

Cabinet

Report Title	Consultation on the future of Care Home A
Meeting Date	21 April 2026
Report Author	
Lead Cabinet Member(s)	Cllr Patricia Bell – Cabinet Member for Adult Care
Wards Affected	Bowness and Lyth
Why is this a key decision?	1. An executive decision which is likely to result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates. NO 2. or is likely to be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the Council. NO For these purposes, savings and expenditure are "significant" if they are equal to or greater than £500,000. For clarification, no treasury management decision shall constitute a Key Decision.
Identify exempt information and exemption category	Fully Exempt Paragraph 3 - Information relating to the financial or business affairs of any person (including the authority) Paragraph 4 – Information relating to a contemplated consultation or negotiation in connection with a labour relations matter Paragraph 5 – Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
Reasons for urgency (only where applicable)	
Appendices (if any)	Appendix 1 – Boundary Appendix 2 – Floor Plan

1. Executive Summary

- 1.1 Care Home A is a residential home. It is no longer fit for purpose due to failing to meet modern regulatory standards, declining occupancy, high staffing costs, significant refurbishment expenses, and unsustainable long term financial performance.

- 1.2 The building is functionally obsolete, with bedrooms below the required minimum size and no scope to provide ensuite or dementia friendly facilities without significant investment.
- 1.3 The home has some of the highest costs across all Care Services homes—including one of the highest costs per resident, the highest agency cost per occupied bed, and the second highest forecast cost per available bed—making it financially unsustainable.

2. Recommendations

For the reasons set out in this report, Cabinet/Council is recommended to agree to:

- 2.1 Initiate a formal consultation on the options for the future of Care Home A which will include consideration of the option of permanent closure.
- 2.2 Authorise the Director of Adult Social Care to make a decision on the future of Care Home A following a minimum 12-week consultation process.

3. Information: The Rationale & Evidence for the Recommendations

- 3.1 As a council we have an opportunity to look afresh at how we meet people's needs, with a focus on promoting and supporting people's independence for longer. The recommendation included within this report aligns with the Adult Social Care's Vision, Promoting independence and Wellbeing Programme, the Council's Design Principles, the Medium-Term Financial Plan and the Market Position Statement.
- 3.2 Applethwaite Green is a 27-bed residential home in Windermere. (See Appendix 1 – Site Plan) It was awarded a 'Good' rating at its last Care Quality Commission (CQC) inspection on 9th January 2021. Applethwaite Green is operating at a reduced capacity of 15 residents due to longstanding recruitment challenges, high agency reliance, and an inability to meet modern regulatory standards.²

Adult Social Care Vision for Westmorland & Furness

- 3.3 The Adult Social Care Vision is that "people live in a place they call home, with the people and things they love, in communities where they look out for one another, doing the things that matter to them". This vision drives a shift toward homebased support rather than residential care, independence rather than dependency, and strong community connection rather than isolation.

Council's Design Principles

- Customer Focus – designing services around what matters to residents, improving experiences, and supporting individuals to live independently for longer.
- Financial Sustainability – promoting prevention, efficiency, and value for money through earlier intervention, reduced long-term demand, and smarter use of resources.

- Digital Awareness – enabling modern, accessible, and data informed services that enhance independence, strengthen decision making, and support innovative models of care.

Medium Term Financial Plan (MTFP)

- 3.4 Adult Social Care must operate in alignment with the MTFP. To achieve this, Adult Social Care must focus on reducing unnecessary admissions to residential care, strengthening Intermediate Care, improving transitions, expanding prevention and early intervention, reducing out of area placements, and improving long term sustainability. This also includes ensuring value for money services, delivering cost avoidance measures, and considering the consolidation of homes where appropriate. Within the MTFP the savings identified for Care Services have been reduced to recognise potential delays in quarter 1 of 2026/27, this means a savings target of £1.387m in 2026/27 for Care Services.

Promoting Independence & Wellbeing Programme (PIWP)

- 3.5 The programme focuses on strengthening prevention, promoting independence, and developing sustainable care pathways to reduce long-term service demand. The PIWP aims to improve prevention and early intervention, reduce out of area placements, and strengthen financial sustainability by reducing written off debt and improving the overall debt position through efficiency, demand management, and integrated planning and delivery.

Westmorland and Furness Adult Social Care Market Position Statement

- 3.6 The recommendations included within this report align with the Council's strategic commissioning intentions contained within the Market Position Statement. The strategic commissioning intentions are:
- To reduce the overall number of older adults placed in residential and nursing care where alternatives can meet needs more effectively.
 - More people should be supported at home or in community-based services, aligning with the Care Act 2014 principles of Prevent, Reduce, Delay.

Applethwaite Green - Suitability Assessment

- 3.7 Applethwaite Green provides residential accommodation across 27 bedrooms, supported by a limited range of communal and ancillary facilities. The building was constructed over 50 years ago and has now exceeded its original design life, typically considered to be around 50 years for this type of asset. As such, it presents increasing challenges in meeting modern standards of care, efficiency, and safety.
- 3.8 The home does not comply with current CQC design expectations and continues to operate under historic use rights. While this permits ongoing occupation, it does not reflect the standards expected of contemporary care

environments, particularly in relation to accessibility, dignity, privacy, and infection control. As a Council-owned and operated residential home, Applethwaite Green represents one of the highest-risk asset types within the portfolio, given that it is both a place of residence and a setting for the delivery of regulated care services. This significantly elevates the Council's duty of care compared to other asset classes.

- 3.9 From a functional perspective, the layout and configuration of Applethwaite Green is no longer aligned with modern models of care (See Appendix 2 – Floor Plan). The building lacks the spatial standards, flexibility, and supporting infrastructure required to deliver person-centred care in line with current expectations.

Key limitations include:

- Bedroom sizes and layouts that do not consistently support en-suite provision or modern accessibility requirements
 - Restricted communal and therapeutic spaces, limiting opportunities for social interaction and wellbeing-focused activities
 - Inefficient staff circulation and observation, impacting operational effectiveness and care delivery
 - Inherent constraints in adapting the building to meet evolving regulatory and service needs
- 3.10 These factors collectively reduce the suitability of the building for contemporary care provision and limit the ability to future-proof the service. Physical obsolescence is a significant and growing concern. The age and condition of the building fabric and core systems are such that ongoing maintenance is increasingly reactive, costly, and disruptive.
- 3.11 Historic data from the former Cumbria County Council Care Home Modernisation Programme (predecessor to Care Service) demonstrates that residential homes have typically accounted for approximately one-third of all reactive and statutory maintenance expenditure across the estate. This reflects both the complexity and intensity of use associated with such facilities.
- 3.12 In comparable cases, targeted modernisation programmes have required capital investment in the order of £1.5 million per home (pre-Covid), alongside a further £0.5 million to address essential backlog maintenance. Since that time, construction costs have risen significantly due to inflationary pressures linked to global supply chain disruption and wider geopolitical factors. Applying conservative uplift assumptions, the current cost of modernising a similar facility is likely to be substantially higher, potentially exceeding £2.5 million–£3.0 million per home, depending on scope and specification.
- 3.13 Even with this level of investment, there remains a risk that the inherent limitations of the existing structure would constrain the extent to which the building could meet modern standards, raising questions about value for money and long-term sustainability. The ongoing operation of Applethwaite Green incurs significant annual property-related costs, including:

- Reactive maintenance: £0.101m (23/24 – 25/26)
- Statutory compliance (e.g. fire safety, water hygiene, lifts): £0.052m (23/24 – 25/26)
- Utilities (energy, water): £0.179m (23/24 – 25/26)
- Other costs: £0.064m (23/24 – 25/26)
- **Total property running cost: £0.396m (23/24 – 25/26)**

3.14 In addition to these baseline costs, there are a number of known or anticipated “big ticket” items in the near term, which may include:

- Replacement or upgrade of heating systems/boilers
- Fire safety improvements to meet evolving standards
- Roof or building fabric repairs
- Upgrades to electrical infrastructure
- Accessibility improvements

3.15 The full extent of capital costs to meet condition needs associated with retention of the home will be understood upon receipt of a RICS Compliant Condition Survey, anticipated to be received in Q1 26/27. The scale and frequency of these interventions further reinforce the challenges associated with sustaining the building in operational use.

3.16 The Council's Strategic Asset Management Strategy 2024 - 2029 establishes some clear principles by which we will manage our land and buildings. Our mission is to provide a property portfolio that:

- Is managed corporately to support the Council's Vision (Great place to live, work, thrive)
- Ensures value for money
- Supports our commitment in the drive to become carbon net zero, protect and enhance the natural environment
- Provides the right property, fit for purpose, in the right place both now and in the future
- Supports inclusive and green growth
- Promotes community empowerment and proactive working with partners for the benefit of our area

3.17 Taken together, the evidence of functional and physical obsolescence, alongside rising capital and revenue costs, presents a clear and compelling case for reviewing the long-term viability of Applethwaite Green. While the home has provided valued care and support over many years, the building itself is no longer well suited to the standards and expectations of modern residential care.

3.18 Commencing a formal consultation on the options allows the Council to consider how best to meet current and future care needs in environments that are safe, fit for purpose, and capable of delivering high-quality, person-centred support. This process will be undertaken with care and sensitivity, recognising the importance of the home to its residents, families, and staff, and ensuring that their voices are central to any decisions about the future.

Financial Position

- 3.19 Applethwaite Green has an annual budget of £1,259,960 and a staffing establishment of:

Post Name	FTE
Registered Manager	
Supervisor	
NightSupport Worker	
Support Worker	
Cook	
Administrative Assistant	
Domestic	

- 3.20 Based on the Q3 25/26 forecast, it will have a budget variance of £291,182 or 23% Budget variance is the difference between what you planned to spend (your budget) and what you actually spent (your actuals). Consequently, Applethwaite Green has a total forecast cost per available bed per year of £96,946.
- 3.21 Compared to other Care Services Residential Homes, the total forecast cost per available bed is the second highest after Grisedale Croft which is £113,709.

Room Availability & Occupancy Rates

- 3.22 Applethwaite Green currently has 15 residents. It has been operating at a reduced capacity of 16 since July 2022 due to difficulties with recruitment, room sizes and demand.
- 3.23 Residential care requires a minimum staffing level to maintain:
- 24/7 supervision
 - Night cover
 - Safe medication administration
 - Cooking, cleaning, laundry
 - Care quality and regulatory compliance
- 3.24 Even if only half the beds are used, you cannot safely halve the staffing, because staffing ratios are determined by regulatory and care need requirements, not occupancy levels. Consequently, staff costs per resident increase sharply when occupancy falls. The table below demonstrates the current cost per resident per week at Applethwaite Green compared an external framework provider.

Cost per room per week based on Q3 25/26 Forecast & Q3 occupancy	£2,315
Cost per room per week external framework provider	£961.16/1065.90

Compared to other Care Services Residential Homes, only Grisedale Croft has a higher cost at £4,072 per room per week.

- 3.25 Whilst cashable benefits are not the key driver, it is important to note that there are savings to be realised. It is forecasted that through the reprovion of services in an alternative way, the council could realise **£0.705m** in annualised revenue savings.

Agency Cost

- 3.26 The most significant market challenge in the care home sector, is the limited availability of a social care workforce. Other sectors, including hospitality, retail and tourism provide significant competition for the available working age population, a population that in many areas is in decline due to Cumbria's super-aging population.
- 3.27 Due to recruitment challenges, agency spend at Applethwaite Green has been significant:

Agency Spend 2024/2025	£473,953
Forecast Agency Spend 2025/2026	£360,886

- 3.28 Based on the Q3 2025/26 agency forecast, Applethwaite Green's agency cost per occupied bed, per year is £22,555

Compared to other Care Services Residential Homes Applethwaite Green is the costliest with the next highest being £16,154

Recruitment Initiatives & Local Challenges

- 3.29 Attempts have been made to address the difficulties in recruiting new staff to Applethwaite Green. Westmorland & Furness Care Services Recruitment Team have:
- Increased advertising on social media.
 - Held recruitment open days at Applethwaite Green.
 - Reviewed advertising methods and how to promote the role.
 - Spoke with existing staff to see if they have friends or family that may be interested in the role and sent out interest forms.
- 3.30 There are other local factors, such as public transport and high housing costs, which contribute to the ability to recruit new support workers to Applethwaite Green. Currently a Support Worker employed at Applethwaite Green lives, on average, within 2.68 miles of the home. Although Windermere is served by public transport services, the fact that Support Workers reside so close, may suggest that local public transport does not offer suitable times for support workers who work different shifts.

- 3.31 Equally, Applethwaite Green is in Windermere, where average private property rents are currently £1,045 per month and a Support Worker's current pre-tax salary is £25,989.

Alternative Local Provision

- 3.32 Within 16 miles of Applethwaite Green there are 12 alternative residential homes rated 'Good' by the CQC. There is also a Westmorland & Furness Care Services Extra Care Housing Scheme, Birthwaite Gardens, located in very close proximity.
- 3.33 Applethwaite Green currently supports 15 residents, of these, eight have care needs primarily related to physical frailty, and seven are living with dementia. At present, none of the residents have been assessed as requiring nursing-level care.

Name	W&F Framework / Care Services	Latest Overall CQC Rating	Admittable Vacancies	Distance from Windermere (miles)
Croftside	✓	Good	7	16
Gilling Reane	✓	Good	4	8.6
Grange Cottage		Good	2	15
Hartland House		Good	1	16
Heron Hill Care Home		Good	0	8.48
Hollow Oak Nursing Home Limited		Good	0	10.07
Kendal Care Home		Good	0	8.39
Riverside House	✓	Good	6	8
Silver Howe		Good	0	7.98
Stone Cross		Good	0	10
Summerhill Care Home		Good	1	7.36
Twin Oaks		Good	0	0.69

Summary

- 3.35 The evidence in this report overwhelmingly shows that continued operation of Applethwaite Green is not viable and that formal consultation is the only responsible next step. Applethwaite Green consistently ranks as one of the most expensive homes across every major financial measure.

Second highest total forecast cost per available bed

- 3.36 The home has the second highest forecast cost per available bed, exceeded only by Grisedale Croft.

One of the most expensive homes to run on a weekly basis

- 3.37 Applethwaite Green's cost per room per week is one of the highest across all Council run homes, with only Grisedale Croft costing more. This indicates that ongoing operational costs are significantly above market norms, and well above what is sustainable.

Highest agency cost per occupied bed in the entire service

- 3.38 Applethwaite Green has the highest agency spend per available bed, at £22,555, compared with the next highest at £16,154.

4. Link to Council Plan Priorities: (People, Climate, Communities, Economy and Culture, Customers, Workforce)

This consultation on options aligns strongly with the priorities and outcomes set out in the Westmorland & Furness Council Plan, which establishes the Council's vision for Westmorland and Furness to be "*a great place to live, work and thrive.*"

4.1 People – Supporting residents to live healthy, happy and independent lives

The preferred option directly supports the Council Plan priority for *People* by ensuring that older residents receive care in environments that meet modern standards and promote independence. The current Applethwaite Green building cannot meet regulatory expectations for room size, privacy, dignity, accessibility or dementia friendly design. The Adult Social Care Vision, as referenced in this report, emphasises enabling people to "live in a place they call home... doing the things that matter to them," which aligns with the Council Plan's aspiration to place people at the centre of all decision-making.

4.2 Climate – Acting responsibly to support NetZero ambitions

The Council Plan commits to protecting natural resources and "*striving to become carbon net zero*". Applethwaite Green cannot reach NetZero carbon output due to the limitations of the building fabric. Continuing to operate or reinvest significantly in an energy inefficient building is inconsistent with the Council Plan's climate priorities. Addressing ageing, carbon intensive estate is essential to meeting the Council's long-term environmental commitments.

4.3 Communities – Strengthening resilient, supported and well-connected communities

The Council Plan prioritises enabling communities to thrive and ensuring access to high-quality local services. The preferred option supports this priority by recognising that suitable, high-quality alternative provision already exists in the area. Twelve CQC rated 'Good' homes and the adjacent Birthwaite Gardens Extra Care scheme offer strong local capacity. Ensuring residents access better equipped facilities enhances local community resilience, wellbeing, and choice.

4.4 **Economy & Culture – Delivering value for money and ensuring sustainable use of public funds**

The Council Plan emphasises the need to use public resources responsibly and ensure long-term financial sustainability. Applethwaite Green is significantly more expensive to run than market alternatives, with costs per resident more than double independent sector equivalents and requires major capital investment to meet modern standards. Continuing to invest in an uneconomic model contradicts the Council's commitment to delivering efficiency and value for money.

4.5 **Customers – Ensuring high-quality, accessible and modern services**

The Council Plan commits to improving customer experience and ensuring services are designed around residents' needs. Applethwaite Green cannot deliver the standard of care environments expected today, including adequate space, privacy, modern facilities, and dementia supportive design. Accessing higher quality alternative settings aligns with the Council's responsibility to provide safe, modern and person-centred services.

4.6 **Workforce – Supporting and sustaining a resilient workforce**

The Council Plan highlights the need for a strong, supported workforce to deliver high quality services. Applethwaite Green faces longstanding recruitment challenges, high agency spend, and a limited local labour market. These structural issues cannot be resolved through refurbishment or rebuild. The preferred option aligns with the Council Plan by ensuring services are delivered in settings where sustainable staffing models are achievable, protecting service quality and workforce wellbeing.

5. **Consultation Outcomes**

5.1 A consultation on the future of Applethwaite Green must fully comply with the Accessible Information Standard (AIS) by ensuring that all residents, families and affected stakeholders receive information in formats that reflect their communication needs, including Easy Read, large print, audio, Braille, translation, interpretation and advocacy support.

5.2 The Accessible Information Standard (NHS England, 2016) requires health and adult social care providers to ensure that people with disabilities, sensory impairments, and communication needs can access information in formats they understand and receive communication support when required.

For a potential care home closure consultation, meeting the AIS means the Council must:

- **Identify** each resident's communication and information needs.
- **Record** those needs in a consistent and accessible way.
- **Flag** them clearly so all consultation teams are aware.
- **Share** them appropriately with staff involved in the consultation.

- **Meet** those needs by providing information in the correct format (e.g., large print, Easy Read, Braille, audio, translated materials, BSL interpretation, advocates).

This is essential because residents in care homes are more likely to have:

- Dementia or cognitive impairment,
- Hearing or visual impairments,
- Speech, language or literacy challenges,

Failure to meet the AIS could make the consultation unlawful because affected individuals would not be able to meaningfully participate in the process.

- 5.3 This aligns with the Council's Consultation and Engagement Strategy, which requires information to be understandable and accessible, proactive engagement with seldom heard groups, and inclusive processes that ensure all individuals—particularly older adults, people with dementia, and those with sensory or cognitive impairments—can meaningfully participate. Meeting AIS requirements is essential to comply with the Gunning Principles, fulfil the Council's Best Value duty, and ensure that the consultation is fair, lawful and genuinely informed.

5.4 **Next Steps and Proposed Timeline**

Subject to Cabinet approval to begin a formal consultation, the following programme is proposed to ensure a lawful, inclusive and well-managed process.

5.5 **Preparation Phase (April 2026)**

Before the consultation begins, the Council will:

- Develop accessible consultation materials in line with the Accessible Information Standard (AIS), including Easy Read, large print, audio, translation, and advocacy support.
- Brief staff, Trade Unions, residents, and families on the consultation process and the support available.
- Identify all stakeholders and establish communication routes, including providers, GPs, community groups, MPs, and advocacy organisations.
- Finalise the consultation plan and schedule resident-specific needs assessments.

5.6 **Formal Consultation Period (April – July 2026)**

A 12-week consultation is recommended, reflecting the potential impact on residents, families and staff.

During this period the Council will:

- Gather views from residents, families, staff, advocacy agencies, and wider stakeholders.

- Offer individual meetings for residents and relatives (with advocacy as required).
- Hold stakeholder engagement events and provide multiple accessible routes for response.
- Maintain clear communication throughout, including regular updates on the process.

5.7 **Review and Decision Phase (End of July – August 2026)**

At the end of the consultation, all responses will be analysed and conscientiously considered in line with the **Gunning Principles**. The Director of Adult Social Care will receive a full consultation outcome report. A formal decision will be taken on the future of Applethwaite Green, considering:

- Consultation feedback
- Updated needs assessments
- Market capacity
- Financial and workforce implications
- Equality Impact Assessment findings
- Climate and asset related considerations
- Timescales for potential re-location of residents

A decision is expected late July or August 2026.

5.8 **Implementation Phase (If Closure or Reprovision Is Agreed) — From August 2026 Onward**

If the decision is to close Applethwaite Green:

- Individual relocation plans will be prepared for each resident, ensuring medical, emotional, social and cultural needs are fully considered.
- Families will be supported to visit alternative homes and make informed choices.
- Moves will be planned sensitively to minimise disruption, with additional support for those with high levels of vulnerability or cognitive impairment.
- Staff consultation will begin in line with employment legislation, including redeployment and retraining options.
- A final timetable for closure will be agreed, shaped by residents' needs, market availability, and safe transition requirements.

5.9 **Ongoing Oversight**

Throughout all phases the Council will:

- Monitor risks, safeguarding issues and impacts on residents and workforce.
- Maintain transparent communication with all stakeholders.
- Ensure compliance with legal duties under the **Care Act 2014**, **Equality Act 2010**, **Human Rights Act** **Best Value** and other legal requirements.

6. Consultation Options and Reasons for the Preferred Option

Option 1) Do nothing – this is not recommended because:

- Rooms are below recommended minimum size
- No capacity for en-suite bedrooms
- High and rising costs
- Unsustainable dependence on agency staffing
- Significant capital expenditure to meet Care Home Regulations (2001)
- Local availability of alternative care and support options.

Option 2) Refurbishment – this is not recommended because:

- Refurbishment costs are extremely high
- Occupancy is low and demand does not justify capital investment
- Costs are significantly higher than the external market
- Workforce challenges cannot be resolved by refurbishment
- Significant work required would be highly disruptive to residents
- Environmental and carbon reduction requirements cannot be met
- Suitable alternative provision exists nearby

Option 3) Rebuild this is not recommended because:

- A rebuild would have a higher capital cost than refurbishment with no strategic benefit
- There is insufficient demand to justify rebuilding a 27-bed care home
- Workforce limitations mean a new home would still struggle to operate safely
- Costs would remain significantly higher than the market
- Local alternative provision makes a rebuild unnecessary
- Rebuild does not align with the council's long-term strategy

Option 4) – Closure of Applethwaite Green (Preferred Option)

That Cabinet consults with a view to considering Option 4 — the permanent closure of Applethwaite Green as the preferred option — because:

- **The building is no longer fit for purpose**, cannot meet modern regulatory and care environment standards, without significant investment.
- **It is one of the most expensive homes** in the service to operate, representing poor value for money when compared with both other Council homes and the external market.
- **Sustained low occupancy and limited demand** mean the home is no longer viable as a residential care setting.
- **There is sufficient high quality alternative provision locally**, ensuring residents can be safely supported in more suitable, modern environments.

- **Closure aligns with the Council's strategic direction**, including the Adult Social Care Vision, the Promoting Independence & Wellbeing Programme, and the Medium-Term Financial Plan.

7. Climate and Biodiversity Implications

7.1 Climate

Applethwaite Green is an ageing, energy-inefficient building that would require large investment to be brought up to the right environmental and Net Zero standards. Continuing to operate the home in its current condition would lock the Council into significant ongoing carbon emissions and increasing building maintenance demands to meet the national standards.

Any consultation on the future of Applethwaite Green must therefore consider the purpose and viability of the building and weigh these against the climate ambitions of W&F Council's commitment to achieving net-zero by 2037.

7.2 Biodiversity

There are no biodiversity implications linked to the decision to begin a consultation. Should they be ultimately chosen as the result of a consultation, Options 2, 3 and 4 have biodiversity implications. Care homes are often associated with bat roosts due to their steady temperatures, often mature grounds and setting alongside other similar substantial buildings. Applethwaite Green is no exception to this and its construction, age and connection to suitable foraging and commuting habitats increases the risk of bat presence. Should the consultation go ahead, further assessments for bats may be needed to understand the biodiversity implications of the chosen option. If option 3 is chosen a planning application will likely be required and, depending on the design, biodiversity net gain regulations may need to be complied with.

8. Legal and Governance Implications

8.1 Consultation – a detailed outline of duties and expectations

The approach to Consultation insofar as it pertains to WAF is detailed in: [Appendix 1 - Consultation and Engagement Strategy.pdf](#)

There is no statutory provision setting a minimum consultation period regarding the option of potential closure of care homes but there is nevertheless an obligation to carry out a specific and meaningful consultation on the potential closure, regardless of whether the closure is proposed in the context of financial savings, is unplanned, or for any other reason. Any consultation must clearly identify all options including the alternatives to closure.

In terms of length of consultation, the rule of thumb to apply is that the bigger the potential impact of the decision and the greater the number of people who would stand to be affected by the proposed decision, the greater the length of consultation that should be considered in order to ensure that the process has been meaningful in its effect. A standard length of consultation in terms of accepted practice would usually be around 12 weeks.

It is not mandated that the consultation has to be conducted over a 12-week period but, there should be clearly articulated and defined reasons for seeking to adopt a shorter period.

As to what that consultation looks like, the case law applies the “Gunning” criteria which require that for a consultation to be adequate:

- a) The consultation must take place when the proposals are still at a formative stage;
- b) Sufficient reasons must be put forward to allow for intelligent consideration of the options, enabling respondents to provide informed feedback on the matters in question;
- c) Adequate time must be given for consideration and response;
- d) The product of consultation must be conscientiously taken into account by decision-makers; and
- e) The consultation and decision-making processes relating to the potential closure of a home and relocation of residents must be designed to ensure that these principles are honoured.

It is important to note that how the Gunning criteria should be applied depends on the decision to be made, so for example, if the consultees are less able to respond (e.g. because of a disability) then it is likely that more time will need to be afforded to the consultation to allow this to happen. Ultimately, in the event of any challenge, the court would be looking as to whether consultation was procedurally fair in the circumstances.

Case law suggests that a court is only likely to intervene in situations where “*something has gone clearly and radically wrong*” in other words where it is clear that there was something fundamentally unfair with respect to the consultation. (See High Court January 2026 Andrew Burns KC, sitting as a deputy judge of the High Court, [held that 31\(2A\) of the Senior Courts Act 1981 applied to the case](#) who decided the outcome for a claimant would have been the same even had the London Borough of Bromley correctly consulted service users before deciding to close an adult education centre, some of whose attendees had learning difficulties.)

There is also a need to consider the application of s3 of the LGA 1999 relating to the “Best Value Duty”:

3(1) A best value authority must make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

(2) For the purpose of deciding how to fulfil the duty arising under subsection (1) an authority must consult [representatives of different groups] and satisfy itself that consultation has been carried out where required. Where consultation is carried out, this should be undertaken in accordance with the Gunning Principles as set out above.

In the case of a potential care home closure, it is important that the Council considers the care and support needs of every resident afresh prior to the decision to ensure that any future placement is suitable for their needs and

alternative care is arranged safely. The consultation must be with the residents and their families to understand what impact the options including potential closure and relocation may have on the resident and the wider family, with moves tailored towards consideration of:

- medical,
- emotional, and
- personal needs, including friendship groups, cultural and religious preferences.

The Council needs to know what other placements are available in the public, private and voluntary sector and, after having assessed individual needs, should be in a position to suggest suitable alternatives for each resident and their family to consider.

Closing care homes and relocating residents is a sensitive issue as it is widely recognised that if not properly dealt with, it can have an adverse effect on the health and wellbeing of the residents involved. It is best practice to keep the number of moves between homes to a minimum. In planning moves particular attention should be paid to those residents identified as most vulnerable or at risk – medical advice may be required for some residents before being moved. Safeguarding, deprivation of liberty and mental capacity issues may mean that some residents need much more support to transfer.

Residents and their relatives should be offered the opportunity to visit other homes and given time to make an informed decision. Under the principles of the Mental Capacity Act some residents may need support to make decisions. The Council should also consider whether some advocacy services should be made available to residents and their families.

The Consultation plan should prioritise residents and families and their staff, but also then:

Other stakeholders for a potential care home closure and relocation project are likely to include:

- Trade unions
- Medics - GPs (existing and future) and local services e.g. community nurses
- Local community
- Other Care Home providers
- Advocacy services
- MPs
- Action Groups/Interest Groups
- Local media.

8.2 **Equality Act 2010 considerations**

Section 149 Equality Act 2010 states that (emphasis added):

“(1) A public authority must, in the exercise of its functions, have due regard to the need to—

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”

In the context of social care, this requires that Local Authority decision makers have due regard to the need to advance the equality of opportunity of disabled or otherwise vulnerable service users and promote good relations between them and others.

In the context of options including potential closure of Care Home A - given that closure would likely impact persons with “protected characteristics” within the meaning of the Equality Act 2010 (i.e. in respect of: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation) it would be appropriate that an Equality Impact Assessment is undertaken to ensure this duty is complied with.

8.3 **Human Rights Act**

The Human Rights Act sets out a number of rights the most relevant of which in relation to the closure of a care home are:

- Article 2 – the right to life.
- Article 3 – the prohibition of torture or inhuman or degrading treatment.
- Article 8 – the right to privacy.

In supporting residents to consider alternatives there is a need to have regard to the above, particularly as the care home is the resident's home.

8.4 **Challenge**

In making any decision about options the Council needs to take into account all relevant considerations and ignore irrelevant considerations. It should not come to a decision that no reasonable authority would come to (i.e. be irrational).

The potential closure of Home A (whether for refurbishment, replacement or permanent closure) is supported on a number of grounds including:

- Continuing unsuitability of the home which no longer meets CQC Standards re space and private facilities;
- The age and maintenance needs of the properties (which do not favour refurbishment);
- Difficulties in recruiting and retaining staff and high agency costs;
- Affordability (which is a reason that can be taken into account).

Whilst the timing of this decision could be questioned (due to an expected review of all care homes in winter 2026); the case can also be made to progress the future of certain homes individually in advance of the wider review, due to the need to:

- reduce projected overspends/meet budget savings targets;
- to avoid decisions on all care homes being taken at the same time since this could create some 'panic' amongst residents' families and much more competition for the places that would be available at that time;
- allocate staff resources to the process of needs re-assessment and consultation before any potential option for closure takes place (which would be difficult if the future of all homes were considered at the same time) – this is likely to be resource intensive.

Whilst residents cannot usually prevent a closure, they can challenge how it is handled, for example if:

- Insufficient notice is given;
- The move caused avoidable harm or distress;
- Proper support was not provided;
- A new placement is unsuitable e.g. a new needs assessment suggests that nursing care is provided, or the family will have no access to the new home as it is inaccessible to them.

Complaints can be made to the Council, or the Local Government and Social Care Ombudsman.

8.5 **Governance**

The consultation is for members to consider the future of Care Home A including the preferred option of closure and to make provision in other ways for the residents affected.

Cabinet will be asked to begin consultation on the options set out in the report. It is acceptable for a consultation to set out a preferred course of action, provided the Council does not have a closed mind to the other options and properly considers each alternative, along with conscientious consideration of the responses to the consultation.

Due consideration needs to be given to the above issues in considering this report at Cabinet.

Depending upon the outcome of the consultation we would expect to see a plan for the next steps (relocation/closure/re-provision etc) at the time of the decision delegated to the Director.

For further information see the ADASS/LGA etc publication:

[Quick guide: Managing Care Home Closures](#)

8.6 **Local Authority social care duties**

Part 1 of the Care Act 2014 (CA 2014) sets out the framework of local authority duties in relation to the arrangement and funding of social care. It contains a number of general duties which have a substantial impact on local authorities' general obligations in relation to the commissioning of health and social care provision.

Market development; promoting diversity and quality in provision of services

CA 2014, s 5 sets out the duty on local authorities with regard to the market for adult social care and support in its area. The requirement is to 'promote the efficient and effective operation of a market in services for meeting care and support needs', and this duty has to be fulfilled 'with a view to ensuring' that people wishing to access care services in the authority's area have:

- the ability to choose from a variety of:
- providers, and
- different, high-quality services, and
- sufficient information to make an informed decision about how to meet the relevant needs

This duty covers provision to meet the care and support needs of individuals (both adults with needs for care and support and carers) and provision of preventative services, etc under CA 2014, s 2.

CA 2014, s 5 (2)–(3) set out a number of factors to which the authority must have regard in fulfilling its duty under CA 2014, s 5.

These include:

- the need to ensure that:
- the authority has, and makes available, information about the providers of services for meeting care and support needs and the types of services they provide
- the authority is aware of current and likely future demand for services
- the authority considers how providers might meet that demand
- the importance of:
 - enabling adults with needs for care and support, and carers with needs for support, who wish to do so to participate in work, education or training
 - ensuring the sustainability of the market (in circumstances where it is operating effectively as well as in circumstances where it is not)
 - fostering continuous improvement in the quality of such services and the efficiency and effectiveness with which such services are provided
 - encouraging innovation in the provision of such services

- fostering a workforce whose members are able to ensure the delivery of high-quality services (because, for example, they have relevant skills and appropriate working conditions)
- the need to ensure that sufficient services are available for meeting the needs for care and support of adults in its area and the needs for support of carers in its area

9. Human Resources Health Wellbeing and Safety Implications

- 9.1 The preferred option will have significant workforce implications. [REDACTED]
[REDACTED] At this stage, the availability of suitable alternative vacancies within the organisation is unknown, however there are a number of vacancies within the South Lakeland area, these are within reablement, learning disability services, residential and extra care housing, and further workforce mapping will be required to understand all of these potential redeployment opportunities. [REDACTED]
[REDACTED]
- 9.2 The council will need to follow full statutory consultation processes, in line with UK employment legislation and internal procedures. This includes meaningful engagement with staff and Trade Union representatives, with a focus on exploring all redeployment, retraining, and support options. Affected employees will be given priority access to the redeployment pool once available vacancies are confirmed, although outcomes cannot be guaranteed due to the current uncertainty.
- 9.3 There may be broader workforce impacts, including the potential loss of experienced staff and the need to monitor organisational capacity and resilience during the transition period.

10. Financial Implications

- 10.1 There are no financial implications linked to the decision to begin a consultation. Once the outcome of the consultation is known further financial assessments will be carried out in line with agreed options.

11. Equality and Diversity Implications (please ensure these are compliant with the EiA Guidance)

- 11.1 An Equality Impact Assessment (EIA) is essential because closing a care home disproportionately affects groups with *protected characteristics*—including older adults, disabled people, people with dementia, those with sensory or cognitive impairments, and their carers. These groups are legally protected under the Equality Act 2010, and the Council has a statutory Public Sector Equality Duty (PSED) to identify, understand and minimise any negative impacts on them before taking action.
- 11.2 A residential home closure can affect residents' health, wellbeing, stability, safety, and access to essential care, meaning the risk of adverse impact is higher than in most service changes. Completing an EIA ensures the Council

demonstrates due regard to eliminating discrimination, advancing equality of opportunity, and fostering good relations, and that the consultation process itself is inclusive, accessible and aligned with the Council's Consultation & Engagement Strategy—which requires reaching seldom heard groups, making information accessible, and enabling meaningful involvement. An EIA also provides an essential safeguard against legal challenge, ensuring the consultation and final decision are robust, fair, transparent, and compliant with statutory duties.

- 11.3 An initial Equality Impact Assessment (EIA) will be developed to support these options and to ensure that potential impacts on the residents affected are identified at an early stage. The EIA will be treated as a live document and will be reviewed, updated and evaluated throughout the consultation period as feedback is received from those affected, their families, medical advisors and others. This iterative approach will ensure that any emerging impacts are fully considered and that appropriate mitigating actions are identified and implemented, consistent with the Council's commitment to fair and inclusive decision-making.

12. Background Documents

None