a care setting, any repositioning of a resident is carried out by the home's own trained staff.
- Where access to a property or floor involves stairs, lifts or restricted parking, this is established before the appointment so that the therapist can plan the carry.

6. Fire and emergency procedures

- On arrival at a workplace or care setting, therapists establish the fire exits, alarm procedure and assembly point before beginning work.

- Treatment set-up never obstructs a fire exit, corridor or fire door.
- In the event of an alarm, the treatment stops immediately and the therapist follows the host's evacuation procedure, assisting only within the limits of their competence and never attempting to move a resident.
- In a domestic setting, the therapist identifies the exit route on arrival.

7. First aid and medical emergencies

- Therapists carry a basic first aid kit.
- In a medical emergency, the therapist calls 999 and stays with the client until help arrives.
- In a care setting, the therapist summons the nurse or senior carer on duty immediately and does not attempt clinical intervention.
- All incidents are reported to the Director the same day and recorded.

8. Accident, incident and near miss reporting

All accidents, injuries and near misses, however minor, are reported to the Director on the day they occur and recorded with the date, location, people involved, what happened and what action was taken. Records are reviewed to identify patterns and to update this risk assessment.

Reportable incidents are notified to the relevant authority as required under RIDDOR.

9. Lone working

NLMT therapists routinely work alone in other people's homes. This is addressed in full in the separate **NLMT Lone Working Policy**, which forms part of this health and safety framework.

10. Infection control

Infection prevention is addressed in full in the separate **NLMT Infection Prevention and Control Policy**.

11. Review

This policy and the risk assessment below are reviewed annually, after any significant incident, and whenever we begin working in a new type of setting.

Part Two — Generic Risk Assessment

This assessment covers the hazards common to NLMT's work across all settings. It does not replace the therapist's own dynamic assessment of each environment on arrival, which takes precedence where a specific site presents a hazard not listed here.

Who may be harmed: therapists, clients, care home residents, staff of host organisations, and other people present in the treatment environment.

#	Hazard	Who is at risk	Controls in place
1	Unsuitable or cluttered treatment space — insufficient room, obstructions, trip hazards, poor lighting	Therapist, client, others present	Space assessed on arrival; therapist sets up only where there is safe clear access; obstructions moved or the session relocated; treatment declined if the space cannot be made safe
2	Couch or chair instability or collapse	Client, therapist	Pre-use inspection every session; level stable surface only; weight limits observed; damaged equipment withdrawn immediately
3	Manual handling injury from carrying and setting up equipment	Therapist	Safe lifting technique; wheeled cases; loads split; access and parking established in advance; assistance requested where needed
4	Repetitive strain and postural injury from treatment delivery	Therapist	Couch height adjusted correctly; body mechanics trained and

#	Hazard	Who is at risk	Controls in place
			maintained; adequate breaks scheduled; realistic daily treatment volume
5	Slips, trips and falls — oil spills, cables, rugs, wet floors	Therapist, client, others present	Spills cleaned immediately; oils kept closed and secured; cables routed away from walkways; route to and from the couch kept clear
6	Cross-infection between clients	Clients, residents, therapist	Full controls set out in the Infection Prevention and Control Policy — fresh linen and towels per client, surfaces sanitised between clients, hand hygiene, 24-hour reminders, illness postponement
7	Adverse reaction to treatment, oils or techniques	Client	Consultation and consent form completed before every treatment; contraindications screened; allergies checked; pressure adjusted continuously; treatment stopped on request
8	Treating a client with an undisclosed medical condition	Client	Written consultation form at every session; verbal check before each treatment; GP referral

#	Hazard	Who is at risk	Controls in place
			requested where indicated; treatment declined where unsafe
9	Medical emergency during treatment	Client, resident	Therapist trained to summon help; 999 in a domestic setting; nurse or senior carer summoned immediately in a care setting; therapist remains with the client
10	Fire or evacuation while on site	Everyone present	Exits and procedure identified on arrival; set-up never blocks exits or fire doors; host evacuation procedure followed; no attempt to move residents
11	Lone working — therapist isolated, unwell, injured or subject to inappropriate behaviour	Therapist	Addressed in full in the Lone Working Policy: itinerary shared, check-in procedure, right to withdraw without justification
12	Inappropriate behaviour or misunderstanding of professional boundaries	Therapist, client	Draping and towel etiquette applied at all times; treatment explained before it begins; professional boundaries maintained; session terminated and reported where

#	Hazard	Who is at risk	Controls in place
			boundaries are crossed
13	Working with adults at risk in a care setting	Residents, therapist	Addressed in full in the Safeguarding Adults Policy: door never locked, staff always informed of location, chaperone where appropriate, no personal care, consent and capacity checked
14	Travel between appointments — road traffic, fatigue, adverse weather	Therapist	Realistic scheduling with adequate travel time; appointments rearranged in severe weather; vehicle maintained and insured for business use
15	Pets and children present in a domestic setting	Therapist, client, others present	Established at booking; client asked to secure pets and supervise children away from the treatment area for the duration
16	Client property damage — oil on furnishings or flooring	Client	Couch roll and linen used to protect surfaces; oils kept closed and secured; treatment area protected before set-up

Dynamic risk assessment

Every therapist carries out their own assessment of the environment on arrival at every appointment. Where a hazard is identified that cannot be controlled, the therapist has unconditional authority to decline the treatment, relocate it, or leave. That decision will always be supported by the Director and the therapist will never be asked to justify it.

A copy of this document is available to any client, corporate partner or care provider on request.

Infection Prevention and Control Policy

North London Massage Therapy

Policy owner: Joshua Lawton, Director Version: 1.0 Date adopted: September 2026 Review date: September 2027

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1. Purpose and scope

North London Massage Therapy (NLMT) is a mobile service. We treat clients in their own homes, in workplaces, and in care settings, moving between several people in a single day. That makes infection prevention central to how we work, not an afterthought.

This policy sets out the standards every NLMT therapist follows to prevent cross-contamination between clients and to protect clients, therapists and third parties. It applies to Joshua Lawton and to every therapist, subcontractor, employee or associate working on behalf of NLMT.

It applies to all treatment settings, and is read alongside the host organisation's own infection control procedures when we work in a care home or clinical environment. Where a host's requirements are stricter than ours, we follow theirs.

2. Principles

- Every client is treated as though cross-contamination is a live risk, regardless of setting.
- Anything that touches a client's skin is either single-use or freshly laundered for that client alone.
- Any surface or item that cannot be replaced between clients is cleaned and sanitised between clients.
- Prevention comes before treatment: where there is any doubt about the health of a client or therapist, the session is postponed rather than adapted.

3. Linen and towels

- **Couch covers.** We use fresh, clean linen couch covers, replaced after every single treatment. A used cover is never carried over to the next client, regardless of how brief or light the preceding session was.
- **Couch roll.** Disposable paper couch roll is also available and is used where appropriate, either alone or over the linen cover. Couch roll is single-use and disposed of after every client.

- **Towels.** Where towels are used, every client receives brand new, freshly laundered towels. Towels are never shared between clients or reused within the same day.
- **Transport and separation.** Clean linen is transported in a sealed, clean container or bag. Used linen is bagged separately from clean stock immediately after the treatment and is not returned to the clean container at any point.
- **Laundering.** Used linen and towels are laundered at the appropriate temperature for the fabric, with a suitable detergent, and dried thoroughly before being returned to clean stock.

4. Equipment and surfaces

- All surfaces we work with are wiped and sanitised after every client. This includes the massage couch or chair frame, headrest and face cradle, armrests, and any surface the client has been in contact with.
- The massage chair is sanitised between every user during corporate and care home sessions, not only at the end of the session.
- Oil and lotion bottles, pump dispensers and any containers handled during treatment are wiped down after each client.
- Bolsters, cushions and supports are either covered with fresh linen or wiped down between clients.
- Equipment is inspected regularly for damage, and any item that cannot be properly cleaned is withdrawn from use and replaced.
- Cleaning products used are suitable for the surface and effective against bacteria and viruses, and are used in line with the manufacturer's instructions.

5. Hand hygiene and personal practice

- Hands are washed or sanitised before and after every treatment, without exception.
- Hands are cleaned again at any point during a session where contamination may have occurred.
- Nails are kept short and clean. Hand jewellery is removed or kept to a minimum.
- Therapists wear clean clothing for each working day and change if clothing becomes soiled.
- Any cut, graze or broken skin on a therapist's hands or forearms is covered with a waterproof dressing before treatment begins.
- In care settings, therapists comply with the home's own hand hygiene requirements, including the use of gloves, aprons or hand gel at the points the home specifies.

6. Client illness and appointment screening

- **Reminders.** Appointment reminders are sent 24 hours before every treatment. This is deliberate: it gives the client a clear opportunity to cancel or rearrange if they are unwell, before the therapist travels.

- **Our standing advice.** We actively recommend that clients postpone if they feel unwell at all — including a tickle at the back of the throat, a cough, or simply not feeling themselves. Clients are not expected to wait until they are visibly ill before rescheduling.
- **No penalty for illness.** Clients are encouraged to reschedule rather than push through. Our cancellation terms are applied with discretion where illness is the reason, so that no one is financially discouraged from doing the right thing.
- **Screening on arrival.** Therapists check on arrival that the client is well enough to proceed. Where a client presents with symptoms of an infectious illness, the therapist will decline to treat and rearrange the appointment.
- **Contraindications.** Skin infections, infestations, open or weeping wounds, and other contraindications identified on the consultation form are treated as a reason to avoid the affected area or to postpone the session entirely, depending on severity.

7. Therapist illness

- No NLMT therapist attends an appointment while experiencing symptoms of an infectious illness.
- Therapists who become unwell notify the Director as early as possible so that appointments can be rearranged or cover arranged.
- Where an appointment is cancelled because a therapist is unwell, the client is contacted directly and offered the earliest suitable alternative.
- Therapists do not return to work until they are symptom-free and no longer likely to be infectious, and follow any stricter exclusion period required by a host care setting.

8. Working in care homes

In addition to everything above, when working in a care home:

- We follow the home's infection control policy and the direction of the nurse or senior carer on duty.
- We ask at the start of every visit whether there is any current outbreak, isolation or barrier nursing in place, and we do not enter rooms where the home has advised against it.
- Where a home is closed to visitors due to an outbreak, we postpone the visit. We will not ask a home to make an exception for us.
- Residents identified by the home as requiring additional precautions are treated last where treatment goes ahead at all, and equipment is fully sanitised afterwards before leaving.
- Clinical waste is never removed by us. Any waste generated is disposed of in the stream the home directs us to.

9. Waste

- Disposable items, including couch roll, wipes and dressings, are bagged and disposed of appropriately.
- In domestic and workplace settings, general waste is removed by the therapist and not left with the client unless the client agrees.
- In care settings, waste is placed in the stream directed by the home.

10. Training and review

All NLMT therapists are briefed on this policy before working unsupervised and are expected to maintain the standards it sets at every appointment. Compliance is monitored by the Director.

This policy is reviewed annually, and sooner if national guidance, professional body requirements or our own practice changes.

A copy of this policy is available to any client, corporate partner or care provider on request.

Lone Working Policy

North London Massage Therapy

Policy owner: Joshua Lawton, Director Version: 1.0 Date adopted: September 2026 Review date: September 2027

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1. Purpose

North London Massage Therapy is a mobile service. Our therapists work alone, in private homes and unfamiliar buildings, often in the evening, with people they have not previously met. That is the nature of the work, and it carries risks that a clinic-based therapist does not face.

This policy sets out how NLMT manages those risks. It applies to Joshua Lawton and to every therapist, subcontractor, employee or associate working on behalf of NLMT.

2. Principles

- No therapist is ever required to enter, remain in, or return to a situation in which they do not feel safe.
- A therapist's decision to decline or end an appointment on safety grounds is final, does not require evidence, and will not be questioned or penalised.
- Someone always knows where a therapist is and when they are expected to finish.
- Personal safety takes priority over the appointment, the fee, and the client relationship, in every case.

3. Before the appointment

- Full booking details are recorded in advance: client name, address, contact number, appointment time and expected duration.
- New clients are screened at the point of booking. First-time bookings are confirmed by phone or by a verifiable contact route rather than accepted anonymously.
- The therapist's daily itinerary — addresses and expected finish times — is known to the Director or a nominated contact before the working day begins.
- Access details, parking and any known site issues are established in advance.
- Therapists ensure their mobile phone is charged and carried on their person, not left in the bag or the car.

4. On arrival

- The therapist assesses the environment before unloading equipment or committing to set up.
- The therapist identifies the exit route and does not set up in a position that places them away from it.
- Where the client is not the person expected, where other people are present unexpectedly, or where anything about the situation feels wrong, the therapist may leave without explanation.
- Therapists do not consume alcohol or accept any substance offered by a client.

5. Check-in procedure

- The therapist confirms arrival at each appointment to the Director or nominated contact.
- The therapist confirms completion and departure from each appointment.
- If a therapist does not check out within a reasonable margin of the expected finish time, the nominated contact attempts to reach them by phone.
- Where a therapist cannot be reached and there is genuine cause for concern, the nominated contact will attend or contact the police. Therapists are made aware of this so that a missed check-in is never brushed off as an oversight.

6. Professional boundaries and inappropriate behaviour

- Professional boundaries are explained implicitly through conduct and explicitly where necessary. Towel and draping etiquette is applied at all times and the treatment is explained before it begins.
- Any sexual comment, suggestion, request or contact ends the appointment immediately. The therapist leaves, and payment is not pursued.
- Any such incident is reported to the Director the same day and recorded in writing.
- The client is removed from the client list and will not be treated again by any NLMT therapist.
- Where the behaviour constitutes a criminal offence, the incident is reported to the police. The Director will support the therapist through that process.
- Where an incident occurs on a corporate or care provider's premises, the incident is also reported to that organisation.

7. Withdrawal from an appointment

A therapist may end an appointment at any point, including mid-treatment, for any of the following, and is not required to give the client a reason:

- Inappropriate behaviour of any kind

- Intoxication or apparent drug use
- Aggression, threats or intimidation
- An unsafe environment that cannot be made safe
- Any circumstance in which the therapist feels unsafe

The therapist's account of the situation is accepted. No therapist will ever be told they should have stayed.

8. Travel and out-of-hours work

- Therapists park in lit, accessible places where possible and keep valuables out of sight.
- Late appointments are scheduled with additional care and the itinerary is always shared.
- Appointments are rearranged in severe weather rather than attempted.
- Adequate travel time is built into the diary so that therapists are not rushing between appointments.

9. Support after an incident

Following any incident affecting a therapist's safety, the Director will contact the therapist directly the same day, confirm their wellbeing, and record the incident. The therapist is not expected to continue working that day. Where appropriate, the Director will support a report to the police, the host organisation, or the Federation of Holistic Therapists.

10. Review

This policy is reviewed annually and after any incident involving therapist safety.

This policy sits alongside the NLMT Health and Safety Policy and Generic Risk Assessment.

Safeguarding Adults Policy

North London Massage Therapy

Policy owner: Joshua Lawton, Director Designated Safeguarding Lead (DSL): Joshua Lawton Version: 1.1 Date adopted: September 2026 Review date: September 2027 (or sooner if law, guidance or practice changes)

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1. Purpose

North London Massage Therapy (NLMT) provides mobile massage and wellbeing treatments. Some of our work brings us into contact with adults at risk — including residents of care homes, people receiving care in their own homes, and adults with physical or cognitive impairments.

This policy sets out how we recognise, prevent and respond to abuse and neglect of adults at risk. It applies to Joshua Lawton and to every therapist, subcontractor, employee or associate delivering work on behalf of NLMT.

Everyone working for NLMT is required to read this policy and confirm they have understood it before undertaking any work involving adults at risk.

2. Our commitment

NLMT is committed to the principle that safeguarding is everyone's responsibility. We will:

- Treat every client with dignity, respect and courtesy
- Never place a client in a position where they feel pressured, exposed or unsafe
- Act promptly on any concern, however minor it appears
- Report concerns to the appropriate person rather than investigating them ourselves
- Keep accurate, factual, contemporaneous records
- Work openly with care providers, families and statutory agencies

We recognise that we are usually a visiting provider in someone else's setting, and that the care provider retains overall responsibility for the safety of its residents. We will always work within the host provider's own safeguarding procedures alongside this policy.

3. Definitions

An adult at risk is a person aged 18 or over who has needs for care and support, is experiencing or at risk of abuse or neglect, and — as a result of those needs — is unable to protect themselves against the abuse or neglect or the risk of it.

Abuse may be a single act or repeated over time, may be deliberate or the result of ignorance or omission, and may be carried out by anyone — including staff, family members, other residents, visitors or strangers. Recognised categories include:

- **Physical abuse** — hitting, rough handling, restraint, misuse of medication
- **Neglect and acts of omission** — ignoring care needs, withholding food, fluids, warmth or pain relief
- **Psychological or emotional abuse** — threats, humiliation, intimidation, isolation, controlling behaviour
- **Financial or material abuse** — theft, fraud, pressure over money, wills or property
- **Sexual abuse** — any sexual act to which the adult has not consented or could not consent
- **Discriminatory abuse** — harassment or unequal treatment based on a protected characteristic
- **Organisational abuse** — poor practice or neglect embedded in the routines of a care setting
- **Domestic abuse** — including coercive control
- **Modern slavery** — forced labour, trafficking
- **Self-neglect** — a person's inability or unwillingness to care for their own health or surroundings

4. Legal framework

This policy is written with reference to:

- The Care Act 2014 and its statutory guidance
- The Mental Capacity Act 2005 and its Code of Practice
- The Safeguarding Vulnerable Groups Act 2006
- The Equality Act 2010
- UK GDPR and the Data Protection Act 2018
- The Federation of Holistic Therapists (FHT) Code of Conduct and Professional Practice

5. Safer practice

5.1 Checks and credentials

- All NLMT therapists working with adults at risk hold a current Disclosure and Barring Service (DBS) check at the level appropriate to the work being undertaken. Certificates are available for inspection by the host provider on request.
- All therapists hold current professional indemnity and public liability insurance.
- All therapists hold a recognised qualification in massage therapy and maintain continuing professional development.
- Therapists are registered with, or work to the standards of, the Federation of Holistic Therapists.
- Therapists complete safeguarding adults awareness training and refresh it at least every three years.
- We do not permit any therapist to work unaccompanied with adults at risk until these checks are complete and verified.

5.2 How we work in care settings

To protect both residents and therapists, NLMT observes the following at all times in a care setting:

- We sign in and out, and the home always knows which room we are in.
- We do not treat a resident behind a locked door. Where privacy is required, a door is closed but never locked, and a member of the home's staff is informed.
- We will treat a resident in their own room only with the knowledge and agreement of the staff on duty. We welcome a member of staff or a family member being present, and will request a chaperone where the resident is unable to consent verbally, where there is any history of distress during personal contact, or where we judge it appropriate.
- We do not provide personal care. We do not assist with washing, dressing, toileting, eating or medication.
- We do not move, lift, transfer or reposition a resident. If a resident needs repositioning for comfort, we ask the home's staff to do it.
- We treat residents clothed or partially undressed only to the minimum extent necessary, with towels used for modesty at all times.
- We do not accept gifts, money, tips or gratuities from residents, and we do not become involved in residents' financial or legal affairs.
- We do not photograph residents or share any information about them on social media or in marketing.
- We do not give residents our personal contact details or arrange private work outside the agreement with the home.

- We stop a treatment immediately if a resident shows distress, discomfort or withdrawal of consent, whether spoken or not, and we report this to staff.

5.3 Consent and mental capacity

Consent must be obtained before every treatment. We assume every adult has capacity to consent unless it is established otherwise.

- Where a resident can consent for themselves, we explain what the treatment involves in plain language and obtain their agreement, recorded on our consultation and consent form.
- Where a resident may lack capacity to consent to treatment, we do not proceed on our own judgement. We ask the home to confirm the position, and treatment proceeds only where a best interests decision has been made and recorded by those with authority to make it, involving family or an attorney or deputy where one exists.
- Capacity is decision-specific and can fluctuate. A recorded best interests decision does not override a resident's present refusal. **We always respect non-verbal signals.** If a resident pulls away, tenses, becomes agitated, says no or otherwise indicates they do not want to be touched, we stop.

5.4 Health screening and skin observation

Every client completes an FHT-compliant consultation and consent form covering contraindications. In a care setting this may be completed with the assistance of staff or a family member.

Because massage involves close observation of the skin, therapists may notice bruising, skin breakdown, pressure damage, swelling or signs of injury. Therapists must report any such finding to the nurse or senior carer on duty before leaving the premises, and record it in their own treatment notes — factually, without speculation as to cause.

6. Recognising a concern

Indicators that may suggest abuse or neglect include, but are not limited to:

- Unexplained injuries, bruising in unusual places, or injuries at different stages of healing
- Pressure sores, poor hygiene, unexplained weight loss, dehydration
- Fear, flinching, withdrawal, or a marked change in behaviour around a particular person
- A resident being spoken to harshly, dismissively or as though they are not present
- Call bells out of reach, residents left in soiled clothing or bedding, requests for help ignored
- A resident telling us something is wrong

A concern does not need to be proven. It needs only to be reported.

7. Responding to a disclosure

If a resident or member of staff discloses abuse:

Do

- Listen calmly and take what is said seriously
- Let the person speak in their own words without interrupting
- Reassure them they were right to tell you
- Explain clearly that you cannot keep it confidential and must pass it on
- Record what was said as soon as possible afterwards, using the person's own words
- Preserve any evidence

Do not

- Promise to keep it secret
- Press for detail, ask leading questions or investigate
- Confront the alleged abuser
- Express shock, disbelief or judgement
- Discuss it with anyone other than those named in this policy

8. Reporting procedure

Step 1 — Immediate danger. If someone is at immediate risk of serious harm, call **999** without delay.

Step 2 — Report to the setting. Report the concern to the registered manager or the safeguarding lead of the care home before leaving the premises. Ask for the name of the person you reported to and the time.

Step 3 — Report to NLMT. Contact the NLMT Designated Safeguarding Lead the same day:

Joshua Lawton — joshua@northlondonmassagetherapy.com — 07990 163 392

Step 4 — Record. Complete a written record the same day: date, time, location, who was present, what was observed or said (in the person's own words), what action was taken and who it was reported to. Record facts, not opinions.

Step 5 — Escalate if necessary. If the concern involves the registered manager, if we believe the setting has not acted, or if we are not satisfied the resident is safe, NLMT will report directly

to the local authority adult safeguarding team — see section 12 — and where appropriate to the **Care Quality Commission** and the **police**.

We will not delay an external referral because a setting has asked us to wait.

Which local authority to report to

A safeguarding concern is reported to the local authority where the abuse or neglect took place, not where the person lives. A resident of a Barnet care home is a Barnet referral even if their family home was elsewhere. If in doubt, call the authority covering the address of the setting and they will redirect.

9. Allegations against NLMT therapists

Any allegation against a person working for NLMT is taken seriously and handled under the same procedure.

- The Director is informed immediately.
- The therapist is withdrawn from work involving adults at risk while the matter is resolved.
- The concern is referred to the local authority safeguarding team and, where the therapist may have harmed an adult at risk, to the **Disclosure and Barring Service**, which we are legally obliged to do.
- The host provider, the FHT and our insurers are notified as appropriate.
- Where an allegation is made against the Director, the concern must be raised directly with the host provider's registered manager and the local authority safeguarding team.

10. Whistleblowing

Anyone working for NLMT can raise a safeguarding concern without fear of reprisal, including concerns about NLMT itself. No therapist will be penalised for raising a concern in good faith, even if it turns out to be mistaken. Concerns may be raised with the Director or, if that is not appropriate, directly with the local authority or the CQC.

11. Records and confidentiality

Safeguarding records are held securely and separately from routine treatment notes, and are accessible only to the Designated Safeguarding Lead.

Information is shared on a strict need-to-know basis. Safeguarding is a lawful basis for sharing personal and special category data without consent where there is a risk of harm; a concern about an adult at risk will always be shared with the relevant authority whether or not the person agrees.

Treatment records are retained in line with FHT and insurer guidance. Our full data handling practice is set out in the NLMT Privacy Notice.

12. Local authority safeguarding contacts

These cover the areas within NLMT's service radius. Report to the authority covering the address where the incident took place.

Local authority	Areas covered	Office hours	Out of hours
Hertfordshire County Council	Borehamwood, Elstree, Radlett, Watford, Bushey, Three Rivers, St Albans, Welwyn Hatfield and the rest of Hertfordshire	0300 123 4042	0300 123 4042 (24 hours)
London Borough of Barnet	Barnet, Whetstone, Totteridge, Mill Hill, Finchley, Hendon, Edgware	020 8359 5000	020 8359 2000
London Borough of Harrow	Harrow, Stanmore, Pinner, Wealdstone	020 8901 2680	—
London Borough of Brent	Brent, Kingsbury, Wembley, Kilburn, Willesden	020 8937 4300	020 8863 5250
London Borough of Enfield	Enfield, Southgate, Palmers Green, Edmonton	020 8379 3196	020 8379 5212 (24-hour adult abuse line)
London Borough of Haringey	Haringey, Muswell Hill, Crouch End, Wood Green, Tottenham	020 8489 1400	020 8489 0000

Email contacts where available: socialcaredirect@barnet.gov.uk (Barnet), ahadults@harrow.gov.uk (Harrow), safeguardingadults@brent.gov.uk (Brent).

Other contacts

- Emergency services — 999
- Police non-emergency — 101
- Care Quality Commission — 03000 616161
- NLMT Designated Safeguarding Lead, Joshua Lawton — 07990 163 392

These numbers are checked at each annual review. If a number does not connect, search the relevant council's website for "report a safeguarding concern about an adult" rather than delaying the referral.

This policy is reviewed annually by the Director and updated as required. A copy is provided to every care home, corporate client and referral partner we work with, and is available on request.