

Your guide to finance



Canford Healthcare

CARE • FAMILY • HONESTY • COMMITMENT

Funding quality care for your future

At Canford Healthcare we care for you as part of our own family.

This means that whatever we are doing for you, from intensive nursing care to simply helping you to read the daily paper, our first considerations are for your comfort, reassurance and dignity.

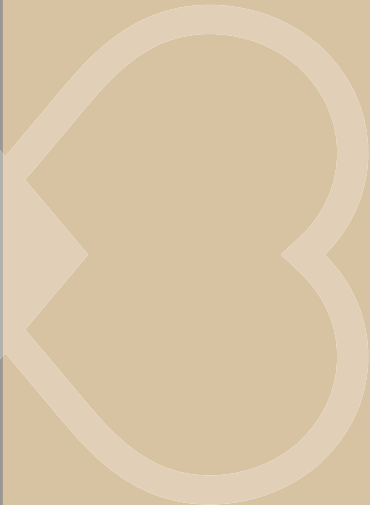
Within each home, and across the whole of our extended family, we care for you and for each other, offering support, tolerance and warmth. As with any family, doing the right thing is not always the easiest, so we develop honest and compassionate relationships with everyone involved.

This helps everyone feel reassured and enables open communication when difficult situations have to be faced. We take pride in going above 'ordinary' to deliver exceptional care to every one of our residents, and support for their family and friends.



Contents

	Page
Introduction	04
Who will pay?	05
How are my finances assessed?	08
Will I have to sell my home?	09
Making important decisions	10
Paying your self-funded fees	12
Useful contacts	13
Important things to know	14



Introduction

When you are choosing a care home for yourself or your relative you will have many questions. Many of these will be about ensuring that you choose the right home, where you can be confident in receiving care focused on your comfort, reassurance and dignity.

We also understand that you will have questions about how your care is paid for, and who by. There are many different answers, most depending on personal circumstances.

How much care you need will affect how much your fees are, and you may choose enhancements to your care package that will not be covered by any NHS or local authority funding you might receive.

Your accommodation, meals and laundry, as well as any nursing care which you have been assessed as needing, will be included in your fees.

This booklet aims to outline the ways in which care is paid for, and to help you decide what to do next.



Who will pay?

The first step towards finding the right level of care for you, and deciding who will pay for it, is to have a care needs assessment.

This looks at your health and well-being needs, to find out how able you are to look after yourself, and identify any specific requirements you have, like nursing care for illness or long-term disability or other health issues. Our qualified nurse managers will carry out a care needs assessment and also your local authority has a duty to do this under the Care Act 2014. If you are assessed as needing support, the first step will be to draw up a care and support plan.

Self funding

Even if you are eligible for some help from the NHS or your local authority, it is likely that you will need to cover some of the cost of your care yourself.

Currently, if you have savings or property worth more than £23,250 you are likely to have to pay at least

some of your care home costs from your own income or by re-mortgaging or selling any property that you may own. If you have assets worth between £14,250 and £23,250 then the local council will fund some of your care with you contributing the rest.

If you have savings of less than £23,250 and a property, your local authority must disregard the value of your property for the first 12 weeks of you moving into the care home on a permanent basis. In these circumstances the local authority will pay your care home fees for 12 weeks or until your property sells, if sooner.

How you choose to fund your care is very much based on your own personal circumstances, so we advise you to get independent advice from a reputable financial adviser.

Who will pay?

Local authority financial assessment

Support from your local authority for paying for a care home is means-tested. So if your assessment shows that you need care services, your local authority will look at your finances to find out whether you should pay some, or all, of the cost of your care.

Arranging a local authority financial assessment

If your local authority has assessed you as needing care, they will carry out the financial assessment. To find out more about how your local authority does this, you should contact them directly.

NHS Continuing Healthcare

Some people are also eligible for free care funded by the NHS, which can pay for some or all of your care if your needs are specifically health-related.

You will be assessed to see what your needs are, and have your views about the support you need taken into account. You should first talk to a doctor, nurse or other healthcare professional, who will carry out an initial assessment. If this shows that you may be eligible, you will then be referred for a full assessment process.

If your health is deteriorating quickly, there is a fast-track assessment which usually enables a support package to be put in place within 48 hours.

Who will pay?

NHS-Funded Nursing Care

If you are not assessed as eligible for NHS continuing healthcare you may still be eligible for NHS-funded nursing care. This pays a flat-rate contribution directly to the nursing home towards the cost of your care.

More detailed information about NHS and local authority care assessments, eligibility criteria and financial assessments is available on the NHS website: www.nhs.uk/conditions/social-care-and-support

Enhancements

If you are eligible for financial help from your local authority the support that they offer may not cover the full cost of your chosen Canford Healthcare home.

So if you choose not to take up the funded options offered to you, you can still 'top up' the local authority's contribution with your own money, to enable you to move into the home of your choice.

This allows you to enjoy the the right level of care for you, as well as the superior services and facilities available to you. These include a better quality room and à la carte dining, allowing you to choose from a wider selection of meal options.

How are my finances assessed?

When your local authority carries out a financial assessment ('means test') they will consider your income as well as any capital you have.

Your income consists of any money that you receive regularly (like pension payments, or benefits). Your capital relates to any savings, investments or the value of any property that you own. This does not include personal possessions such as jewellery or other small, valuable items.

If you own any property or other assets jointly as a couple, this will be taken into consideration, and only your share (usually 50% unless you have valid reasons for this to be different) will be taken into account.

Your assessment will also consider whether you have dependent children or, for temporary residence in a care home, whether you need to meet the costs of your own property in the meantime.



Will I have to sell my home?

If you own your own home, you are almost certainly guaranteed to exceed the upper limit for local authority funding. But your local authority financial assessment is an important way of making sure.

If your income or other capital is not enough to cover the cost of your care, selling your home is one of the choices available to you. We understand that this may not be your preferred option. You may have a partner or spouse still living there, or would prefer to leave your home to your children in your Will.

Your home is not counted as part of your capital if your spouse or partner is still living there. Even if they are not, if you have a close relative over 60 living there, or under 60 but incapacitated, or a child under 16 who you are responsible for, your home is not counted, and you will not be expected to sell.

Alternatively, you may wish to consider an 'equity release' scheme, which can pay for fees by releasing money based on the value of the property that you own. Some local authorities also offer deferred payment as an alternative, which allows your care costs to be paid from the sale of your property after you die.

Some people choose to rent out their home to cover the cost of their fees. Another alternative, if you are able to plan ahead, might be to arrange an investment or insurance plan.

To decide on the right options for you, we advise you to speak to your local authority and to an independent financial adviser.

Making important decisions

If you are suffering from ill-health, and particularly if you are concerned about the effects of dementia, it is important to ensure that there is someone you trust who has the authority to make decisions for you, about your healthcare and about how your money and property are managed.

Lasting Power of Attorney (LPA)

LPA allows you to choose a person (or people) to make decisions for you if you become unable to do so yourself.

Although you may be happy to make your own decisions now, there may come a time when this is not possible for you. To arrange LPA in England you must still be able to make sound decisions, so it is advisable to plan ahead and do this while you are well. You can choose to arrange either one or both types of LPA.

You can choose one or more people – many people prefer family or friends, but it could be a professional person like a lawyer or accountant – but they must be over 18, have sound

mental capacity themselves and (if in charge of a property and financial affairs LPA) financially solvent.

Health and Welfare LPA

This is designed to help you if you have lost the capacity to make decisions about your healthcare and treatment options, and covers decisions like moving into a care home, as well as details to do with your day-to-day care. Your chosen person will be able to make these decisions on your behalf.

Property and Financial Affairs LPA

This allows your chosen representative to manage your money (like paying bills or looking after your bank account) and to make big decisions like whether to sell property. It particularly helps people with dementia, but you may also find it useful if you find dealing with these things stressful, confusing or time-consuming.

How to do it?

You appoint LPAs through the Office of the Public Guardian. You can choose more than one person to appoint, and can also decide whether decisions need the signature of just one attorney or all of them. You need to fill in the forms for each person (who must agree to becoming an attorney), and then register them. This can take up to 10 weeks, so if you are concerned about your

health deteriorating it is best to start the process as soon as possible.

Deputyship

Deputyship is another way of making sure that there is someone able to make decisions on your behalf. Deputyship is usually used where there is no LPA in place and a person already has dementia, or is severely ill and unable to make decisions.

Like LPA, there are two types of deputy:

- Personal welfare
- Property and financial affairs

To become a Deputy you also have to apply to the Court of Protection. If you are appointed, you will get a court order which tells you what you can and cannot do on that person's behalf.

Paying your self-funded fees

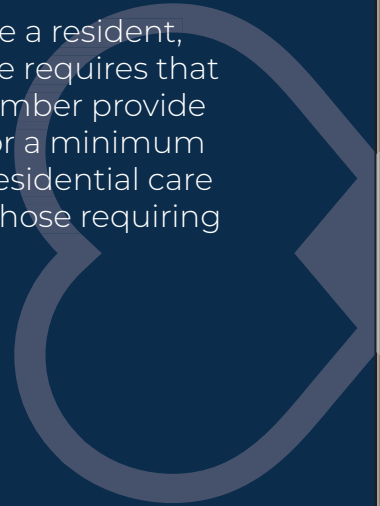
As a long-term self-funded resident (if you stay in a Canford Healthcare home for more than one month) you will need to pay fees monthly in advance by standing order or direct debit.

Once you have been assessed for Funded Nursing Care (FNC), we will let you know the outcome and show you (or your family) how we will account for this part of your fees. If you have already moved in and paid full fees yourself we will return to you or to your family any money that you have overpaid.

Our care homes are privately run and your fees cover your nursing care and provide you with hotel-type services that may well exceed the standard services of a basic care package and come with an Enhanced Accommodation and Service Charge.

FNC does not cover the Enhanced Accommodation and Service Charge for superior services, so you will need to fund this yourself, whether or not you are self funding.

Before you become a resident, Canford Healthcare requires that you or a family member provide proof of funding for a minimum of three years for residential care and two years for those requiring nursing care.



Short-term fees

If you are moving in as a short-term resident (less than one month), including for respite care or an emergency, unplanned stay (for example if you are ill), your fees need to be paid in full, in advance, either by direct transfer of funds or by debit card.

If you are a short-term resident and wish to stay on long term, you will need to be able to meet the long-term requirements by providing proof of funding.

For full details, please ask for a copy of our Terms and Conditions, or speak to the Home Manager.

Useful contacts:

Care Funding Guidance

This is an independent, free service which can help you decide how to meet your care fees. Their website offers a number of useful, free guides to help you understand more about the different ways of paying for care.

Telephone: 0800 055 6225

Website: www.carefc.co.uk

Citizens Advice Bureau (CAB)

The CAB provides free, independent advice and has local offices across the country which you can contact directly.

Telephone: 03444 111 444 (England)

Website: www.citizensadvice.org.uk

Age UK

Age UK provides advice on a range of subjects including money and health.

Telephone: 0800 678 1602

Email: contact@ageuk.org.uk

Website: www.ageuk.org.uk

Important things to know

- The mechanisms for any price increases are fully covered within the Terms and Conditions, but you will be given one month's notification prior to any increases being implemented. Annual increases occur in the April of each year and notification of these increases are provided in February. Increases relating to care needs can occur at any time but will be in consultation with the resident.
- Extra charges are made for sundry items such as newspapers, toiletries or hairdressing and chiropody services. These are labelled and added to your monthly invoice.
- During your stay your needs may change and, as such, you may require additional services to support your health and well being needs. These needs will be identified through your care plan that will be reviewed every six months (or more frequently if required) with the Home Manager.
- On occasion, residents may be required to change rooms based on needs. Alternatively, should a resident request a different room, we will do our best to accommodate the request as and when rooms become available.
- There is a continuing liability of seven days' fees on the passing of a resident while the room is not in use. This allows for the removal of personal items and redecoration of the room.
- Your first payment will include a month's fees in advance and a deposit payment equivalent to a month's fees which will be held as a security against the non-payment of fees. The deposit payment will be ring-fenced in a separate account/

insured and will only be called upon in the event of a failure to pay fees in any given month. The deposit will be refunded in the event of your death or, if you choose to leave the home, in the event that the deposit has not been used in advance of these circumstances arising.

- During the initial four-week trial period, you have access to all the facilities of the home you are placed in, subject to your compliance with the Terms and Conditions of admission. Within this trial period, both you or the home are able to give notice to the other party, seven days prior to the date of cancellation.

Following the trial period, both you or the home may cancel your stay by writing to the other party one month prior to the date of cancellation.

Disclaimer

This Canford Healthcare guide to finance is intended to provide basic information about the funding options, and to show you where to find more detailed information and guidance.

We have endeavoured to ensure that material included in this guide is correct, reputable and of high quality, but does not make any warranties or guarantees in relation to that content.

If we are informed of any inaccuracies in this material, we will attempt to make the necessary corrections as soon as we can.

