

**Applethwaite Green Care Home Consultation**  
**Request for Information to Enable Informed Consultation Responses**

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We are writing to request publication of the evidence base, assumptions and decision-making criteria underlying the current consultation on the future of Applethwaite Green Care Home.

This request is made to enable residents, relatives, staff, former staff, local residents and other consultation respondents to make properly informed responses before the consultation closes.

We are not asking the Council to reach any particular conclusion at this stage. We are asking that consultees are given sufficient information to understand and evaluate the four options presented: do nothing, refurbish, rebuild, or close.

**1. Occupancy, demand and admissions**

Please provide, for each month from January 2020 to the present:

1. Registered bed capacity.
2. Operational bed capacity.
3. Actual number of residents.
4. Occupancy percentage based on registered capacity.
5. Occupancy percentage based on operational capacity.

Please also provide, for each year from 2020 to the present:

6. Number of enquiries about placements.
7. Number of referrals received.
8. Number of formal applications.
9. Number of admissions accepted.
10. Number of admissions refused.
11. Number of admissions not progressed.
12. Reasons for refusals or non-admissions.
13. Average waiting list size, if any.
14. Whether Applethwaite Green has been actively promoted as an available placement option.

Please explain the evidence supporting the consultation statement that there has been “a fall in overall demand”.

**2. Operational capacity and room availability**

Please provide:

1. The number of rooms available for occupation at Applethwaite Green in each month from January 2020 to the present.
2. The dates on which any rooms, corridors, wings or areas were removed from use.

3. The reasons for each removal from use.
4. Whether any rooms were unavailable because of staffing, room size, maintenance, refurbishment, infection control, safety, or other reasons.
5. Any plans to reinstate rooms that were taken out of use.
6. Any formal or informal restrictions on admissions since 2020, including admission pauses, occupancy limits, phased reductions, or instructions affecting the number of residents accommodated.

Please clarify whether the decline from 27 rooms to 16 residents reflects reduced demand, reduced operational capacity, admissions restrictions, staffing constraints, or a combination of these factors.

### **3. Building condition, standards and investment history**

Please provide:

1. The building condition survey or surveys relied upon.
2. Any fire safety, infection control, accessibility, dementia-design, or building compliance assessments.
3. The specific room-size standards being applied.
4. How many current rooms fall below those standards.
5. Whether the home is currently considered safe and lawful to operate.
6. Whether the home currently meets CQC requirements.
7. Whether any enforcement notices, improvement notices or formal regulatory concerns have been issued in relation to the building.

Please also provide:

8. Capital investment in Applethwaite Green over the last 10 years.
9. Planned capital works that were approved, deferred, cancelled or not funded.
10. Any refurbishment proposals, feasibility studies or business cases prepared since 2020.
11. The estimated remaining life of the building under each option.

### **4. Financial case and option appraisal**

Please provide the full financial appraisal for each of the four options:

1. Do nothing.
2. Refurbish.
3. Rebuild.
4. Close.

For each option, please provide:

5. Projected capital cost.
6. Projected annual operating cost.
7. Projected weekly cost per resident.
8. Projected number of beds.

9. Assumed occupancy level.
10. Staffing assumptions.
11. Agency staffing assumptions.
12. Maintenance costs.
13. Transport, relocation or transition costs.
14. Site disposal value, if closure is considered.
15. Expected annual savings.
16. Payback period.
17. Net present value calculations.
18. Sensitivity analysis showing the effect of lower or higher occupancy.

Please explain how the £2.5 million to £3.0 million refurbishment estimate was calculated and whether it is based on a professional survey, outline estimate, or full business case.

### **5. Workforce, recruitment and agency staffing**

Please provide, for each year from 2020 to the present:

1. Budgeted staffing establishment.
2. Actual staffing levels.
3. Vacancy numbers.
4. Staff turnover.
5. Sickness absence.
6. Agency staffing expenditure.
7. Number of agency hours used.
8. Comparison with other Westmorland and Furness Council-run care homes.

Please explain:

9. What proportion of recruitment difficulty is attributed to the building itself.
10. What proportion is attributed to local housing costs, labour market conditions, pay, or wider care-sector pressures.
11. Whether refurbishment or rebuilding is expected to improve recruitment and retention.
12. What evidence supports that expectation.
13. Whether projected staffing levels have been modelled for a refurbished or rebuilt Applethwaite Green.

### **6. Alternative provision and resident impact**

The consultation lists alternative care homes and vacancies. Please provide:

1. Whether each listed vacancy is suitable for the current residents' assessed needs.
2. Whether each vacancy is permanent residential, dementia, nursing, respite, or short-term provision.
3. How long each vacancy had existed.
4. Vacancy data for the same homes 6 months and 12 months previously.
5. Whether the homes can accommodate couples.
6. Whether the homes can meet dementia, mobility, behavioural, medical or complex-care needs.

7. Whether the rooms meet the same size, en-suite, accessibility and dementia-design standards being applied to Applethwaite Green.

Please also provide for each alternative home listed:

8. Building age.
9. Number of bedrooms.
10. Number and percentage of en-suite rooms.
11. Average room size.
12. Recent refurbishment history.
13. Occupancy rate.
14. Staffing vacancy rate.
15. Agency staffing usage.

Please provide any assessment undertaken of the impact of closure on:

16. Current residents' wellbeing.
17. Risks associated with relocation.
18. Family visiting arrangements.
19. Residents' social connections.
20. Local employment.
21. Windermere's future residential care provision.
22. The wider community role of Applethwaite Green.

## **7. Decision-making process and consultation fairness**

Please provide:

1. The criteria that will be used to decide between the four options.
2. How each criterion will be weighted.
3. How consultation responses will be analysed.
4. How resident, family, staff and community responses will be weighted against financial considerations.
5. Whether a preferred option already exists.
6. What evidence would be sufficient for the Council to choose refurbishment or rebuilding.
7. Whether a further report will be published before any final decision.
8. Whether consultees will have an opportunity to comment on the evidence base before final decisions are made.
9. Whether the consultation period will be extended if key information is not published in time for respondents to consider it.

Please also explain how the Council considers "Do nothing" to be a viable consultation option if the building deficiencies are sufficiently serious to justify major redevelopment or closure. Conversely, if the home can continue to operate safely under "Do nothing", please explain why closure is considered necessary at this time.

### **Request for publication**

We ask that this information be published for all consultation participants, not merely provided privately, so that everyone responding to the consultation has access to the same evidence.

Given the consultation deadline, we request the information and publication as soon as possible and sufficiently before the closing date to allow residents, relatives, staff and the wider community to consider the information properly before submitting responses.

For & behalf of:

**APPLETHWAITE GREEN COMMUNITY GROUP**



We write further to our previously requested **list of questions** which have arisen from consultees in seeking answers and information to fully understand the consultation, before being in a position to respond (Formal Request for Information dated 08 June 2026).

This is not a request issued under the Freedom of Information Act 2000 and we trust that such will be unnecessary, if the Council provides the information and answers on a voluntary and cooperative basis.

### **Supplementary List of Questions**

This is a supplementary and deliberately narrow request relating to the financial assumptions used in the consultation on Applethwaite Green Care Home.

We are not seeking personal information about any resident, former resident, family member, donor, executor or beneficiary. We ask that any personal data be redacted or that the information be provided in anonymised or aggregated form.

#### **1. Self-funding residents and fee income**

Please provide any recorded information showing how income from self-funding residents at Applethwaite Green has been treated in the financial assessments, options appraisals, business cases, briefing papers or reports used for the consultation. In particular, please provide recorded information showing:

- a) The number of current residents whose placement is recorded as self-funded, privately funded, full-cost paying, or otherwise not funded in the same way as a standard Council-funded placement.
- b) The total annual fee income received from self-funding residents at Applethwaite Green for the most recent financial year available.
- c) Whether self-funder income has been included in the calculation of the stated cost per resident per week.
- d) Whether self-funder income has been included in any comparison between Applethwaite Green's cost per resident per week and the Council's framework cost or equivalent benchmark.
- e) Whether the financial assessment presents gross cost only, net cost after fee income, or both.
- f) Any recorded explanation of how self-funding residents affect the Council's assessment of whether Applethwaite Green is more expensive than alternative provision.

If exact figures cannot be disclosed, please provide the relevant calculations, assumptions or summary figures in redacted or aggregated form.

#### **2. Donations, legacies, bequests or other contributions to Applethwaite Green**

Please provide any recorded information showing whether the Council has received, been notified of, accepted, allocated, held, earmarked or accounted for any donation, legacy, bequest, gift, trust fund, restricted fund or other financial contribution intended for Applethwaite Green Care Home from 1 January 2020 to the present.



For any such contribution, please provide, in anonymised form:

- a. The date received or notified.
- b. The approximate amount or value, using bands if necessary.
- c. Whether the contribution was restricted for the benefit of Applethwaite Green, its residents, its facilities, its activities, or the home generally.
- d. Whether the money has been spent, retained, allocated, earmarked or otherwise accounted for.
- e. Whether any such contribution has been included in the financial assessment of the options for Applethwaite Green.
- f. Whether any such contribution has been taken into account when assessing the cost of keeping Applethwaite Green open, refurbishing it, rebuilding it, or closing it.
- g. What recorded policy, decision or legal/accounting advice exists on what would happen to any unspent funds intended for Applethwaite Green if closure is approved.
- h. Whether any such funds would be returned, transferred, retained by the Council, applied to another care home, applied for the benefit of former Applethwaite Green residents, or dealt with in some other way.

### **3. Relationship with the preferred option**

A FOI disclosure has identified recorded Cabinet material indicating that closure was the Council's preferred option.

Please provide any recorded information showing whether income from self-funding residents, or any donations, legacies, bequests or contributions intended for Applethwaite Green, were considered before closure was identified or recorded as the preferred option.

If this information is held within a wider financial appraisal, business case, options appraisal, Cabinet report, briefing note or spreadsheet, please provide the relevant extracts only, with any necessary redactions.

Where information is not held, please specify precisely.

Yours truly,

For and on behalf of  
Applethwaite Green Community Group

**Answers to Supplementary List of Questions to Council (Applethwaite Green) 11<sup>th</sup> June 2026**

**1. Self-funding residents and fee income**

Please provide any recorded information showing how income from self-funding residents at Applethwaite Green has been treated in the financial assessments, options appraisals, business cases, briefing papers or reports used for the consultation. In particular, please provide recorded information showing:

- A) The number of current residents whose placement is recorded as self-funded, privately funded, full-cost paying, or otherwise not funded in the same way as a standard Council-funded placement.

**8 as of 08/07/2026**

- B) The total annual fee income received from self-funding residents at Applethwaite Green for the most recent financial year available.

**£354,561 2025/2026**

- C) Whether self-funder income has been included in the calculation of the stated cost per resident per week.

**No, it wasn't, as personal contributions are budgeted for in Operations and income is not recognised against Care Homes. Also, the delivery model wouldn't change if individuals are assessed to contribute more or less. The underlying cost would remain the same.**

- D) Whether self-funder income has been included in any comparison between Applethwaite Green's cost per resident per week and the Council's framework cost or equivalent benchmark.

**No it was not.**

- E) Whether the financial assessment presents gross cost only, net cost after fee income, or both.

**The financial information used for the consultation presented gross operating costs. Income from resident contributions, including self-funder income, was not recognised against Care Homes and therefore was not included in the cost per resident calculations used in the assessment. Net costs after fee income were not presented within those calculations.**

- F) Any recorded explanation of how self-funding residents affect the Council's assessment of whether Applethwaite Green is more expensive than alternative provision.

**Self-funder income was excluded intentionally, as personal contributions are budgeted for in Operations and income is not recognised against Care Homes. Also, the delivery model wouldn't change if individuals are assessed to contribute more or less. The underlying cost would remain the same.**

If exact figures cannot be disclosed, please provide the relevant calculations, assumptions or summary figures in redacted or aggregated form.

## **2. Donations, legacies, bequests or other contributions to Applethwaite Green**

Please provide any recorded information showing whether the Council has received, been notified of, accepted, allocated, held, earmarked or accounted for any donation, legacy, bequest, gift, trust fund, restricted fund or other financial contribution intended for Applethwaite Green Care Home from 1 January 2020 to the present.

- A) For any such contribution, please provide, in anonymised form:  
The date received or notified.

**Notified at the end of May 2026, Not received yet.**

- B) The approximate amount or value, using bands if necessary.

**Approximately £125,000**

- C) Whether the contribution was restricted for the benefit of Applethwaite Green, its residents, its facilities, its activities, or the home generally.

**No restriction.**

- D) Whether the money has been spent, retained, allocated, earmarked or otherwise accounted for.

**Not received yet.**

- E) Whether any such contribution has been included in the financial assessment of the options for Applethwaite Green.

**None.**

F) Whether any such contribution has been taken into account when assessing the cost of keeping Applethwaite Green open, refurbishing it, rebuilding it, or closing it.

**No.**

G) What recorded policy, decision or legal/accounting advice exists on what would happen to any unspent funds intended for Applethwaite Green if closure is approved.

**None.**

H) Whether any such funds would be returned, transferred, retained by the Council, applied to another care home, applied for the benefit of former Applethwaite Green residents, or dealt with in some other way.

**Retained by the Council to contribute towards the running costs of Applethwaite Green.**

### **3. Relationship with the preferred option**

A FOI disclosure has identified recorded Cabinet material indicating that closure was the Council's preferred option.

Please provide any recorded information showing whether income from self-funding residents, or any donations, legacies, bequests or contributions intended for Applethwaite Green, were considered before closure was identified or recorded as the preferred option.

If this information is held within a wider financial appraisal, business case, options appraisal, Cabinet report, briefing note or spreadsheet, please provide the relevant extracts only, with any necessary redactions.

Where information is not held, please specify precisely.

**Personal contributions are budgeted for in adult social care operational teams and income is not recognised against Care Homes as there is a fixed allocated budget which, accounts for a the delivery model which is still fully funded however people are funded. The underlying delivery cost would remain the same, whatever the funding mechanism.**

**The recent bequest has not yet been received, and the service was not informed about it until after the decision had been taken to start the consultation, so there is no recorded information.**

8<sup>th</sup> July 2026

To: Westmorland and Furness Council

From: Applethwaite Green Community Group

For the attention of: The Chief Executive, Monitoring Officer, Director of Adult Social Care, Cabinet Members, and the Applethwaite Green Consultation Team

**Re: Applethwaite Green Care Home, Windermere — consultation, resident welfare, Care Act duties, equality duties and human rights obligations**

Dear Sir/Madam,

I write regarding the consultation on the future of Applethwaite Green Care Home, Windermere.

This letter is sent on behalf of concerned residents, relatives and/or interested parties affected by the Council's proposals. It raises serious concerns about the lawfulness and adequacy of the current consultation process, particularly because the consultation material and the Council's responses to formal questions do not appear to address the health, welfare, wellbeing, safety or individual circumstances of the existing residents.

We understand that the Council's preferred option is closure, as confirmed at Cabinet. We also understand that the first of the four options presented is not, in reality, genuinely available, and that the remaining options would require existing residents to leave Applethwaite Green, at least for a significant and potentially indefinite period.

If that understanding is correct, the consultation is not a neutral consultation about four real options. It is, in substance, a consultation about removing elderly and vulnerable residents from their home. That has profound Care Act, Equality Act and Human Rights Act implications.

## **Evidence demonstrating Residents' Wellbeing has been Assessed**

The Council's own public statement of 16 April 2026 said that its priority "*is, and will continue to be, the wellbeing of residents and the support of staff*" and that "*anyone affected will be kept informed as the process progresses.*" The Council also stated that residents and employees would continue to receive appropriate support throughout. However, the consultation documents and the responses received to date do not appear to provide the

evidence needed to show that residents' wellbeing has in fact been assessed or placed at the centre of the decision-making process.

The Council is under a statutory duty, when exercising adult social care functions, to promote individual wellbeing under the Care Act 2014. The statutory guidance identifies wellbeing as including personal dignity, physical and mental health, emotional wellbeing, protection from abuse and neglect, control over day-to-day life, social wellbeing and suitability of living accommodation. The guidance also makes clear that suitable living accommodation is part of wellbeing and that local authorities must consider each person's views, wishes, feelings and beliefs.

A decision which would require frail, elderly and/or disabled residents to leave their established home cannot lawfully be treated merely as an estate, budget, staffing or property matter. For the residents, Applethwaite Green is their home. Any decision to close it, suspend it, transfer it, refurbish it in a way that displaces residents, or move residents elsewhere must be approached as a resident-specific wellbeing decision.

### **Essential Evidence**

We are therefore concerned that the Council has not yet produced, disclosed or apparently relied upon the following essential evidence:

1. Individual Care Act reassessments or reviews for every current resident.
2. Revised care and support plans explaining how each resident's eligible needs would continue to be met safely if Applethwaite Green closed or residents were moved.
3. Individual relocation risk assessments, including clinical assessment of the risks of transfer, deterioration, distress, falls, medication disruption, delirium, dementia-related harm, nutrition, mobility, safeguarding concerns, hospital admission risk and end-of-life needs.
4. A resident-wide health and welfare impact assessment.
5. Evidence that suitable alternative placements actually exist and can meet each resident's needs, including dementia care, nursing care, location near family, accessibility, continuity of GP and community health support, staffing, quality and CQC status.
6. Mental Capacity Act assessments and best-interests processes for any resident who may lack capacity to decide about moving or alternative accommodation.
7. Advocacy assessments for residents who would have substantial difficulty being involved in assessment, consultation, care planning or safeguarding processes and who do not have an appropriate person to support them.



8. Safeguarding analysis addressing the risk of avoidable harm, neglect, unsafe transfer, loss of care continuity, serious distress or deterioration arising from closure or relocation.
9. A Public Sector Equality Duty assessment, including specific consideration of age, disability, dementia, frailty and the disproportionate impact of losing one's home, friendships, routines and local family contact.
10. A Human Rights Act assessment, including Article 8 rights to private life, family life and home, and where relevant Article 2, Article 3 and Article 14 considerations.
11. A genuine options appraisal, including alternatives to closure, refurbishment while maintaining residents in situ where possible, phased works, partial closure, partnership options, staffing alternatives, market capacity, cost, safety and quality.
12. A transition plan identifying named responsible officers, timescales, communication arrangements, family involvement, visits to proposed homes, transport arrangements, medication handover, GP/NHS liaison, post-move monitoring and review.

### **Public Sector Equality Duty**

The Public Sector Equality Duty guidance gives a directly relevant example of a council considering closing a care home. It says that, in order properly to understand consequences such as distress, loss of friends and loss of home for older and disabled residents, the council should consult affected residents, families, staff and the local community, and assess nearby available alternative accommodation to understand whether it would meet residents' needs. That is precisely the exercise that appears to be missing here.

### **Lawful Consultation**

We are particularly concerned that residents and families have not been meaningfully consulted before the Council reached or announced its preferred position. A lawful consultation must take place at a formative stage, provide sufficient information to permit intelligent consideration and response, allow adequate time, and conscientiously take consultation responses into account before the decision is made. A consultation is not lawful if the real decision has effectively already been made, or if material information about the impact on affected residents is withheld.

### **Human Rights Act**

The Human Rights Act 1998 is also engaged. Section 6 makes it unlawful for a public authority to act in a way which is incompatible with Convention rights. Article 8 protects private life, family life and home. A care home is capable of being a resident's home for these purposes. Closure or compulsory relocation is therefore likely to interfere with residents' Article 8 rights.

Such interference may only be justified if it is lawful, pursues a legitimate aim, and is proportionate. That requires evidence, not assumption.

For residents who are frail, seriously ill, living with dementia, nearing end of life, or particularly vulnerable to disruption, the Council must also consider whether relocation could create risks engaging Article 2, the right to life, or Article 3, protection from inhuman or degrading treatment. Article 14 is also relevant where the burden of the proposal falls disproportionately on older and disabled people.

We do not suggest that a council-owned care home can never lawfully close. However, the legal question is not simply whether the Council would prefer to close Applethwaite Green. The question is whether the Council has undertaken a lawful, evidence-based, resident-centred process before reaching any decision that would require existing residents to leave their home.

### **Apparent Deficiencies in Consultation**

At present, the consultation appears deficient because it does not disclose the evidence necessary for residents, families and the public to understand:

- what the Council says will happen to each resident;
- whether each resident can safely be moved;
- what alternative homes are actually available;
- whether those homes can meet residents' needs;
- what the impact will be on physical health, mental health, emotional wellbeing, family life, friendships, routines and dignity;
- what steps will be taken to reduce or avoid harm;
- whether residents with dementia or impaired capacity have been properly supported;
- whether independent advocacy has been considered;
- whether equality impacts have been assessed;
- whether human rights impacts have been assessed; and
- whether closure is proportionate when compared with less harmful alternatives.

### **Questions to the Council**

In light of the above, we ask the Council to confirm the following as a matter of urgency:

1. Has an individual Care Act reassessment or review been completed for every current resident of Applethwaite Green?

2. If so, when were those assessments completed, who completed them, and were residents and families involved?
3. If not, why has consultation proceeded without them?
4. Has a resident-wide health and welfare impact assessment been completed?
5. Has an individual relocation risk assessment been completed for every resident?
6. Have GP, nursing, dementia-care, mental-health or other relevant clinical views been obtained for residents at particular risk from relocation?
7. Has the Council identified actual alternative placements for each resident, rather than relying on general market availability?
8. Has the Council assessed whether those placements are suitable by reference to each resident's needs, family contact, location, continuity of care, CQC status and ability safely to admit the resident?
9. Has the Council carried out a Public Sector Equality Duty assessment or Equality Impact Assessment specifically addressing the impact on older and disabled residents?
10. Has the Council carried out a Human Rights Act assessment addressing Articles 2, 3, 8 and 14 ECHR?
11. Has the Council undertaken Mental Capacity Act assessments and best-interests processes for residents who may lack capacity to decide about relocation?
12. Has the Council assessed whether any resident requires an independent advocate under the Care Act?
13. Has a safeguarding risk assessment been undertaken in relation to the proposed closure or relocation process?
14. Has the Council prepared a transition plan for residents, including named accountable officers, clinical handover, medication safety, transport, family involvement and post-move review?
15. Has the Council considered less intrusive alternatives to closure, including refurbishment while maintaining residents in situ, partial or phased works, staffing solutions, partnership options, or continued operation pending further assessment?
16. Does the Council accept that the first option in the consultation is genuinely available? If so, please explain what practical, financial and operational steps would allow it to be implemented.
17. If the first option is not genuinely available, will the Council withdraw and reissue the consultation on a lawful and accurate basis?

## **Supply of Supporting Details for the Consultation**

We also request disclosure of the following documents before any consultation deadline expires or any final decision is made:

- the full options appraisal;
- all reports to Cabinet concerning Applethwaite Green;
- the resident impact assessment;
- any health and welfare assessment;
- any relocation risk assessment template or completed anonymised summary;
- any equality impact assessment;
- any human rights assessment;
- any market-sufficiency or alternative-placement assessment;
- any consultation plan;
- any communications plan;
- any safeguarding plan;
- any transition or relocation plan;
- any analysis of the first option and whether it is genuinely deliverable;
- any record confirming closure as the Council's preferred option;
- any risk register relating to Applethwaite Green; and
- any legal advice summary or governance advice capable of being disclosed without waiving privilege.

## **Consultation Period Extension**

Pending provision of this information, we ask the Council to pause or extend the consultation. Residents and families cannot respond meaningfully to a proposal of this seriousness unless they are told what the Council has assessed, what risks have been identified, what alternatives exist, and how residents will be protected.

## **Resident-Specific Consultation**

We also ask the Council to arrange direct, accessible consultation with every resident and family, including individual meetings, advocacy support where required, and reasonable adjustments for residents with dementia, sensory impairment, communication difficulties, cognitive impairment or other disabilities.

In summary, the Council should not proceed to any final decision unless councillors have before them a clear, current and resident-specific evidence base, showing:

- the impact on each resident's wellbeing;
- the risks of relocation;
- the suitability of any alternative accommodation;
- the views of residents and families;
- the equality impacts;
- the human rights impacts;
- the available less harmful alternatives; and
- the practical steps required to ensure that each resident's eligible needs continue to be met safely.

### **Evidence Base required to enable Lawful Final Decision**

Unless and until that evidence is produced and consulted upon, we do not consider that the current process is capable of supporting a lawful final decision.

Please treat this letter as a formal consultation response and as a request for urgent clarification and disclosure. Whilst we understand our rights in Law, it is stressed that this is not a Freedom of Information Request at this stage, but rather a response to the consultation paper which states:

#### **How can I contact the council?**

If you require any further information on this consultation you can:

email: [care.consultation@westmorlandandfurness.gov.uk](mailto:care.consultation@westmorlandandfurness.gov.uk) or tel: 0300 373 3301

We request a substantive written response before the consultation closes and, in any event, before any report is finalised for Cabinet or any final decision is taken.

Yours faithfully,

Kate Nicholson

On behalf of Applethwaite Green Community Group



12<sup>th</sup> July 2026

**Dear Information and Case Management team & Consultation Care team,**

Thank you for the Council's responses and appendices provided under reference **FOI-213000-2026**.

We are writing to clarify an important point regarding our correspondence of **8 June 2026** and **11 June 2026**.

Our letters were **not intended to be requests under the Freedom of Information Act 2000**.

Indeed, our supplementary letter expressly stated:

*"This is not a request issued under the Freedom of Information Act 2000 and we trust that such will be unnecessary, if the Council provides the information and answers on a voluntary and cooperative basis."*

The questions arose directly from the consultation and from the invitation within the consultation documentation for residents, relatives, staff and members of the community to ask questions in order to understand the proposals.

Our objective has always been to enable informed participation in the consultation rather than to pursue statutory rights of access under the Freedom of Information Act.

Whilst we appreciate the considerable work undertaken in compiling the information already supplied, we believe the Council's response has inadvertently addressed only part of what consultees require in order properly to understand and evaluate the four consultation options.

To assist, we have attached a schedule setting out our understanding of:

- information that has now been provided;
- information that has been partially answered; and
- information that appears to remain outstanding or deferred.

The schedule is intended simply as a working document to assist discussion. If we have misunderstood any aspect of the Council's response, we would welcome correction.



## **Consultation rather than Freedom of Information**

Our request was directed at the consultation itself.

The consultation asks respondents to consider four strategic options:

- Do nothing;
- Refurbish;
- Rebuild; or
- Close Applethwaite Green.

Meaningful consultation requires consultees to understand the evidence, assumptions and analysis upon which those options are based.

Many of our questions sought explanations of the evidence referred to within the consultation documents rather than disclosure of personal records or historic case files.

Whilst we recognise that the Council has responded under the Freedom of Information Act, we respectfully suggest that much of the remaining information is consultation material rather than information being sought through statutory access legislation.

The repeated statement that:

*“The Council is currently considering this element of the request and will provide a supplementary response in due course.”*

appears to recognise that a significant proportion of the requested information remains under active consideration rather than being exempt from disclosure.

## **Outstanding Consultation Information**

The attached schedule identifies the principal areas which, from our understanding, remain outstanding, including:

- building condition surveys and technical assessments;
- fire safety, accessibility and dementia-design assessments;
- capital investment history;
- refurbishment studies and option appraisals;
- financial modelling for each of the four consultation options;
- the methodology behind the refurbishment cost estimate;
- decision-making criteria and weighting;
- resident, family and community impact assessments; and
- the supplementary questions concerning self-funder income and donations or legacies.

We would be grateful if these matters could now be addressed as part of the consultation process for the benefit of all participants rather than solely through the Freedom of Information process.



### **Adequate Opportunity to Consider the Evidence**

The purpose of the consultation is to enable residents, relatives, staff and the wider community to consider the available evidence before expressing informed views on the four options presented.

The consultation period is therefore not simply a period for collecting opinions; it is also the period during which consultees must have a reasonable opportunity to examine the evidence upon which those opinions are sought.

At present, a substantial proportion of the information requested remains outstanding or has been deferred pending a supplementary response. Until that information has been published, consultees cannot reasonably be expected to evaluate all four options on a fully informed basis.

We therefore respectfully request that, once the outstanding information has been published, the Council allows consultees an equivalent period in which to consider that material before the consultation closes and before any officer reports are prepared or any decision-making process commences.

For example, if the outstanding information is published four weeks after the consultation commenced, consultees should then have a further four weeks in which to consider that information and submit or amend their consultation responses.

This would ensure that all participants have a genuine and equal opportunity to consider the complete evidence base before decisions are taken and would be consistent with the principles of openness, fairness and meaningful consultation.

### **Publication**

As stated in our original correspondence, we respectfully request that the remaining evidence is published for the benefit of all consultation participants so that every respondent has access to the same information before any decision is taken.

We further request that the consultation period is extended by a period equivalent to the delay in providing that information, thereby ensuring that consultees have a proper opportunity to consider the evidence before the consultation closes and before the Council proceeds to its decision-making process.

We remain grateful for the constructive engagement that has already taken place and hope the attached schedule assists the Council in identifying those matters which, from our understanding, have yet to be addressed.

We look forward to receiving the outstanding consultation information and to continuing to engage constructively with the Council throughout the consultation process.

Yours faithfully,

**Applethwaite Green Community Group**

## Appendix A – Summary of Information Provided and Remaining Consultation Questions

| Topic                       | Status                                                     |
|-----------------------------|------------------------------------------------------------|
| Occupancy data              | ✓ Provided (subject to missing April 2023–March 2024 data) |
| Operational bed numbers     | ✓ Provided                                                 |
| Resident numbers            | ✓ Provided                                                 |
| Admissions restrictions     | ✓ Provided                                                 |
| CQC status                  | ✓ Provided                                                 |
| Room size information       | ✓ Provided                                                 |
| Staffing establishment      | Partially provided                                         |
| Vacancy information         | Partially provided                                         |
| Staff turnover              | Partially provided                                         |
| Sickness absence            | Partially provided                                         |
| Agency expenditure          | Partially provided                                         |
| Agency hours                | Partially provided                                         |
| Building condition surveys  | Outstanding                                                |
| Fire safety assessments     | Outstanding                                                |
| Accessibility assessments   | Outstanding                                                |
| Dementia design assessments | Outstanding                                                |
| Capital investment history  | Outstanding                                                |

## Appendix A – Summary of Information Provided and Remaining Consultation Questions

|                                                  |             |
|--------------------------------------------------|-------------|
| Deferred/cancelled capital works                 | Outstanding |
| Refurbishment studies                            | Outstanding |
| Business cases for each option                   | Outstanding |
| Financial appraisal of each option               | Outstanding |
| Capital cost calculations                        | Outstanding |
| Operating cost assumptions                       | Outstanding |
| Occupancy modelling                              | Outstanding |
| Staffing modelling                               | Outstanding |
| Maintenance assumptions                          | Outstanding |
| Net Present Value and payback calculations       | Outstanding |
| Sensitivity analysis                             | Outstanding |
| Resident wellbeing and relocation assessments    | Outstanding |
| Community and local provision impact assessments | Outstanding |
| Decision-making criteria                         | Outstanding |
| Weighting of consultation responses              | Outstanding |
| Self-funder financial information                | Outstanding |
| Donations, legacies and restricted funds         | Outstanding |

16<sup>th</sup> July 2026

To: Westmorland and Furness Council

From: Applethwaite Green Community Group

For the attention of: The Chief Executive, Monitoring Officer, Director of Adult Social Care, Cabinet Members, Applethwaite Green Consultation Team, Tim Farron, Elected Councillors

**Re: Applethwaite Green Care Home, Windermere — consultation, resident welfare, Care Act duties, equality duties and human rights obligations**

Dear Sirs,

We write regarding the consultation on the future of Applethwaite Green Care Home, Windermere.

This letter is sent on behalf of concerned residents, relatives and/or interested parties affected by the Council's proposals. It raises serious concerns about the lawfulness and adequacy of the current consultation process, particularly because the consultation material and the Council's responses to formal questions do not appear to address the health, welfare, wellbeing, safety or individual circumstances of the existing residents.

We understand that the Council's preferred option is closure, as confirmed at Cabinet. We also understand that the first of the four options presented is not, in reality, genuinely available, and that the remaining options would require existing residents to leave Applethwaite Green, at least for a significant and potentially indefinite period.

If that understanding is correct, the consultation is not a neutral consultation about four real options. It is, in substance, a consultation about removing elderly and vulnerable residents from their home. That has profound Care Act, Equality Act and Human Rights Act implications.

**Evidence demonstrating Residents' Wellbeing has been Assessed**

The Council's own public statement of 16 April 2026 said that its priority "*is, and will continue to be, the wellbeing of residents and the support of staff*" and that "*anyone affected will be kept informed as the process progresses.*" The Council also stated that residents and employees would continue to receive appropriate support throughout. However, the consultation documents and the responses received to date do not appear to provide the

evidence needed to show that residents' wellbeing has in fact been assessed or placed at the centre of the decision-making process.

The Council is under a statutory duty, when exercising adult social care functions, to promote individual wellbeing under the Care Act 2014. The statutory guidance identifies wellbeing as including personal dignity, physical and mental health, emotional wellbeing, protection from abuse and neglect, control over day-to-day life, social wellbeing and suitability of living accommodation. The guidance also makes clear that suitable living accommodation is part of wellbeing and that local authorities must consider each person's views, wishes, feelings and beliefs.

A decision which would require frail, elderly and/or disabled residents to leave their established home cannot lawfully be treated merely as an estate, budget, staffing or property matter. For the residents, Applethwaite Green is their home. Any decision to close it, suspend it, transfer it, refurbish it in a way that displaces residents, or move residents elsewhere must be approached as a resident-specific wellbeing decision.

### **Essential Evidence**

We are therefore concerned that the Council has not yet produced, disclosed or apparently relied upon the following essential evidence:

1. Individual Care Act reassessments or reviews for every current resident.
2. Revised care and support plans explaining how each resident's eligible needs would continue to be met safely if Applethwaite Green closed or residents were moved.
3. Individual relocation risk assessments, including clinical assessment of the risks of transfer, deterioration, distress, falls, medication disruption, delirium, dementia-related harm, nutrition, mobility, safeguarding concerns, hospital admission risk and end-of-life needs.
4. A resident-wide health and welfare impact assessment.
5. Evidence that suitable alternative placements actually exist and can meet each resident's needs, including dementia care, nursing care, location near family, accessibility, continuity of GP and community health support, staffing, quality and CQC status.
6. Mental Capacity Act assessments and best-interests processes for any resident who may lack capacity to decide about moving or alternative accommodation.
7. Advocacy assessments for residents who would have substantial difficulty being involved in assessment, consultation, care planning or safeguarding processes and who do not have an appropriate person to support them.

8. Safeguarding analysis addressing the risk of avoidable harm, neglect, unsafe transfer, loss of care continuity, serious distress or deterioration arising from closure or relocation.
9. A Public Sector Equality Duty assessment, including specific consideration of age, disability, dementia, frailty and the disproportionate impact of losing one's home, friendships, routines and local family contact.
10. A Human Rights Act assessment, including Article 8 rights to private life, family life and home, and where relevant Article 2, Article 3 and Article 14 considerations.
11. A genuine options appraisal, including alternatives to closure, refurbishment while maintaining residents in situ where possible, phased works, partial closure, partnership options, staffing alternatives, market capacity, cost, safety and quality.
12. A transition plan identifying named responsible officers, timescales, communication arrangements, family involvement, visits to proposed homes, transport arrangements, medication handover, GP/NHS liaison, post-move monitoring and review.

### **Public Sector Equality Duty**

The Public Sector Equality Duty guidance gives a directly relevant example of a council considering closing a care home. It says that, in order properly to understand consequences such as distress, loss of friends and loss of home for older and disabled residents, the council should consult affected residents, families, staff and the local community, and assess nearby available alternative accommodation to understand whether it would meet residents' needs. That is precisely the exercise that appears to be missing here.

### **Lawful Consultation**

We are particularly concerned that residents and families have not been meaningfully consulted before the Council reached or announced its preferred position. A lawful consultation must take place at a formative stage, provide sufficient information to permit intelligent consideration and response, allow adequate time, and conscientiously take consultation responses into account before the decision is made. A consultation is not lawful if the real decision has effectively already been made, or if material information about the impact on affected residents is withheld.

### **Human Rights Act**

The Human Rights Act 1998 is also engaged. Section 6 makes it unlawful for a public authority to act in a way which is incompatible with Convention rights. Article 8 protects private life, family life and home. A care home is capable of being a resident's home for these purposes. Closure or compulsory relocation is therefore likely to interfere with residents' Article 8 rights.

Such interference may only be justified if it is lawful, pursues a legitimate aim, and is proportionate. That requires evidence, not assumption.

For residents who are frail, seriously ill, living with dementia, nearing end of life, or particularly vulnerable to disruption, the Council must also consider whether relocation could create risks engaging Article 2, the right to life, or Article 3, protection from inhuman or degrading treatment. Article 14 is also relevant where the burden of the proposal falls disproportionately on older and disabled people.

We do not suggest that a council-owned care home can never lawfully close. However, the legal question is not simply whether the Council would prefer to close Applethwaite Green. The question is whether the Council has undertaken a lawful, evidence-based, resident-centred process before reaching any decision that would require existing residents to leave their home.

### **Apparent Deficiencies in Consultation**

At present, the consultation appears deficient because it does not disclose the evidence necessary for residents, families and the public to understand:

- what the Council says will happen to each resident;
- whether each resident can safely be moved;
- what alternative homes are actually available;
- whether those homes can meet residents' needs;
- what the impact will be on physical health, mental health, emotional wellbeing, family life, friendships, routines and dignity;
- what steps will be taken to reduce or avoid harm;
- whether residents with dementia or impaired capacity have been properly supported;
- whether independent advocacy has been considered;
- whether equality impacts have been assessed;
- whether human rights impacts have been assessed; and
- whether closure is proportionate when compared with less harmful alternatives.

### **Questions to the Council**

In light of the above, we ask the Council to confirm the following as a matter of urgency:

1. Has an individual Care Act reassessment or review been completed for every current resident of Applethwaite Green?

2. If so, when were those assessments completed, who completed them, and were residents and families involved?
3. If not, why has consultation proceeded without them?
4. Has a resident-wide health and welfare impact assessment been completed?
5. Has an individual relocation risk assessment been completed for every resident?
6. Have GP, nursing, dementia-care, mental-health or other relevant clinical views been obtained for residents at particular risk from relocation?
7. Has the Council identified actual alternative placements for each resident, rather than relying on general market availability?
8. Has the Council assessed whether those placements are suitable by reference to each resident's needs, family contact, location, continuity of care, CQC status and ability safely to admit the resident?
9. Has the Council carried out a Public Sector Equality Duty assessment or Equality Impact Assessment specifically addressing the impact on older and disabled residents?
10. Has the Council carried out a Human Rights Act assessment addressing Articles 2, 3, 8 and 14 ECHR?
11. Has the Council undertaken Mental Capacity Act assessments and best-interests processes for residents who may lack capacity to decide about relocation?
12. Has the Council assessed whether any resident requires an independent advocate under the Care Act?
13. Has a safeguarding risk assessment been undertaken in relation to the proposed closure or relocation process?
14. Has the Council prepared a transition plan for residents, including named accountable officers, clinical handover, medication safety, transport, family involvement and post-move review?
15. Has the Council considered less intrusive alternatives to closure, including refurbishment while maintaining residents in situ, partial or phased works, staffing solutions, partnership options, or continued operation pending further assessment?
16. Does the Council accept that the first option in the consultation is genuinely available? If so, please explain what practical, financial and operational steps would allow it to be implemented.
17. If the first option is not genuinely available, will the Council withdraw and reissue the consultation on a lawful and accurate basis?

## **Supply of Supporting Details for the Consultation**

We also request disclosure of the following documents before any consultation deadline expires or any final decision is made:

- the full options appraisal;
- all reports to Cabinet concerning Applethwaite Green;
- the resident impact assessment;
- any health and welfare assessment;
- any relocation risk assessment template or completed anonymised summary;
- any equality impact assessment;
- any human rights assessment;
- any market-sufficiency or alternative-placement assessment;
- any consultation plan;
- any communications plan;
- any safeguarding plan;
- any transition or relocation plan;
- any analysis of the first option and whether it is genuinely deliverable;
- any record confirming closure as the Council's preferred option;
- any risk register relating to Applethwaite Green; and
- any legal advice summary or governance advice capable of being disclosed without waiving privilege.

## **Consultation Period Extension**

Pending provision of this information, we ask the Council to pause or extend the consultation. Residents and families cannot respond meaningfully to a proposal of this seriousness unless they are told what the Council has assessed, what risks have been identified, what alternatives exist, and how residents will be protected.

## **Resident-Specific Consultation**

We also ask the Council to arrange direct, accessible consultation with every resident and family, including individual meetings, advocacy support where required, and reasonable adjustments for residents with dementia, sensory impairment, communication difficulties, cognitive impairment or other disabilities.

In summary, the Council should not proceed to any final decision unless councillors have before them a clear, current and resident-specific evidence base, showing:

- the impact on each resident's wellbeing;
- the risks of relocation;
- the suitability of any alternative accommodation;
- the views of residents and families;
- the equality impacts;
- the human rights impacts;
- the available less harmful alternatives; and
- the practical steps required to ensure that each resident's eligible needs continue to be met safely.

### **Evidence Base required to enable Lawful Final Decision**

Unless and until that evidence is produced and consulted upon, we do not consider that the current process is capable of supporting a lawful final decision.

Please treat this letter as a formal consultation response and as a request for urgent clarification and disclosure. Whilst we understand our rights in Law, it is stressed that this is not a Freedom of Information Request at this stage, but rather a response to the consultation paper which states:

#### **How can I contact the council?**

If you require any further information on this consultation you can:

email: [care.consultation@westmorlandandfurness.gov.uk](mailto:care.consultation@westmorlandandfurness.gov.uk) or tel: 0300 373 3301

We request a substantive written response before the consultation closes and, in any event, before any report is finalised for Cabinet or any final decision is taken.

Yours faithfully,

**Applethwaite Green Community Group**



20<sup>th</sup> July 2026

Dear Westmorland and Furness Council,

Please treat this as a request under the Freedom of Information Act 2000.

We are seeking information about the council's current financial position, the reported risk of a Section 114 notice, and the extent to which proposed care home closures form part of the council's savings programme.

Please provide the following information:

1. Any reports, briefing papers, business cases, financial appraisals, option appraisals, savings schedules, risk assessments, or internal documents produced since 1 April 2024 which refer to proposed or potential savings from the closure, sale, disposal, reprovion, transfer, or redesign of council-run care homes.

2. For each council-run care home currently subject to consultation, please provide:

- the estimated annual revenue saving from closure;
- any estimated capital receipt, if sale or disposal is being considered;
- any estimated one-off closure, transfer, redundancy, legal, consultancy, or relocation costs;
- the estimated net saving over one year, three years, and five years;
- the budget heading or savings programme under which the proposed saving is recorded.

3. Please identify whether any savings expected from care home closures are included in the council's published 2026/27 savings programme, Medium-Term Financial Plan, transformation programme, or any plan intended to avoid the issuing of a Section 114 notice.

4. Please provide any documents showing how the council intends to achieve the approximately £40 million of savings reported as necessary over three years to avoid a Section 114 notice, including any breakdown by directorate, service area, project, or savings category.

5. Please provide any documents, reports, meeting papers, minutes, or briefing notes which refer to the relationship between adult social care savings, care

home closures, and the council's overall financial recovery or transformation programme.

6. Please provide any equality impact assessments, care impact assessments, risk assessments, or consultation analysis documents that consider the financial implications of closing care homes alongside the impact on residents, families, staff, and local communities.



7. Please confirm whether the proposed closure of any council-run care home has been identified internally as contributing to savings required to avoid, delay, or reduce the risk of a Section 114 notice. If so, please state the amount attributed to each home.

8. Please provide any correspondence, reports, or briefing materials sent to elected members, Cabinet members, scrutiny committees, the Chief Executive, the Section 151 Officer, or the Director of Adult Social Care which discuss care home closures in the context of the council's financial deficit, savings requirement, or Section 114 risk.

For clarity, we are not requesting personal information about individual care home residents, staff members, or families. We are seeking financial, strategic, policy, and decision-making information.

Where information is held in draft form, please provide the most recent version. Where information is withheld, please identify the exemption relied upon and explain why it applies.

We would prefer to receive the information electronically.

Yours faithfully,

Review Team

**Applethwaite Green Community Group**

20<sup>th</sup> July 2026

To: Westmorland and Furness Council

For the attention of: Applethwaite Green Consultation Team, Chief Executive, Monitoring Officer, Director of Adult Social Care, Cabinet Members

**Re: Applethwaite Green Care Home consultation — requirement for specific formal responses to AGCG correspondence in W&FC Q&A Publication**

Dear Sirs,

We refer to:

1. AGCG's supplementary financial questions dated 11 June 2026;
2. AGCG's formal consultation response dated 16 July 2026 concerning resident welfare, Care Act duties, equality duties, human rights and the adequacy of the consultation process; and
3. the Council's publication, "Applethwaite Green consultation — Questions and Answers: number 1", dated 16 July 2026.

The Q&A contains information relevant to some of the wider issues raised during the consultation. It does not, however, constitute a full or specific response to AGCG's letters.

For the avoidance of doubt, AGCG does not accept that the Q&A may be treated as the Council's formal response to either letter. It does not identify those letters, answer their numbered questions individually, provide most of the requested supporting evidence, or address many of the resident-specific legal, clinical, welfare, safeguarding and human-rights matters raised.

AGCG therefore requires the Council to:

1. Acknowledge each AGCG letter as a separate formal consultation submission.
2. Confirm that the general Q&A will not be treated as the Council's full response to those letters.
3. Provide a particularised written response to every numbered question, in the same order in which it was asked.

4. For each question, state clearly:
  - a. whether the relevant assessment, review, plan, calculation or document exists;
  - b. whether it is complete, provisional or still in preparation;
  - c. who is responsible for it; and
  - d. whether and when it will be disclosed.
5. Where the Council considers that a question has already been answered, identify the precise passage relied upon and explain how it answers that specific question in full.
6. Provide the supporting documents requested, subject only to clearly identified and lawfully justified redactions.
7. Confirm that AGCG's letters, the Council's substantive responses and the supporting evidence will be placed before the ultimate decision-makers.

AGCG also asks the Monitoring Officer to confirm that the Council's proposed response is complete and that the consultation record properly reflects the outstanding questions and evidence requests.

A general reference to the Q&A, or a grouped response that does not address the individual questions asked, will not be sufficient.

Given the consultation timetable, the Council's substantive responses should be provided sufficiently in advance of any closing date or final decision to allow AGCG, residents, relatives and other consultees a reasonable opportunity to consider them and make further representations.

Nothing in this letter withdraws, replaces or limits any earlier AGCG question, request or consultation response. Those matters remain outstanding unless and until they are expressly and substantively answered.

Please acknowledge this letter and confirm when the full responses will be provided.

Yours faithfully,

Review Team

**Applethwaite Green Community Group**

21st July 2026

**Ref: Applethwaite Green Care Home — Formal Request to Suspend and Withdraw the Current Consultation**

**To:** Westmorland and Furness Council

**For the attention of:** Chief Executive, Monitoring Officer, Director of Finance and Section 151 Officer, Director of Adult Social Care, Leader and relevant Cabinet Members, Applethwaite Green Consultation Team.

Dear Sirs of Westmorland and Furness Council,

We refer to:

1. The consultation concerning the future of Applethwaite Green Care Home;
2. AGCG's Formal Information Request dated 8 June 2026
3. AGCG's Supplementary financial questions dated 11 June 2026
4. The Council's response supplied on 6 July 2026 with Appendices
5. AGCG's formal consultation response dated 8<sup>th</sup> July, duplicated 16 July 2026 concerning resident welfare, statutory duties and the adequacy of the consultation; and
6. The council's publication, "Applethwaite Green consultation – Questions and Answers 1".
7. AGCG's letter dated 12 July re: Outstanding Information not provided by council – Appendix A Summary
8. The council's response dated 14 July 2026
9. The council's response dated 15 July 2026 by the Technical Lead Adult Social Care

The Council's responses now confirm that the financial case presented to consultees was based on materially incomplete information.

In particular, the Council has confirmed that:

- eight residents were recorded as self-funding as at 8 July 2026;
- self-funder fee income totalled £354,561 in 2025/26;
- that income was excluded from the stated cost-per-resident calculation;
- that income was also excluded from the comparison with the Council's framework cost or equivalent benchmark;
- only gross operating costs were presented to consultees;
- no net-cost calculation after fee income was presented;
- the reduction in occupied rooms was due primarily to staffing constraints; and
- admissions have been paused during the consultation.

The Council's internal decision to account for resident contributions within another Adult Social Care budget does not remove that income from the Council's overall financial position. Nor does it justify presenting gross expenditure without also showing the corresponding income, net cost and actual savings achievable under each option.

Gross operating expenditure, net cost to the Council and avoidable savings arising from closure are materially different measures.

The information presently supplied does not establish:

- Applethwaite Green's net cost after all resident contributions;
- the net cost of alternative placements;
- the actual recurring saving that closure would achieve;
- the costs of relocation, transition and fee shortfalls;
- which existing costs would continue after closure;
- the effect of staffing-constrained occupancy on the headline weekly cost;
- the cost of retaining the home at a reasonably stabilised occupancy; or
- whether all four options were compared using consistent assumptions.

The omission is particularly serious because reduced occupancy was primarily caused by staffing constraints rather than any demonstrated absence of demand. Dividing substantial fixed costs by a staffing-constrained number of residents necessarily increases the stated cost per occupied place. The subsequent admissions pause will reduce occupancy further.

The Council has also confirmed that Applethwaite Green currently provides good-quality care, is rated "Good" by the Care Quality Commission and presents no current safety concern. The consultation is therefore not concerned with the unavoidable emergency closure of an unsafe home. It depends upon the reliability of the Council's longer-term financial, staffing and strategic case.

On the information now disclosed, AGCG considers that consultees have not been provided with a sufficiently complete, balanced and reliable evidential basis upon which to assess the options intelligently.

## **Part 1 — Formal request to suspend and withdraw the current consultation**

AGCG formally requires the Council to:

- Suspend the current consultation immediately.
- Confirm that no recommendation, options appraisal, Cabinet report or final decision will be prepared, settled or approved on the basis of the existing consultation responses or financial information.
- Withdraw the present consultation because it was commenced and substantially conducted without disclosure of the net financial position or a transparent like-for-like comparison of the options.
- Notify residents, relatives, staff, consultees and the wider public that the current consultation material is under review and must not be relied upon pending publication of corrected information.
- Treat all responses already submitted as provisional and preserve consultees' right to withdraw, replace or supplement them.
- Confirm that admissions, occupancy and cost figures arising after the consultation-period admissions pause will not be used as evidence of underlying demand or long-term viability without full and prominent qualification.
- Place this letter before the Chief Executive, Monitoring Officer, Section 151 Officer, Director of Adult Social Care and relevant Cabinet Members, and retain it as part of the formal decision-making record.

This request is not conditional upon the Council first deciding whether the omissions would ultimately alter its preferred option.

The issue is that consultees were entitled to receive sufficiently accurate and balanced information before being asked to respond. That defect cannot be resolved merely by asserting that the Council's overall conclusion may remain unchanged.

## **Part 2 — Requirements before any new consultation is commenced**

No fresh consultation should begin unless and until the Council has completed, verified and published a proper evidential foundation capable of supporting lawful consultation and decision-making.

Before issuing any new consultation, the Council should:

1. Publish a revised financial appraisal for each option showing separately:
  - a. gross annual operating expenditure;
  - b. all resident contribution and fee income;
  - c. net annual cost to the Council;
  - d. capital expenditure;
  - e. replacement-placement costs;
  - f. fee shortfalls payable by the Council;
  - g. closure and transition costs;
  - h. continuing or stranded costs;
  - i. staffing assumptions;
  - j. occupancy assumptions;
  - k. the appraisal period; and
  - l. the resulting net financial effect.
2. Identify all resident-derived income associated with Applethwaite Green, not solely income from residents categorised as self-funding.
3. Publish the complete calculation underlying every cost-per-resident figure, including the expenditure, income, occupancy number, averaging period and overhead assumptions used.
4. Recalculate the cost per resident under transparent occupancy scenarios, including:
  - a. historic actual occupancy;
  - b. average 2025/26 occupancy;
  - c. staffing-supported operational capacity;
  - d. reasonably stabilised occupancy; and
  - e. full practicable occupancy.
5. Explain separately the extent to which occupancy was affected by:
  - a. staffing vacancies;
  - b. agency-staff availability;
  - c. admissions declined or deferred;
  - d. rooms unavailable because of physical constraints;
  - e. demand; and
  - f. the consultation-period admissions pause.

6. Publish a like-for-like comparison with proposed council and independent alternatives, applying consistent assumptions to:
  - a. resident contributions;
  - b. care needs and staffing levels;
  - c. property and capital costs;
  - d. central overheads;
  - e. actual placement prices;
  - f. fee shortfalls;
  - g. quality and service provision; and
  - h. rural location and family access.
7. Identify the costs which would genuinely cease following closure and those which would transfer, remain or arise elsewhere.
8. Publish the full options appraisal and supporting spreadsheets, calculations, sensitivity analyses, assumptions and relevant briefing materials, subject only to necessary and legally justified redactions.
9. Publish the supporting basis for the £2.5 million to £3 million refurbishment estimate, including:
  - a. the comparator schemes relied upon;
  - b. the proposed scope of works;
  - c. survey evidence;
  - d. professional fees;
  - e. contingency;
  - f. inflation assumptions; and
  - g. any alternative or reduced-scope refurbishment scenarios considered.
10. Explain the legal and accounting treatment of the approximately £125,000 bequest and how it would affect each option.
11. Reconsider the available options afresh on the corrected evidence, including:
  - a. continued operation;
  - b. measures to stabilise recruitment and occupancy;
  - c. phased or partial works;
  - d. reduced-scope refurbishment;
  - e. partnership or community operation;
  - f. staff-accommodation or housing measures; and
  - g. arrangements that avoid or minimise displacement of existing residents.

12. Obtain written confirmation from the Section 151 Officer that the revised financial appraisal:
  - a. distinguishes gross cost, net cost and avoidable savings;
  - b. compares all options consistently;
  - c. uses reasonable and transparent assumptions;
  - d. includes all material income and consequential expenditure; and
  - e. is suitable for public consultation and formal decision-making.
13. Obtain written confirmation from the Monitoring Officer that the proposed consultation:
  - a. begins while all options remain genuinely formative;
  - b. supplies sufficient information for intelligent consideration and response;
  - c. presents the advantages and disadvantages of each option fairly;
  - d. allows adequate time for participation; and
  - e. properly addresses the Council's statutory and public-law duties.
14. Complete and publish an updated Equality Impact Assessment informed by the corrected financial position and the information obtained during the present process.
15. Complete and disclose the resident-welfare, relocation-risk, safeguarding, capacity, advocacy, human-rights and alternative-placement assessment framework that will inform any future decision.
16. Ensure that any new consultation clearly distinguishes:
  - a. the current safety and quality of the home;
  - b. current operational difficulties;
  - c. future building or care-standard concerns;
  - d. gross cost;
  - e. net cost; and
  - f. the actual savings and consequences associated with each option.
17. Provide a completely new consultation period of sufficient length, accompanied by direct and accessible engagement with residents and families.
18. Invite all previous consultees expressly to respond afresh, making clear that previous responses were submitted without the corrected information.
19. Place both the original and corrected information before decision-makers, together with a transparent account of the defects identified and the effect of each correction.

Only after these steps have been completed could a fresh consultation potentially provide a proper basis for an informed and lawful decision.

## Part 3 — Required response and governance action

AGCG requires the Council to provide a formal response confirming:

1. whether the present consultation has been suspended;
2. whether it will be withdrawn;
3. that no recommendation or decision will be based upon it;
4. the timetable for production of the corrected financial and evidential material;
5. whether the recorded preferred option of closure has been withdrawn pending fresh appraisal;
6. which officer will be responsible for the revised options appraisal;
7. whether independent financial or professional scrutiny will be commissioned;
8. whether the Section 151 Officer has reviewed the original consultation figures and comparisons;
9. whether the Monitoring Officer has reviewed the procedural fairness of the consultation; and
10. when residents, families, staff and consultees will be formally notified of the Council's decision.

The Council should not respond merely that its internal accounting policy explains the exclusion of income. The relevant issue is whether consultees and decision-makers were given a complete and fair representation of the financial consequences of each option.

Nor would publication of an additional FAQ, an unpublicised amendment or a brief extension cure the underlying problem. The financial case has influenced the framing and conduct of the consultation from its outset. A proper remedy requires withdrawal, correction and a fresh opportunity to respond.

### Reservation of legal rights and remedies

AGCG hopes that the Council will address these matters without litigation. However, the seriousness of the defects, the vulnerability of the residents concerned, and the potential consequences of an improperly founded decision require AGCG to reserve all available legal rights.

Should the Council continue the present consultation, prepare a recommendation from it, or make a decision on the basis of materially incomplete, inaccurate, inconsistently presented or

withheld information, AGCG and affected persons will consider seeking urgent specialist public-law advice with a view to commencing judicial-review proceedings.

The potential grounds requiring consideration would include, without limitation:

1. procedural unfairness and failure to conduct a lawful consultation;
2. failure to provide sufficient information to enable intelligent consideration and response;
3. consultation after the Council had already reached or effectively predetermined its preferred outcome;
4. failure conscientiously to consider consultation responses;
5. reliance on immaterial, misleading or irrational financial comparisons;
6. failure to take relevant considerations into account;
7. taking account of irrelevant or distorted considerations;
8. failure to comply with the Care Act 2014 and the duty to promote individual wellbeing;
9. failure to discharge the Public Sector Equality Duty under section 149 of the Equality Act 2010;
10. failure properly to consider Mental Capacity Act, safeguarding and advocacy obligations;
11. interference with Convention rights, including the rights protected by Articles 2, 3, 8 and 14, where applicable; and
12. breach of the Council's public-law duties of fairness, rationality and proper inquiry.

Depending upon the circumstances and legal advice received, relief sought may include:

- an urgent undertaking from the Council not to proceed pending resolution of the dispute;
- interim relief preventing implementation or further decision-making;
- a declaration concerning the unlawfulness of the process;
- a quashing order setting aside any resulting decision;
- an order requiring the Council to reconsider the matter lawfully; and
- such further relief and costs orders as the court considers appropriate.

AGCG also reserves the right to commence formal pre-action correspondence under the Pre-Action Protocol for Judicial Review without further informal correspondence where urgency requires.

Any judicial-review claim is subject to strict time limits and must be commenced promptly. Nothing in this letter should therefore be understood as an agreement to delay or as limiting the right of AGCG, residents, relatives or other affected persons to act before the Council has exhausted its own correspondence or complaints process.

AGCG further reserves the right to refer appropriate matters to the Local Government and Social Care Ombudsman and to pursue relevant complaints through the Council's corporate complaints and governance procedures. Those routes will not, however, be treated as substitutes for urgent judicial-review remedies where an unlawful decision or implementation is imminent.

This letter is not intended to set out every possible ground of challenge or remedy. All rights are reserved.

## **Conclusion**

The Council's own answers establish that consultees were shown gross operating costs without the corresponding net financial position and that the headline cost-per-resident figure was affected by occupancy primarily constrained by staffing.

Those matters go to the foundation of the consultation.

AGCG therefore requires the Council to suspend and withdraw the current process, correct and verify the underlying evidence, and commence a fresh consultation only if a properly prepared appraisal demonstrates that further consultation remains warranted.

Please acknowledge this letter immediately and provide the Council's substantive response prior to the Public Meeting of the 28 July 2026.

Yours faithfully,

Review Team

**Applethwaite Green Community Group**

To: Applethwaite Green Support Group.

We write further to your correspondence of 22 and 30 July 2026.

As you will be aware the current consultation touching upon the future of the Applethwaite Green Care home concludes on 19 August 2026. All received consultation responses will be reviewed and considered prior to any formal recommendation and final decisions being made on the available options.

Westmorland and Furness Council would wish to clearly re-iterate that no pre-determination of consultation outcome has, at any time, been made by the Council.

Concerning your communication of 22 July 2026, Westmorland and Furness Council confirms that it will continue to observe and adhere to all statutory requirements under the Care Act 2014 to ensure that the assessed eligible care needs of residents at Applethwaite Green are properly identified and met.

Pending the outcome of the consultation process which will determine the next steps for Applethwaite Green, there is no intention on the part of the Council to make any alteration to the running processes, policies or structure of the home.

The issues you raise in your communication of 30 July 2026 relate to the visit to residents from N-Compass who are an independent advocacy organisation commissioned by the Council as part of the consultation process. This was done with the intention of ensuring that residents are properly enabled to express their wishes and feelings and to enable these to be fed into the consultation response as part of the decision-making process.

The relatives of the residents are being written to under separate cover in relation to this visit from N-Compass.

Yours Faithfully,



**Nikkie Phipps**

Director – Care Services

Adult Social Care | Westmorland & Furness Council

South Lakeland House, Lowther Street, Kendal, Cumbria LA9 4DQ

# APPLETHWAITE GREEN COMMUNITY GROUP

Applethwaite Green Care Home consultation



17<sup>th</sup> August 2026

**To:** Nikki Phipps, Director – Care Services, Westmorland and Furness Council

**Re: Applethwaite Green Care Home – responses to AGCG correspondence of 22 and 30 July 2026**

Dear Ms Phipps,

We acknowledge your response to AGCG's correspondence of 22 and 30 July 2026 and the separate communication headed "Dear Families and Representatives" concerning the N-Compass visit of 28 July.

Neither communication substantively answers the requests made. They principally describe the Council's or N-Compass's stated **purpose, intentions or usual approach**; AGCG asked for **definite undertakings, factual particulars, documents and assurances about what actually occurred**.

## **22 July – protective undertakings**

The five protective undertakings and notification assurance remain outstanding.

A statement that the Council will comply with the Care Act and presently has "no intention" of altering the home's running processes, policies or structure is not equivalent to the undertakings sought. In particular, it does not expressly address:

- maintenance of safe staffing and management resources;
- necessary agency and temporary cover;
- steps which could make continued operation of the home impracticable;
- reliance upon subsequent deterioration in staffing, occupancy or operational viability as justification for closure;
- residents being encouraged or required to move because reduced staffing has made continued residence unsafe; or
- immediate notification of material changes to staffing or operational capacity.

Nor does it address the requested protection for a sufficient period **after any final decision**, to permit legal advice and, if necessary, an application for interim relief.

Please therefore answer each undertaking and the notification assurance expressly: **agreed or refused**, with reasons for any refusal.

## **30 July – N-Compass**

The explanation of N-Compass's intended role is noted, as is the acknowledgement in the separate communication that arrangements could have been improved, including by giving residents advance notice and an opportunity to decide whether a family member, friend or representative should be present.

That acknowledgement is relevant, but it does not answer the 46 particularised questions in AGCG's Schedule.

The essential difficulty is straightforward: **the Council's communications largely explain what the N-Compass exercise was intended to achieve and how advocacy is generally approached. AGCG asked what was actually authorised, what actually happened, and what will now be done with the information obtained.**

Amongst other matters, there remains no sufficiently particularised answer as to:

- **authority and instructions** – who attended, who commissioned or authorised them, under what written instructions, and what briefing, scripts or questions they were given;
- **residents approached** – who was approached, how they were selected, what they were told and whether they expressly agreed to participate;
- **capacity and representation** – how communication needs and potentially fluctuating or decision-specific capacity were addressed, and whether residents were offered the presence of a family member, attorney, deputy, familiar carer or other representative;
- **access and supervision** – who authorised access to the home and residents' areas or bedrooms, whether permission was obtained, and whether unfamiliar visitors were supervised or risk-assessed;
- **the conversations themselves** – what was actually asked and what residents were told about closure, refurbishment, temporary or permanent relocation and the possibility of returning;
- **records and personal information** – what notes or records were created, what personal information was disclosed, upon what basis, and where resulting material is held; and
- **use and safeguarding** – how residents' statements will be characterised and used, whether any resident became distressed or confused, what safeguarding or regulatory referrals have been made, and who is responsible for investigating these matters.

Those are not questions about advocacy practice in the abstract. They are questions about **the particular exercise undertaken at Applethwaite Green on 28 July.**

**Attached Schedule**

To remove any further scope for misunderstanding, the attached Schedule records, question by question, whether AGCG considers the response to be:

- **ANSWERED;**
- **PARTIALLY ANSWERED;**
- **APPARENTLY ADDRESSED BUT INSUFFICIENTLY PARTICULARISED;** or
- **NOT ANSWERED.**

It then identifies the definitive response still required.

This is not to suggest that the Council has provided no information. Where either communication supplies an answer or part-answer, the Schedule acknowledges it. The difficulty is that general statements of purpose, intention or usual practice cannot substitute for requested particulars of what actually occurred.

If the Council considers any item already answered, please identify the precise passage relied upon and supply the remaining particulars. Resident-specific or confidential material may, where appropriate, be provided directly to the resident and/or lawful representative, with confirmation to AGCG that this has been done.

Finally, the Council states that material obtained through N-Compass is intended to feed into the consultation and decision-making process. It is therefore important that the outstanding questions are answered, and the safeguards governing the interpretation and use of that material established, **before reliance is placed upon it.**

Please provide a complete numbered response to the attached Schedule and an express response to the 22 July undertakings as a matter of urgency.

Yours faithfully,

**Applethwaite Green Community Group**

## SCHEDULE 1 - OUTSTANDING PARTICULARS

### N-Compass advocacy arrangements and contact with Applethwaite Green residents

**Note:** A general statement of policy, intention, purpose or usual practice is not treated as answering a request for particulars of what actually occurred in relation to an identified resident, visit, instruction, conversation or decision. Where W&FC considers an item already answered, please identify the precise passage relied upon and provide any remaining particulars.

| AGCG - ORIGINAL QUESTION / PARTICULAR SOUGHT                                                                                                                                                                                                                  | W&FC - RESPONSE TO DATE / DEFINITIVE RESPONSE NOW REQUIRED                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Give the full name, job title and employing organisation of each person who attended Applethwaite Green and described themselves as an advocate.                                                                                                           | <b>PARTIALLY ANSWERED.</b> N-Compass is identified as the organisation. The individual advocates and their job titles/employing status are not identified. Provide the requested particulars for each attendee.                                            |
| 2. State whether each person was acting as a Care Act independent advocate, IMCA, independent advocate under contract, or another type of representative.                                                                                                     | <b>APPARENT RESPONSE - INSUFFICIENTLY PARTICULARISED.</b> The attendees are described generally as independent advocates from N-Compass. Identify the capacity in which each individual advocate was acting.                                               |
| 3. Identify the Council officer who commissioned, instructed, referred or authorised each advocate.                                                                                                                                                           | <b>NOT ANSWERED.</b> Identify the relevant officer(s).                                                                                                                                                                                                     |
| 4. Provide the written terms of reference, referral, instruction or commissioning document under which each person was acting.                                                                                                                                | <b>NOT ANSWERED.</b> Provide the requested documents.                                                                                                                                                                                                      |
| 5. State the date upon which each instruction or referral was made.                                                                                                                                                                                           | <b>NOT ANSWERED.</b> Provide the date(s).                                                                                                                                                                                                                  |
| 6. Confirm what identity, qualification, competency, safeguarding and DBS checks were completed.                                                                                                                                                              | <b>PARTIALLY ANSWERED.</b> The general letter refers to Enhanced DBS certification and an Independent Advocacy Qualification. It does not identify the checks actually completed for each attendee, by whom or when. Provide visitor-specific particulars. |
| 7. Identify the particular process in relation to which the advocates were instructed, including consultation participation, needs assessment, care planning/review, capacity assessment, proposed accommodation/relocation, safeguarding or another process. | <b>PARTIALLY ANSWERED.</b> Consultation participation is identified as the stated purpose. Confirm expressly whether any other listed process formed any part of the instruction.                                                                          |
| 8. State whether the advocates were asked to discuss possible closure, temporary relocation during refurbishment, permanent relocation, alternative accommodation or residents' general consultation views.                                                   | <b>PARTIALLY ANSWERED.</b> General consultation views are identified. Confirm expressly whether each of the other listed subjects formed part of the brief.                                                                                                |

| AGCG - ORIGINAL QUESTION / PARTICULAR SOUGHT                                                                                                                                                                               | W&FC - RESPONSE TO DATE / DEFINITIVE RESPONSE NOW REQUIRED                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Provide all scripts, questions, briefing notes, explanatory documents or guidance supplied to the advocates.                                                                                                            | <b>NOT ANSWERED.</b> Provide all requested material.                                                                                                                                                                                       |
| 10. Confirm whether the advocates were instructed that the Council's preferred option was closure and, if so, how independence and neutrality were protected.                                                              | <b>NOT ANSWERED.</b> Confirm expressly and, if yes, explain the safeguards.                                                                                                                                                                |
| 11. Explain what report or findings the advocacy organisation is expected to provide and how those findings will be used in consultation analysis or final decision-making.                                                | <b>PARTIALLY ANSWERED.</b> The Council says residents' wishes and feelings will feed into consultation/decision-making. Identify the report/findings, their form, recipient, analysis and proposed use.                                    |
| 12. Identify each resident whom the advocates were instructed or permitted to approach.                                                                                                                                    | <b>NOT ANSWERED.</b> Provide resident-specific information confidentially where appropriate and confirm it has been supplied.                                                                                                              |
| 13. Explain how each resident was selected for contact.                                                                                                                                                                    | <b>APPARENT RESPONSE - INSUFFICIENTLY PARTICULARISED.</b> The general letter describes direct engagement with residents but not the selection process. Provide the criteria/process used.                                                  |
| 14. State how each resident was informed who the advocate was, why they wished to speak, that participation was voluntary, that the resident could decline/end the discussion, and how answers would be recorded and used. | <b>PARTIALLY ANSWERED.</b> The general letter describes intended arrangements and acknowledges advance notice could have been improved. It does not establish what each resident was actually told. Answer each limb resident by resident. |
| 15. State whether the resident expressly agreed to speak to the advocate.                                                                                                                                                  | <b>APPARENT RESPONSE - INSUFFICIENTLY PARTICULARISED.</b> Reference to residents being "willing and able" is not confirmation of express agreement in each case. Confirm resident by resident.                                             |
| 16. State whether the resident was asked whether they wished a family member, attorney, deputy, familiar carer or other representative to be present.                                                                      | <b>PARTIALLY ANSWERED.</b> The general letter acknowledges that residents could have been given this choice with advance notice. It does not establish whether each resident was actually asked. Confirm resident by resident.             |
| 17. Explain how each resident's communication needs, dementia, cognitive impairment, anxiety and potential fluctuating capacity were considered before contact.                                                            | <b>NOT ANSWERED.</b> Provide resident-specific particulars.                                                                                                                                                                                |

**AGCG - ORIGINAL QUESTION / PARTICULAR SOUGHT**

18. State whether a decision-specific capacity assessment had been completed for each resident before questions concerning relocation were asked.
19. Where an assessment existed, identify the precise decision assessed, date, assessor, conclusion and information provided to the resident.
20. Explain how residents were assisted to understand the difference between temporary absence during refurbishment, permanent relocation, considering another home and consenting to move.
21. State whether any resident's attorney, deputy, litigation friend, relative or other representative was notified before or after the visit.
22. Where a family member or representative was not involved, explain why they were considered unavailable, inappropriate or unnecessary.
23. Confirm that no answer given by a resident who lacked relevant capacity will be treated as consent to relocation or as a lawful best-interests decision.
24. State who authorised the visitors to enter Applethwaite Green.
25. State who admitted and escorted them into the building.
26. Confirm whether each visitor signed the visitor book and recorded arrival and departure times.
27. State whether any door PIN, access code, electronic pass or key was supplied to or used by the visitors.
28. Explain who authorised access to the corridor containing residents' rooms.

**W&FC - RESPONSE TO DATE / DEFINITIVE RESPONSE NOW REQUIRED**

**NOT ANSWERED.** Confirm whether relocation questions were asked and, where they were, answer the capacity question for each affected resident.

**NOT ANSWERED.** Provide the requested particulars confidentially where appropriate.

**NOT ANSWERED.** Provide particulars of the explanation actually given where these matters were discussed.

**PARTIALLY ANSWERED.** The general letter says N-Compass subsequently sought to inform family members/representatives. It does not identify who was notified or whether lawful representatives were notified. Provide resident-specific particulars.

**APPARENT RESPONSE - INSUFFICIENTLY PARTICULARISED.** The general rationale for initial private engagement does not answer why a representative was not involved in an individual case. Answer resident by resident.

**NOT ANSWERED.** Express confirmation remains required.

**NOT ANSWERED.** Identify the person/officer and authority relied upon.

**NOT ANSWERED.** Provide particulars.

**NOT ANSWERED.** Confirm and provide the relevant record/particulars, subject to lawful redaction.

**NOT ANSWERED.** Confirm expressly.

**NOT ANSWERED.** Identify the person and basis of authority.

**AGCG - ORIGINAL QUESTION / PARTICULAR SOUGHT**

29. State whether advocates entered or attended residents' bedrooms and, for each resident, whether permission to enter was sought and obtained.

30. Explain whether any risk assessment was completed before unfamiliar visitors were permitted to meet vulnerable residents without familiar staff or representatives present.

31. State whether the advocates were supervised and, if not, who authorised unsupervised room-to-room contact.

32. Identify every question asked concerning closure, refurbishment or relocation.

33. State whether any resident was asked whether they "would move out while refurbishment took place" or words to that effect.

34. Explain what the resident was told about whether refurbishment would occur, whether a move would be temporary, whether Applethwaite Green might close, whether the resident could return and whether a final decision had been made.

35. State what records, notes, forms, audio recordings or reports were created during or after each conversation.

36. Provide copies of records relating to each resident directly to that resident or lawful representative, subject to lawful redaction.

37. Confirm whether any resident expressed distress, confusion, reluctance or a wish to stop and what action was taken.

38. Confirm whether staff were informed that any resident had become distressed and whether this was entered in care or incident records.

39. Identify the categories of personal information disclosed to the advocates, including diagnoses, care plans, medication, cognitive impairment, capacity assessments, family contact details or wishes concerning accommodation.

**W&FC - RESPONSE TO DATE / DEFINITIVE RESPONSE NOW REQUIRED**

**NOT ANSWERED.** Provide resident-specific particulars.

**NOT ANSWERED.** Confirm whether an assessment existed and provide it, or explain why none was undertaken.

**NOT ANSWERED.** The general letter refers to private discussion but does not answer supervision/authorisation. Provide particulars.

**NOT ANSWERED.** Provide the questions actually asked, including standard and follow-up questions.

**NOT ANSWERED.** Confirm expressly.

**NOT ANSWERED.** Answer each limb for each affected resident.

**NOT ANSWERED.** Identify all records created and their form.

**NOT ANSWERED.** Provide the records or confirm when and to whom they have been supplied.

**NOT ANSWERED.** Provide resident-specific confirmation.

**NOT ANSWERED.** Confirm expressly and identify any resulting record.

**NOT ANSWERED.** General statements about confidentiality do not identify what information was actually disclosed. Answer each category expressly.

**AGCG - ORIGINAL QUESTION / PARTICULAR SOUGHT**

40. State the legal and operational basis upon which that information was disclosed.
41. State where the advocates' notes and reports are stored, who can access them and how long they will be retained.
42. Confirm that no statement obtained during the visits will be relied upon as consent to temporary/permanent relocation, support for closure, evidence of a settled wish to leave, a best-interests decision or waiver of any right.
43. Confirm that no further approach concerning closure or relocation will take place until the Council has completed its investigation and provided the requested information.
44. Confirm that each affected resident has received a welfare review and, where appropriate, medical or clinical assessment.
45. Confirm whether the matter has been referred to the Council's Adult Safeguarding Team, CQC, Data Protection Officer and any relevant professional or commissioning body.
46. Identify the senior officer responsible for investigating and responding to these matters.

**Response convention requested**

Please respond using the same numbering, 1-46. If W&FC considers an item already answered, identify the precise passage relied upon. If information is unavailable, state whether it ever existed, who holds or held it, and whether it has been requested from N-Compass or another holder. If a requested particular is disputed, state the basis of that position rather than leaving the question unanswered.

**W&FC - RESPONSE TO DATE / DEFINITIVE RESPONSE NOW REQUIRED**

- NOT ANSWERED.** Provide the legal and operational basis for each relevant category of disclosure.
- NOT ANSWERED.** Provide storage, access and retention particulars.
- NOT ANSWERED.** Expressly confirm each limb, particularly because the Council says residents' views will feed into decision-making.
- NOT ANSWERED.** Provide express confirmation or refusal, with reasons.
- NOT ANSWERED.** Provide resident-specific confirmation confidentially where appropriate.
- NOT ANSWERED.** Answer separately for each body and give the date of any referral; if none, state that expressly.
- NOT ANSWERED.** The author of the correspondence is not necessarily the investigating officer. Identify the responsible senior officer expressly.