



Residential & Nursing Care

Our Fee

Our Fees Explained

A Warm Welcome

Thank you for considering HMT as your new home. We understand that choosing a care home is a deeply personal and important decision — one that involves trust, care, and compassion. Whether you're coming to us for a short stay or you're making HMT your permanent home, please know that you are not just joining a care facility — you're becoming part of a community.

HMT is a place where respect, dignity, and kindness guide everything we do. Our team is here not only to support your care needs, but to get to know you as a person — your story, your preferences, your routines, and what makes you feel most at home.

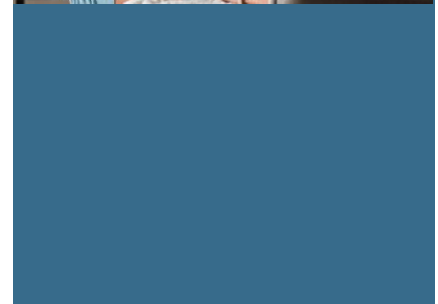
From our tranquil gardens and comfortable rooms to the vibrant activities and warm companionship within our walls, we want you to feel safe, valued, and supported every step of the way. Your wellbeing, happiness, and independence matter to us.

If you have any questions, concerns, or simply want to talk — our doors are open. Our goal is to make your transition as smooth as possible and to ensure you feel welcomed, understood, and cared for from the very first day.

We look forward to getting to know you and sharing many meaningful moments together.

With warmest wishes,

The Team at HMT



Terms and Conditions

To help you understand how much it costs to live at your chosen Care Home, this leaflet explains our pay structure and how we assess your care needs.

These Terms and Conditions set out the financial agreement between The HMT Care / Nursing Home (referred to as “the Provider”) and the Resident and/or their Representative (referred to as “you”). It outlines the fees payable for accommodation, care, and additional services, including the treatment of NHS Funded Nursing Care (FNC) payments. By signing this agreement, you agree to the terms set out below regarding the payment of care home fees and any additional charges.

How will you assess my needs?

The type of care you need the time you need from a carer and the level of expertise will be assessed once you tell us you want to come and live here. Our process begins by arranging a pre-admission assessment, we do this to ensure that we can meet your care needs.

Once you have moved in and we get to know you, we will repeat the process of assessment within the first month to ensure the initial assessment was accurate. This may mean the fee changes and can go up or down. We monitor and review your care needs every month, as we all know, needs will change over time, sometimes very quickly and sometimes slowly over the course of many years. Care fees will change to reflect any substantive changes in care needs.

What Can You Expect?

Weekly Fee

The total basic weekly fee for care and accommodation is available on our fee table on the company website. Fees include but not exclusive or limited to:

- Round-the-clock on site staffing (this is not a one to one staffing ratio as this is charged separately)
- Your accommodation
- Activities
- Liaison with multi-disciplinary care team
- Ongoing care reviews
- Facilities
- Routine cleaning and maintenance of your room
- Heating, lighting and water
- All meals, including snacks and drinks
- The maintenance and upkeep of the grounds and gardens

- Essential organisational infrastructure such as Human Resources, Finance and Quality Management
- The provision of personal, nursing and medical care as set out in the care plan which reflects the assessed care needs at any given time
- Furnished accommodation
- A choice of meals, beverages and snacks. We also cater for special dietary requirements by arrangement
- Full use of communal areas and facilities
- In house activities and/or events and the use of recreational facilities.
- Laundry and linen service excluding dry cleaning and hand washing.
- Central heating, hot water and lighting.
- Supply of bed linen and towels.
- Maintenance of the grounds of the Home.
- Maintenance and repair (as necessary) of the Home, its furnishings and furniture.
- Insurance of the home and its contents subject to further details set out below.
- Annual testing of residents' personal portable electrical appliances.
- Intercommunication and fire systems
- Internet access in line with reasonable usage.

This fee does not include nursing care funded under the NHS Funded Nursing Care (FNC) scheme, or any private extras requested by the resident or their family.

NHS Funded Nursing Care (FNC)

If you have been assessed as eligible for NHS Funded Nursing Care, a contribution is made by the NHS directly to the Provider to cover the nursing element of care. This is currently a set fee per week (rate subject to NHS annual review).

This payment is made to the Provider in addition to the weekly fee and does not reduce the amount payable by the Resident or their Representative unless specified in writing.

If FNC is awarded after admission, this will be backdated in accordance with NHS policies, and you will be notified in writing of any adjustments to your fee or invoice.

If FNC is withdrawn or reduced, the weekly fee may be reviewed and adjusted accordingly with a minimum of 28 days' notice.

Continuing Healthcare (CHC)

If you have a health need, you may be assessed to determine your eligibility for NHS Continuing Healthcare

(CHC). If you qualify, the NHS—through your local Integrated Care Board (ICB)—will pay us a fee set by the ICB to cover what they deem appropriate for your assessed needs. However, this amount does not cover the full cost of living in our residential or nursing home, as we provide a higher standard of care beyond what the CHC funding includes.

What additional costs may I need to pay?

The fees do not cover the costs of transport and escort to any external appointments. Where such accompaniment is arranged this will be charged separately at a reasonable rate.

The fees also exclude the following:

- ♦ Personal newspapers and magazines
- ♦ Personal flowers
- ♦ Personal purchases of confectionary, alcoholic drinks and particular snacks
- ♦ Smoking or vaping materials
- ♦ Personal toiletries
- ♦ Hairdressing
- ♦ Dental care
- ♦ Manicures, beauty treatments and other therapies
- ♦ Podiatry/chiropractic care
- ♦ Special outings e.g. theatre tickets
- ♦ Specialist medical equipment not provided by the home or NHS
- ♦ Private physiotherapy, dental care, hearing aids, eye care, where not provided by the NHS
- ♦ Medical attention and other services not provided free under the NHS
- ♦ Installation of private telephone line, large television, internet or cable TV connection and cost of landline telephone calls and enhanced television and broadband/Wi-Fi service in the room (e.g., Netflix)
- ♦ Dry cleaning
- ♦ Clothing, shoes and slippers
- ♦ Taxi services or other transportation

Personal Property and Insurance

The Provider does not accept liability for personal possessions unless loss or damage is due to proven negligence. It is recommended that residents or their families arrange personal insurance for valuable items.

Financial Situation

Before you choose to live at one of our HMT Residential or Nursing Homes it is important to ensure that you have the funds required to live here. During your assessment, we will discuss with you the financial aspects and ask you to provide evidence of three years' funding so that we know you can sustain living here.

Often your money will be tied up in a property but we can help you understand the options available to you. Alternatively, if you do not have evidence of 3 years of funding, family or friends can act as guarantors for your payments or agree to become the primary contracting party. In such circumstances, the guarantor or primary contracting party will need to evidence 3 years funding.

What Happens if my Financial Circumstances Change?

If your financial circumstances change at any point, it is important that you speak to the Home Manager as soon as you know about the change.

However, it is important that you or a loved one initiate and pursue conversations with the Integrated Care Board or Local Authority regarding possible funding as this is your responsibility.

The application phase can take a little time to be processed, and if agreed it can take a while before we receive the funding. During this time full weekly fees are still payable. It is important that we know the outcome of any application promptly so that the correct parties are billed for these fees. If the application is successful, the ICB/ LA may agree to backdate funding if appropriate, but this is not always the case. While you may receive the support on a backdated basis, as above, this may not cover the costs of the full fees.

Annual Fee Increases

There is an increase in fees on the 1st April each year by 5% which is intended to cover inflationary and/or other regular and broadly predictable increases in the costs of providing care and other services to our residents, including the running of our care homes.

Unfortunately, where costs increase by a greater level than historical and broadly predictable amounts, a level of fee increase in excess of 5% may be applied and where necessary there may be interim fee level increase

Can I get help to pay the fees?

The local authority may cover a portion of the fee for your care. However, our fees are higher than the basic care that is eligible for local authority funding and there will also be a need for a third party such as a family member or friend to contribute an additional amount, known as a top-up fee. The amount that the local authority will contribute depends on how much income and capital you have (such as savings or property ownership). Your top-up fee must be discussed and approved by the local authority.

There are a number of useful independent guides to help you to understand the current guidance, what might be available to you and who can support you.

Two useful links are:

- [Age UK: Paying for care](#)
- [Which: Paying for a care home](#)

You may also wish to take independent legal advice before entering into the contract with us.

Invoicing and Payment

Fees are charged on a weekly basis and will be collected per calendar month in advance by direct debit, which must be set up on admission to the care home.

- Invoices are issued monthly in advance and are due on the 10th of the month each month.
- Payments **MUST** be made by BACS or standing order. Other methods may be accepted by agreement.
- Any outstanding balances beyond the submission date of the 10th of each month may incur a late payment charge of **2% per month** unless an alternative arrangement is agreed in writing.

Termination of Agreement

You or the Provider may terminate this agreement by giving **28 days' written notice** at any time. In the event of the resident's death, fees will be charged for up to **3 days** post-death to allow for administration and room clearance.

Any overpaid fees will be refunded to the payer or the estate within **28 days**, subject to final account reconciliation.

Changes to care or the T&C

If for whatever reason the terms of the contract change, you will be notified in writing 6 weeks in advance of any changes taking effect (this is outside any changes to fees).

A Final Word as You Settle In

As you prepare to begin this new chapter with us, we want you to know that you're not alone. Moving into a care home can bring many emotions — excitement, curiosity, even uncertainty — and that's completely normal. What matters most is that you've taken a step toward comfort, support, and community.

At HMT, we don't just care *for* you — we care *about* you.

Here's to new beginnings and meaningful moments ahead.

With warmth and welcome,

From all of us at HMT

Signed by Resident

Dated:

Signed by Appointed Person with POA

Dated:

Signed by Those That Will be Privately Contributing to the Fees if Applicable.

Dated:

Funded Nursing Care (FNC) – Expanded Section

NHS Funded Nursing Care (FNC) is a contribution paid by the NHS directly to the care home to support the cost of registered nursing care provided to eligible residents in a nursing home setting.

What is FNC?

FNC is available to residents who have been assessed by the NHS as needing the input of a registered nurse as part of their ongoing care, but who do not qualify for full NHS Continuing Healthcare funding. It is not means-tested and does not impact the resident's financial contribution or benefits. The FNC contribution is set at a national flat rate, which may be subject to annual review and change by the Department of Health and Social Care.

A standard rate is set each year by the NHS, and is set at a limited weekly fee. This rate is paid directly to the care home by the NHS and is separate from the fees paid by the resident or their representative.

How FNC is Applied

If a resident is admitted to the care home with a valid FNC award already in place, the weekly nursing fee will reflect this and will be clearly itemized on the fee statement.

If the resident is not in receipt of FNC on admission, but it is believed that they may be eligible, the care home will work with the appropriate NHS authority to initiate an assessment. If FNC is subsequently awarded, it may be backdated to the date of application or admission, depending on NHS policy at the time.

During the FNC assessment process, you will continue to be charged the full agreed weekly fee. If FNC is awarded and backdated, the home will retain the payment from the NHS unless an alternative arrangement has been agreed in writing.

Fee Adjustments in Relation to FNC

- The care home's standard fee for nursing care includes the cost of registered nursing input. Therefore:
- The total weekly fee payable by the resident/representative does not automatically reduce upon FNC approval.
- The FNC payment is considered a contribution toward the total cost of care and is reflected in the provider's funding model.
- Where FNC is received, the home absorbs that contribution as part of its overall pricing structure. Any agreement to pass the FNC value on to reduce the resident's fee must be made in writing and is subject to case-by-case review.

Changes to FNC Status

If a resident is no longer deemed eligible for FNC following a reassessment by the NHS, the care home reserves the right to increase the resident's weekly fee accordingly, with a minimum of 28 days' written notice.

Similarly, if the FNC rate is reduced by the NHS, this may also prompt a corresponding fee review to ensure the continued sustainability of the resident's nursing provision.

Residents Receiving NHS Continuing Healthcare (CHC)

Residents in receipt of full NHS Continuing Healthcare will have all of their care home fees paid by the NHS and/or the Integrated Care Board (ICB). In such cases, this agreement will remain in place for record-keeping and clarity, but no charges will be invoiced directly to the resident or their representative unless additional, private services are agreed upon.