



Westmorland
& Furness
Council

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Applethwaite Green Consultation Report

September 2026



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Introduction

Applethwaite Green Care Home has provided residential care to older people in Windermere and the wider South Lakes area for more than 50 years. The Westmorland and Furness Council-run service continues to deliver high-quality care and is rated "Good" by the Care Quality Commission (CQC).

In April 2026, the council's Cabinet considered detailed reports outlining significant challenges facing Applethwaite Green, and also Grisedale Croft Care Home in Alston.

These included:

- buildings with layouts and room sizes that no longer meet modern care and regulatory standards, and which are costly to run and maintain
- declining occupancy rates, leading to very high costs per person
- workforce pressures, with difficulty recruiting staff and high spending on agency staff.

The Cabinet authorised a formal public consultation on four options for the future of Applethwaite Green (detailed below).

The purpose of this report is to summarise and analyse the responses to the consultation. It does not attempt to determine the accuracy of claims made by respondents, campaign groups, public bodies or the council itself.

Executive summary

Background

Westmorland and Furness Council consulted on the future of Applethwaite Green Care Home in Windermere between 14 May and 19 August 2026. The consultation sought views on four options:

1. Do Nothing
2. Refurbish Applethwaite Green
3. Demolish and Rebuild at Applethwaite Green
4. Close Applethwaite Green

The consultation was originally scheduled to close on 5 August 2026 but was extended by two weeks following a significant update to consultation information on 26 June 2026. The update clarified that refurbishment would require temporary closure of the home and relocation of residents for an estimated 12 to 24 months, while rebuilding would require relocation for approximately two to four years.

Participation

A total of 254 survey responses were received, comprising:

- 181 online survey responses from individuals;
- 69 paper survey responses from individuals;
- 4 organisational responses submitted through the consultation survey.

This represents 1.8% of the population of the Windermere & Ambleside and Bowness & Lyth wards.

Additional evidence was received through:

- direct correspondence;
- stakeholder submissions;
- public meetings and drop-in events;
- Freedom of Information requests and disclosures;
- representations made through elected representatives;
- community-generated proposals and campaign material

Quantitative analysis

Refurbishment was the most preferred option throughout the consultation.

Among individual survey respondents:

- Option 1 (Do Nothing): 41 responses (16%)
- Option 2 (Refurbish): 164 responses (66%)
- Option 3 (Rebuild): 17 responses (7%)
- Option 4 (Close): 7 responses (3%)
- Option 1.5: 15 responses (6%)
- Other: 6 responses (2%)

Support for refurbishment remained the most popular option throughout both phases of consultation. The mid-consultation update about the refurbishment option had little impact on overall preferences. Many respondents continued to support refurbishment whilst challenging aspects of the council's interpretation of what refurbishment would require.

Qualitative analysis

The key themes emerging from the consultation were:

Impact on current residents

The wellbeing of current residents was a key issue throughout the consultation. Respondents described Applethwaite Green Care Home as residents' home and expressed concerns that relocation could negatively affect wellbeing, particularly for residents living with dementia, frailty or anxiety. Many respondents said that continuity, familiarity and established relationships should be central considerations in any future decision.

Family contact and social connections

Respondents highlighted the importance of regular contact with family, friends and local support networks. Many described daily or frequent visits and said that relocation to alternative provision outside the immediate area would reduce family contact, increase isolation and negatively affect residents' quality of life. Particular emphasis was placed on the challenges faced by elderly relatives and people reliant on public transport.

Local residential care provision

Many respondents viewed the consultation as a discussion about the future of residential care provision across the Central Lakes area. Respondents stressed the importance of retaining local provision for residents of Windermere, Ambleside, Coniston, Hawkshead and surrounding communities.

Confidence in evidence and process

Many respondents challenged aspects of the evidence base used within the consultation. Common concerns related to:

- occupancy and admissions;
- future demand assumptions;
- refurbishment costs;
- financial information and self-funder income;
- consultation updates;
- transparency and decision-making processes.

Community identity and local value

Many responses highlighted the importance of Applethwaite Green within the wider community. The home was described as a valued community asset and part of the social infrastructure of the area. Some respondents linked the proposal to broader concerns regarding the loss of local services and the impact of tourism and second homes on community sustainability.

Future demand and long-term planning

Many respondents challenged suggestions that demand for residential care was declining. Respondents referred to the ageing population, increasing prevalence of dementia and future care needs, arguing that future demand should be considered alongside current occupancy levels.

Building standards and future suitability

Many respondents accepted that the building had limitations and would require investment, but there was disagreement about the importance attached to room sizes, en-suite bathrooms and modern building standards. Many respondents distinguished between the quality of the building and the quality of care provided within it.

Value of council-run care provision

Some respondents expressed support for council-operated residential care and highlighted its perceived value in terms of accountability, affordability, quality and public service ethos, and voiced concern about increasing reliance on independent-sector provision.

Workforce and recruitment

Respondents acknowledged recruitment challenges but regarded them as issues requiring solutions rather than reasons for closure. Suggestions included staff accommodation, enhanced recruitment initiatives, improved pay and retention measures.

Stakeholder and community contributions

Formal organisational responses were received from:

- Windermere and Bowness Town Council;
- Coniston Parish Council;
- Hawkshead Parish Council;
- Grange and Lakes Primary Care Network.

In addition, representations were submitted through Tim Farron, MP for Westmorland and Lonsdale, on behalf of residents, relatives, staff and community members. These representations reflected many of the concerns raised elsewhere in the consultation about resident wellbeing, continuity of care, family contact and the future availability of local residential care provision.

The consultation also generated extensive correspondence and information requests from the Applethwaite Green Community Group. Whilst the group did not submit a final consultation response, it contributed to the consultation debate on occupancy, demand, refurbishment costs and financial information.

These contributions broadly reinforced themes emerging from individual consultation responses, particularly in relation to resident wellbeing, local provision, future demand and confidence in the evidence underpinning the proposals.

Alternative proposals and “Option 1.5”

Many respondents proposed alternatives to both closure and major redevelopment. The main alternative proposal to emerge during the consultation was “Option 1.5”, advocating a more modest refurbishment programme that would retain local provision whilst minimising disruption to current residents. Whilst only 15 respondents indicated support for “Option 1.5”, support for its underlying principles appeared substantially more widespread and was evident across many responses favouring refurbishment.

Consultation methodology

Consultation launch

The public consultation on the future of Applethwaite Green Care Home launched on 14 May 2026 and was scheduled to run for 12 weeks until 5 August 2026. The consultation information set out four options for the future of the home:

1. Do nothing
2. Refurbish Applethwaite Green
3. Demolish and rebuild at Applethwaite Green
4. Close Applethwaite Green

The consultation sought views from residents, families, staff, local communities and other interested stakeholders through an online consultation platform, paper consultation packs, public information events and written correspondence.

Responses were received from residents, relatives, staff, local residents, parish councils, healthcare stakeholders, and elected representatives. Public interest was further reflected in extensive correspondence, attendance at drop-in events and subsequent Freedom of Information requests.

Following a key update to the consultation information on 26 June, the consultation was extended by two weeks to Wednesday 19 August.

Engagement with care home residents and families

Westmorland and Furness Council support

Senior officers from Adult Social Care contacted family members on several occasions to make them aware of the launch and progress on the consultation. The team working on the consultation have also sought to answer questions and provide answers where possible. They were also available to family members at drop-in sessions, and in Applethwaite Green to listen to family and residents' concerns.

Healthwatch independent report

Healthwatch Westmorland and Furness is the independent voice for people who use health and social care services across our area.

Westmorland and Furness Council commissioned Westmorland and Furness Healthwatch to produce an independent report as part of this consultation.

Healthwatch engaged with 17 people in the home and in community venues outside of the home, to gain their views and hear their concerns. Their independent report is summarised on page 68.

N-Compass advocacy support

Westmorland and Furness Council also commissioned independent advocacy organisation N-Compass to produce an independent report as part of this consultation.

N-Compass is contracted with Westmorland and Furness for a range of services. Advocacy supports people to understand information, express their views, wishes and feelings, and participate meaningfully in decisions affecting their lives.

Staff from N-Compass met with every resident who wanted to be involved, to explore their experiences of their current home, and their views about remaining, relocating or potential refurbishment.

The N-Compass report is summarised on page 69.

Engagement with Applethwaite Green staff

Senior management have been present at the home during the consultation period, attending some staff meetings and also answering questions and listening to concerns from staff. Some staff have also submitted anonymised consultation survey responses expressing their views.

In addition, all staff at other Westmorland and Furness Council residential care homes have been kept updated through the usual Care Services communication channels.

Public engagement methods

The main methods of engagement were:

- An [online consultation information page](#) and online consultation survey hosted on the council's Citizen Space consultation platform;
- Paper "[consultation packs](#)" containing the same information as the online information and the online survey;
- Drop-in information sessions with officers;
- A public meeting;
- A dedicated email address care.consultation@westmorlandandfurness.gov.uk for all incoming questions and correspondence, including responses to the consultation received without using the online or paper survey form.

These engagement methods were promoted via:

- Media coverage of the consultation launch, the first drop-in events, and the 26 June update to the consultation information;
- Regular social media posts on the launch, drop-in events, and the public meeting;
- Print advertisements in the Westmorland Gazette;
- Posters in libraries and in the community;
- Westmorland and Furness Council Weekly News residents email newsletter;
- Westmorland and Furness Council South Lakeland Locality Newsletter to community groups and parish councils;
- Information direct to local members;
- The Cumbria CVS Health and Wellbeing email bulletin;
- Age UK South Cumbria.

Online consultation information pages and survey

The [online information pages](#) gave an introduction and overview of the consultation process and the reasons why the future of Applethwaite Green is being consulted on.

It provided information on:

- the council's overall vision for Adult Social Care
- the Applethwaite Green building,
- costs of modernising and rebuilding,
- occupancy and running costs
- alternative care home provision,
- information on the four options for consultation
- how to get involved and find out further information

The respondent had to read the background information before proceeding to answer the questions in both the online and paper survey. This was to encourage informed engagement before completing the consultation survey. Use of free text comments was encouraged so that the online consultation survey did not function only as an online “poll”.

Respondents to both surveys were asked to select their preferred option from the four options Cabinet provided, and were invited to give reasons for their choice and any further comments.

Respondents were asked to choose a category of respondent (such as South/Central Lakes resident, relative or friend of an Applethwaite Green resident) and complete optional demographic and equality monitoring data.

Representative of organisations were also able to submit organisational responses via these forms.

The [consultation homepage](#) also contained links to related documents including Freedom of Information disclosures and a mid-consultation [Question and Answer document](#).

Paper consultation packs

A total of 600 consultation packs were printed for the first period of the consultation (“Part 1”), and a further 600 copies of updated (“Part 2”) packs were printed following the update and extension to the consultation from 26 June.

Packs were made available and regularly replenished at:

- Windermere library;
- Ambleside library;
- Kendal library;
- Kendal Town Hall reception.

Packs were also supplied on request to members of the community who asked for copies to distribute to others.

Completed responses could be returned by hand to one of the libraries or posted by Freepost to the council.

Consultation responses provided on paper forms were input into the same online survey software as the online survey responses, and the system reference number recorded on the form cover in case of further queries.

Drop-in information events

Information drop-in events were arranged and publicised at the beginning of consultation as follows:

Date	Venue
Mon 1 June, 10.30am-12.30pm	Windermere Library (drop-in)
Mon 29 June, 10.30am-12.30pm	Windermere Library (drop-in)
Wed 1 July, 10.30am-12.30pm	Ambleside Library (drop-in)
Thu 16 July, 2.00pm-4.00pm	Windermere Library (drop-in)

Drop-in events were publicised as being an opportunity for people to speak individually to officers, to ask questions and find out more about the consultation process, and, if requested to be supported to complete the online or paper survey.

These events were attended by between 10 and 25 people, many of whom attended multiple sessions. The initial meeting had the most attendees, and it became more like a group meeting, with some attendees speaking and some attendees observing. In order to ensure all voices could be heard, later events were managed differently to provide the opportunity for one-to-one conversations with officers. These events were lower in attendance. Some people expressed that they did not wish to have drop-in sessions but preferred the format of the initial session.

Later events organised for Hawkshead and Coniston (detailed further below) had very low attendance.

Drop-in events were used by officers to communicate the same information as contained in the consultation materials, and to encourage people to express their views and concerns via the online or paper survey forms. For this reason, comments expressed at the drop-ins were not captured and fed into the consultation response process, although repeated themes and concerns observed did contribute to the creation of a Questions and Answers document.

How the consultation developed

Early themes and emerging questions

Within the first few weeks of consultation, a number of recurring questions began to emerge through survey responses, direct correspondence and information drop-ins.

Respondents sought clarification regarding:

- occupancy levels and demand for places;
- staffing and agency costs;
- room sizes and modern care standards;
- future residential care need;
- the availability of alternative care homes;
- refurbishment costs; and
- the implications of closure for current residents and families.

An early theme concerned the Refurbishment option. Comments received through consultation responses and discussions at drop-in events indicated that some respondents understood refurbishment to mean improvements taking place while residents remained in the home. Many respondents regarded this as significantly less disruptive than either rebuilding or closure. This led to the updating of the consultation information.

The consultation update and extension

On 26 June the council announced a significant update to the consultation information and extended the consultation period by a further two weeks, moving the closing date from 5 August to 19 August 2026.

The update was made after officers reviewed early consultation responses and feedback received at the first scheduled drop-in events. This feedback indicated that some respondents had interpreted Option 2 (Refurbishment) as meaning that residents could remain living at Applethwaite Green while refurbishment works were undertaken.

The public consultation materials in print and online stated that Refurbishment would mean “extensive remodelling and refurbishment” and that the option would be “highly disruptive to current residents”, but did not spell out clearly that the extent of structural work required for a complete remodelling of the home, which would include installing new plumbing and wiring, and updating mechanical and electrical installations, and would mean the home would have to close for an extended period.

The updated information clarified that:

- the scale of structural remodelling required under the refurbishment would require the temporary closure of the home;
- current residents would need to move to alternative temporary or permanent accommodation;
- refurbishment was estimated to require closure for 12 to 24 months;
- rebuilding would require relocation for an estimated two to four years.

The council [contacted previous respondents](#) where contact details were available and invited them to submit replacement responses if they wished. Online information was updated and [updated consultation packs](#) were issued. Additional consultation time was provided to allow respondents to consider the revised information. A media release on the update and extension was distributed, receiving extensive coverage.

All respondents who submitted 'Part 1' paper forms during the Part 2 period from 26 June (because they were holding unreturned old forms in their homes) were contacted in the same way throughout the second half of the consultation.

The consultation update had limited impact on overall option preferences.

Whilst the overall pattern of support remained largely unchanged, qualitative comments indicate that many respondents who continued to support refurbishment did so because they disputed the extent of the works described by the council rather than because they accepted the updated interpretation of refurbishment. This position subsequently became formalised through the community-developed "Option 1.5" proposal.

Question and Answers document

To help address recurring questions, the council published a detailed [Question and Answer document](#) on 16 July 2026. This document consolidated issues raised through correspondence, consultation responses and drop-in events and provided further explanation regarding:

- demand and occupancy;
- recruitment and staffing;
- care home standards;
- refurbishment proposals;
- future provision;
- self-funder contributions;
- potential alternative models;
- consultation processes.

Further drop-ins and a Public Meeting

As the consultation progressed, further engagement activity took place, including additional drop-in events in Coniston and Hawkshead and a public meeting held in Windermere on 28 July, following requests from the community. A council officer also presented to a meeting of Windermere & Bowness Town Council.

Date	Venue
Wed 22 July, 1.30pm-3.30pm	Coniston Sports and Social Centre (drop-in)
Wed 22 July, 4.30pm-6.30pm	Hawkshead Market Hall (drop-in)
Tue 28 July, 6.15pm-7.45pm	Ladyholme Centre, Windermere (Public meeting)

Attendance at the additional drop-ins was very low. The Public Meeting was attended by 67 members of the public and provided a forum for public scrutiny of the consultation. A petition against closure containing 1,487 names was referenced at the meeting, which had been presented to Tim Farron MP on 24 July, with more names still being added.

The council presented its rationale for undertaking the consultation, including concerns regarding building suitability, recruitment challenges, occupancy and operating costs.

Members of the public, relatives, campaigners and community representatives raised questions regarding local residential care provision, resident wellbeing, refurbishment options, future demand and concerns about the consultation process.

Many of the issues raised reflected themes that were already becoming prominent in survey responses, stakeholder submissions and correspondence. In particular, participants emphasised:

- the importance of retaining local residential care provision;
- concerns about the impact of relocation on current residents;
- the importance of family and community connections;
- the extent to which refurbishment options had been explored;
- confidence in the consultation process and the evidence presented.

Freedom of Information requests and requests for additional evidence

As the consultation progressed, a large number of Freedom of Information requests and requests for supporting evidence were submitted. These requests sought additional information relating to:

- occupancy, admissions and demand for placements;
- refurbishment costs;
- staffing and agency expenditure;
- self-funder income;
- alternative care provision;
- management arrangements;
- future site use;
- consultation decision-making processes.

Through the consultation several respondents referred directly to information obtained through FOI disclosures when setting out their views, particularly in relation to occupancy, admissions, self-funder income and financial modelling.

The Applethwaite Green Community Group formed at the beginning of the consultation, submitted detailed requests for information and correspondence concerning the evidence base used within the consultation.

Emergence of 'Option 1.5'

During the later stages of the consultation an alternative proposal that became known as "Option 1.5" emerged. This proposal was associated with submissions from local residents Peter Lord and Peter McNamara and was subsequently supported by a number of additional respondents.

They rejected a choice between maintaining the home unchanged (Option 1) or undertaking the full refurbishment model described by the council (Option 2). Instead, supporters of Option 1.5 proposed:

- retaining Applethwaite Green in operation;
- undertaking more modest refurbishment;
- reducing room numbers where necessary;
- improving facilities incrementally;
- avoiding large-scale displacement of residents.

The emergence of “Option 1.5” was reflected in later consultation responses, whereby many respondents who continued to support refurbishment after the consultation update also challenged the scale and assumptions of the refurbishment described in the updated consultation materials.

Consultation close

The consultation closed on 19 August 2026 following 14 weeks of engagement. By the close of consultation, the evidence base had expanded beyond the original consultation pack and survey. In addition to survey responses, consultees had contributed through:

- direct correspondence;
- stakeholder submissions;
- public drop-ins and a public meetings;
- FOI requests and disclosures;
- A Question and Answer document;
- representations through elected representatives;
- alternative proposals such as “Option 1.5”.

Quantitative analysis methodology

Quantitative analysis of preferences and other data was conducted on all responses received from individuals via the online consultation form or the paper consultation form.

Responses received on paper forms were input into the online survey system on the council's Citizen Space platform.

Organisational responses have been extracted and excluded from quantitative analysis as they represent the views of more than one individual. They are included in the qualitative analysis, summarised on page 63 under ‘Other organisational and stakeholder contributions’, and recorded in full in *Appendix 4 - Survey responses from organisations*.

Direct emails and correspondence has also been excluded from quantitative analysis as they did not always include an explicitly stated preference among the four consultation options. They also did not include required data to support further analysis such a category of respondent, age and sex. These responses are included in the qualitative analysis.

The following data was assembled with extensive manual analysis of responses instead of using the data functionality of the survey system. This was because the online survey did not allow for respondents to select none of the four options, or choose multiple

options. Many respondents selected one of the options but then wrote in the free-text field that this did not satisfactorily reflect their view.

The update to the consultation also generated substantial manual tracking of new, updated or withdrawn submissions to ensure each individual was counted only once.

Quantitative analysis

Introduction

Consultation survey

At the close of the survey there were 254 responses:

- 181 online survey responses from individuals
- 69 paper survey responses from individuals
- 4 online survey responses from organisations

This represents 1.8% of the population of the Windermere & Ambleside and Bowness & Lyth wards.

Direct responses and correspondence by email

At the close of the survey there were direct responses and consultation correspondence from 12 different people. These ranged from one-line expressions of a preference or comment to detailed submissions or lengthy correspondence. All are included in the qualitative analysis of responses.

Individual responses to survey

Survey respondents were asked to select their preferred option from the four options Cabinet agreed for consultation.

For the online survey, this was a forced choice between the four options, and did not allow respondents to reject this choice, express or order more than one preference, or suggest an alternative summary preference. Some respondents overcame this by writing in the comments their wish to override their online selection with another preference, such as none, two or more options, or the “Option 1.5” which was put forward by two members of the community towards the end of the consultation period.

Some respondents on paper forms also chose to reject a single preference and write in their preference.

All such responses have been recorded as “Other” or “Option 1.5”.

Table 1: Preferences of individual survey respondents (n=250)

Option	Number	%
Option 1: Do nothing	41	16%

Option 2: Refurbish	164	66%
Option 3: Rebuild	17	7%
Option 4: Close	7	3%
"Option 1.5"	15	6%
Other	6	2%
Total	250	

Whilst Option 2 Refurbishment remained the overwhelmingly preferred option throughout the consultation, qualitative comments demonstrated that respondents attached different meanings to "refurbishment". Some supported major refurbishment broadly as described in the consultation materials. Others advocated more limited, phased or alternative refurbishment approaches designed to allow the continued operation of the home. These latter views are consistent with the emergence of the community-developed "Option 1.5" proposal.

Responses with no comments

One fifth of survey responses were "votes" only, containing no further comments in response to the consultation information presented or for the reasons why they preferred this option.

There was no significant difference between the two groups in preference chosen, with both groups strongly favouring Refurbish, "voters" slightly more than "commenters".

Table 2: Preferences of "commenters" versus "voters" (columns add up to 100%)

Option	Preference with comments		Preference without comments	
Option 1: Do nothing	35	18%	6	12%
Option 2: Refurbish	125	63%	39	76%
Option 3: Rebuild	14	7%	3	6%
Option 4: Close	4	2%	3	6%
"Option 1.5"	15	8%		
Other	6	3%		
Total	199	100%	51	100%

Analysis of the consultation update

110 individual responses were received online or on forms during "Part 1" of the consultation.

All but five submitted at least one method of contact. The remaining 105 respondents were informed of the consultation update by email, phone or post, in that order.

Table 3: Contact method for Part 1 respondents

Contact method	Number
Successfully emailed	83
Spoken with on telephone	8

Sent a letter by post	14
Not contactable	5
Total	110

The Part 1 contacting exercise resulted in two online respondents submitting a new response, and one Form 1 respondent. Two had at first preferred Option 2 Refurbishment but changed their preference to Option 1 or 3. One changed from Option 1 to Option 2.

Of the eight people spoken to by telephone five confirmed that the new information made no difference to their submitted response.

During the Part 2 period all online responses were necessarily in response to the updated online information, but a total of 14 Part 1 forms continued to be received throughout the period.

These respondents were contacted in the same way as follows:

Table 4: Contact method for Part 2 respondents submitting Form 1

Contact method	Number
Successfully emailed	8
Spoken with on telephone	2
Sent a letter by post	4
Total	14

Analysis of final responses, taking into account updated responses, showed little change in preference between the two periods, with Refurbishment strongly preferred:

Table 5: Preferences by consultation period

Option	Period 1		Period 2	
Option 1: Do nothing	18	17%	23	17%
Option 2: Refurbish	75	69%	89	64%
Option 3: Rebuild	8	7%	9	7%
Option 4: Close	6	6%	1	1%
“Option 1.5”			15	11%
Other	1	1%	5	4%
Total	108	100%	142	100%

A proposal from two respondents for an “Option 1.5” described as “a modest refurbishment” gained support near the end of the consultation period and following the Public Meeting.

As the qualitative analysis will show, many respondents who chose Refurbishment during Part 2, were aware of the council’s updated information that this would require the temporary closure of the home for 12 to 24 months. However, they challenged or

disputed this claim in their comments, or challenged the need for larger rooms and/or en-suite facilities, indicating a preference for Refurbishment without closure.

Preferences by respondent category

The majority of individual responses were received from Windermere/Central Lakes area residents (68%), with 12% from the wider Westmorland and Furness area. Some 42 responses had a connection to care at Applethwaite Green, whether as a current resident, a relative or friend of a current resident, or a current member of staff.

Some respondents marking “Other” had connections to the home, such as former members of staff.

Table 6: Respondents by category of residence or connection to Applethwaite Green

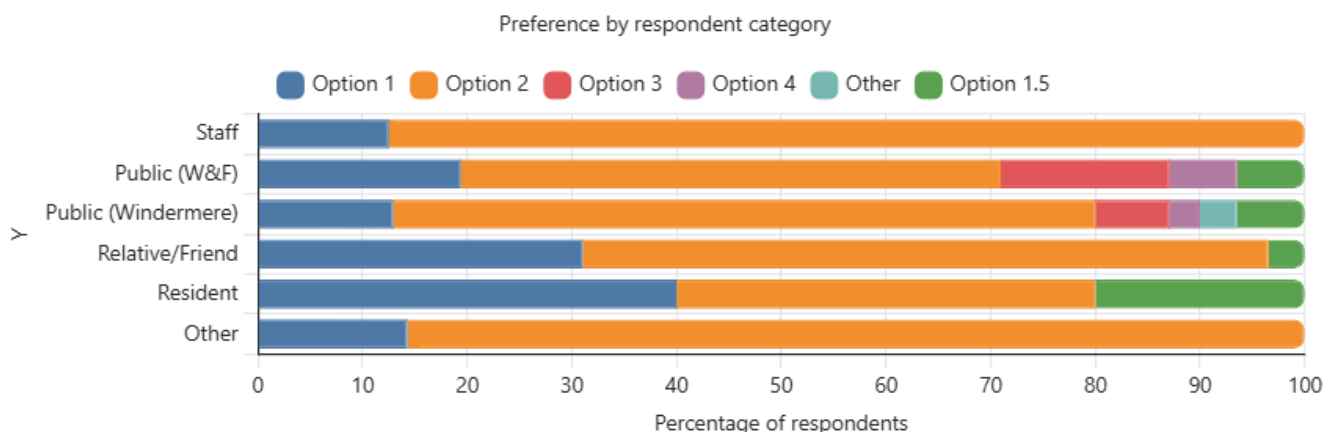
Respondent category	Total	%
Windermere/Central Lakes area resident	170	68%
Westmorland and Furness resident	31	12%
A relative or friend of a resident of Applethwaite Green	29	12%
A resident of Applethwaite Green	5	2%
A member of staff at Applethwaite Green	8	3%
Other	7	3%
Total	250	100%

Examining preferences by respondent category, two thirds of Windermere/Central Lakes area residents preferred Option 2 Refurbishment, with Option 1 Do Nothing the second most preferred option.

Westmorland and Furness residents outside this local area also preferred Option 2, but with more support for both Option 1 and Option 3 Rebuild. Care home residents, and relatives and friends of residents, showed much greater support than local area residents for Option 1 Do Nothing. Applethwaite Green staff who responded nearly all preferred Refurbishment.

Table 7: Option preference by respondent category (n=250; rows add up to 100%)

Respondent category	Option 1 Do nothing	Option 2 Refurb	Option 3 Rebuild	Option 4 Close	Other	"Option 1.5"	Total
Windermere/Central Lakes area resident	22 (12.9%)	114 (67.1%)	12 (7.1%)	5 (2.9%)	6 (3.5%)	11 (6.5%)	170
Westmorland and Furness resident	6 (19.4%)	16 (51.6%)	5 (16.1%)	2 (6.5%)	0 (0.0%)	2 (6.5%)	31
A relative or friend of a resident of Applethwaite Green	9 (31.0%)	19 (65.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (3.4%)	29
A resident of Applethwaite Green	2 (40.0%)	2 (40.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (20.0%)	5
A member of staff at Applethwaite Green	1 (12.5%)	7 (87.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8
Other	1 (14.3%)	6 (85.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7
Total	41 (16.4%)	164 (65.6%)	17 (6.8%)	7 (2.8%)	6 (2.4%)	15 (6.0%)	250

Table 8: Option preference by respondent category

Demographic data

As well as the respondent category, the consultation survey contained a full set of Westmorland and Furness Council equality monitoring questions.

In this report we have included data supplied for age, sex and ethnicity.

Age

231 out of 250 respondents supplied their age range. 85% were aged 45 or above, with age 60-74 the biggest group, and a high response rate for people aged 75 and over.

Table 9: Responses by age (n=231)

Age	Number	%
16-24	6	3%
25-34	13	6%
35-44	18	8%
45-59	52	23%
60-74	80	35%
75+	62	27%
Total	231	

There was a strong difference by age for responses submitted online or via a paper form.

Online surveys were used by more than 80% of all age groups, apart from aged 75 and over, where paper forms were most popular (55%) of responses.

Table 10: Responses by survey method (n=231)

Age	Online form	Paper form	Total
16-24	83%	17%	6
25-34	100%	0%	13
35-44	89%	11%	18
45-59	90%	10%	52
60-74	80%	20%	80
75+	45%	55%	62
Total	75%	25%	231

Sex

236 out of 250 individual respondents stated their sex. Responses were strongly skewed towards females, with women accounting for seven out of 10 responses.

Table 10: Responses by sex (n=236)

Sex	Number	%
Female	165	70%
Male	71	30%

Ethnicity

219 out of 250 individual respondents stated their ethnic group. 98% of respondents identified as White.

Table 11: Responses by ethnic group (n=219)

Ethnic group	Number	%
White (British)	144	66%
White (English)	64	29%
White (Scottish)	2	1%
Any other White background	4	2%
Black	3	1%
Arab	1	0.5%
Mixed or multiple	1	0.5%

Qualitative analysis methodology

Sources analysed

The quantitative analysis of consultation responses is presented above in this report.

This section sets out the findings from the qualitative analysis of consultation responses and associated correspondence received during the consultation period.

The qualitative findings presented in this report were developed through analysis of approximately 200 pages of consultation evidence, representing around 70,000 words of submitted material. This included survey comments from residents, staff, relatives and members of the public, organisational submissions, correspondence received during the consultation period, representations made through elected representatives, and submissions from the Applethwaite Green Community Group.

Independent reports produced by Westmorland and Furness Healthwatch and N-Compass have not been incorporated into the thematic analysis. These reports are considered separately to preserve their independence and avoid double-counting evidence.

Thematic analysis

Responses were analysed and themed with the assistance of AI software. Each response was reviewed in full and coded against recurring issues and concerns raised by respondents. Responses were not restricted to a single theme and many contributed to multiple themes. For example, a single respondent might discuss:

- the impact of relocation on residents;
- family visiting arrangements;
- the importance of local residential care provision; and
- concerns regarding the consultation process.

Themes were developed from the consultation responses themselves and refined throughout the analysis process. Particular regard was given to themes that emerged consistently across multiple respondent groups, including care home residents, relatives, staff, local residents and organisations.

The analysis focused primarily on the content, strength and consistency of views expressed rather than simply counting the frequency of individual comments. Frequency of occurrence has been considered where relevant, but qualitative findings are intended to explain the nature of respondents' concerns and the reasons underlying them rather than act as a quantitative measure of support for particular arguments.

Treatment of stakeholder submissions

Formal responses from parish councils, the town council, health and care organisations and elected representatives were analysed alongside individual responses. However, they are also summarised separately later in this report due to their different nature and level of detail.

Use of quotations

Illustrative quotations are used throughout the findings to demonstrate how themes were expressed by respondents and to provide insight into the strength and nature of views expressed. Quotations are reproduced verbatim wherever possible. Very minor corrections to punctuation, capitalisation or obvious typographical errors have been made where necessary to aid readability, but the wording, meaning and tone of respondents' comments have been preserved.

Qualitative analysis

Introduction

A total of 199 survey responses contained free-text comments and were analysed alongside direct correspondence, stakeholder submissions, organisational responses, representations made through elected representatives and supplementary material received during the consultation period.

Although respondents were asked to select one of four options, the qualitative evidence demonstrates that many participants viewed the consultation as being about wider issues than the future of a single building. Responses frequently addressed:

- the future of local residential care provision;
- the wellbeing of current residents;
- the role of council-run care homes;
- future demographic pressures;
- confidence in the council's evidence base; and
- confidence in the consultation and decision-making process itself.

While Refurbishment remained the preferred option throughout the consultation, respondents who selected that option often did so with different interpretations of what refurbishment would involve.

A substantial number favoured some form of refurbishment but questioned whether it required the level of intervention, disruption or temporary closure described by the council. This ultimately led to the emergence of "Option 1.5", a community-developed alternative proposal that is considered separately later in this report.

Theme 1: Impact on current residents

Overview

A prominent theme throughout the consultation concerned the impact any closure, relocation or prolonged disruption would have on existing residents.

Respondents described Applethwaite Green as the residents' home rather than a care facility. Concerns centred on continuity, familiarity, relationships, wellbeing and dignity. These views were expressed by residents themselves, relatives, staff, local residents and organisational respondents.

Many respondents accepted that the building might have limitations but argued that these were outweighed by the importance of maintaining stability for current residents.

Applethwaite Green as home

For many respondents, Applethwaite Green was an established home, community and place of belonging. Applethwaite Green as "home" was often contrasted with what respondents saw as an building-focused or financially driven discussion. Several respondents argued that bedrooms, bathrooms and building layouts were not the primary factors determining residents' quality of life. Instead, they emphasised relationships, routine, safety, familiarity and emotional wellbeing.

Residents of Applethwaite Green said:

"Leave my home alone please."

"I live at Applethwaite Green this is my home. I have found a new family. I do not want to live anywhere else. I am looked after very well and most importantly I am very happy here. It would be very distressing and extremely upsetting to lose my home. Something that should never happen to anyone."

"I am quite happy living here. The staff are very caring. I am not bothered about having an ensuite bathroom and my room is large enough for my needs. I had lived in Ambleside for like for 54 years before moving into Applethwaite and i do not want to live in Kendal, Milnthorpe or Grange."

"My family were asked to find a care home for me. They had been advised by the Discharge Unit that no places were available at Applethwaite Green, but their effort to find alternative accommodation were proving extremely difficult. In desperation a direct approach was made to Applethwaite Green & we were all totally relieved to be offered my present room at the home, where I have been very happy."

Distress and relocation

Concern about relocation was frequently expressed. Several respondents referred to previous experiences of relatives moving homes or being separated from established care arrangements.

For many respondents, the prospect of relocation represented a risk to wellbeing and quality of life, particularly for older and more vulnerable residents who had already adjusted to life within Applethwaite Green.

One relative said:

"Our mum is 94 years old and settled in Applethwaite Green where we are very happy with the standard of care, the size of her room and the number of bathrooms (one is next to her room). She needs assistance anyway so it doesn't matter that the bathroom is a separate door. Mum is only in her room at night. I feel the residents come first and that said, it would be too disruptive and disturbing to move her at her time of life."

Other relatives or friends said:

"Allow the current residents to see out the rest of their days in the place they know as home."

"It would be too disruptive and disturbing to move her at her time of life."

Other respondents said:

"The residents of Applethwaite would be traumatised by any move."

"The disruption of closure or refurbishment would be too traumatic for many of the current residents. These people moved to Applethwaite Green in the expectation that it would be their home for the rest of their lives."

A staff member said:

"If you move the residents out permanently they will not be strong enough for the move and they may not last long in a new place as they would just give up."

Dementia, frailty and vulnerability

Respondents said that the risks associated with moving were particularly significant for residents living with dementia or advanced frailty.

Many emphasised that the residents most likely to be affected by relocation were also the least able to adapt successfully to large-scale change. Concerns were often linked to reduced resilience, anxiety, cognitive impairment and increased dependence on familiar environments and routines.

One relative wrote:

"My mum's vascular dementia is now very advanced and she is unable to complete simple tasks such as feeding herself without support and she requires help with all

aspects of personal care. Despite the extent of her difficulties, she appears happy and content at Applethwaite Green and I am extremely concerned that moving her to a new and unfamiliar environment would be deeply distressing for her and harmful to her health."

Another wrote:

"My mother is 97 years old and increasingly frail and suffers from anxiety. She is happy and settled at Applethwaite Green and has expressed no substantive complaints about her room, the facilities or the care she receives."

A respondent who regularly visits the home said:

"They are a happy and comfortable community. There are residents who have severe dementia, to move them would extremely detrimental. To move and separate all the residents from each other would be barbaric, in my opinion."

Home for life

The expectation that Applethwaite Green represented a settled and permanent home featured in objections to closure, rebuilding and temporary relocation.

This concept of a "home for life" was often raised by relatives and friends of residents. Many felt that residents had already experienced the emotional impact of leaving their previous homes and should not be expected to undergo a second major transition.

One resident stated:

"I do not want to live anywhere else."

Relatives said:

"This is where they live. This is where they call home."

"Allow the current residents to see out the rest of their days in the place they know as home. They should not be made to feel fearful or vulnerable at this stage in their lives. This is where they live. This is where they call home."

A staff member wrote:

"For many, Applethwaite Green residential home is far more than a care facility, it is a place of comfort, stability, and belonging. The thought of it closing has created significant anxiety and uncertainty, particularly for vulnerable residents who rely on the continuity of care and familiar surroundings."

Safety, security and reassurance

The perception that Applethwaite Green was safe, familiar and trusted underpinned many objections to change. Many respondents expressed confidence in the current home, quality of care arrangements and staff, often presenting Applethwaite Green as a place that provides security, reassurance and stability at a vulnerable stage of life.

Residents said:

"I am looked after very well."

"I am very happy here."

"When I was deemed ready for discharge it was agreed that it would not be possible for me to return to my flat. My family were asked to find a care home for me... we were all totally relieved to be offered my present room at the home, where I have been very happy."

Family members said:

"She trusts the care team and they understand her."

"Mum was offered a place with a lovely room and we were over the moon. Over the past few months Mum has had some health issues but is now stable. She has received great care and understanding from the team at Applethwaite."

"My nana was nervous to go into a care home, settling her at Applethwaite Green had its challenges and differences in routine but she now considers this home and is very comfortable and happy."

Theme 2: Family contact, social connections and relationships

Overview

Alongside concern for current residents, respondents emphasised the importance of family contact, friendships and community relationships. Many viewed regular contact with family and friends as being as important as care provision itself.

The location of Applethwaite Green Care Home enabled relationships to continue naturally and frequently, whereas relocation was expected to reduce contact with family, friends and the wider community.

Importance of frequent visits

Many responses described regular, often daily, contact with residents.

Respondents argued that moving residents further away would reduce both the frequency and spontaneity of visits. They suggested that visits would become planned, occasional events rather than a normal part of everyday life. The ability to call in before or after work, visit during lunch breaks, or maintain daily routines of contact was viewed as a significant benefit of local provision.

Many respondents stressed that regular visiting formed an important part of residents' emotional wellbeing and quality of life.

Family members said:

"At least one of our family visit every single day."

"I visit Mum every day and I'm the one daily constant in her world (apart from the wonderful team, of course). We spend our time together talking about our lives and family. Family is really important to Mum."

"I like to visit my aunty multiple times a week."

"As a working parent, I am also able to visit because the home is close to where I live and work. I can call in after work, visit at weekends, or stop by when family commitments allow. If the home were relocated further away, these visits would become much less frequent."

"Family is really important to Mum."

"The thought that we won't be able to visit every day if mum were to be placed in Kendal, Ulverston or Barrow due to cost, time and travel restrictions is unthinkable. It'll have a severe effect on mum's mental health losing contact with the people who care for her and the constant family contact."

Elderly relatives and visiting challenges

Another concern related to the age and circumstances of visitors themselves.

Many respondents commented that the people most likely to visit care home residents were often elderly spouses, siblings and friends who no longer drove or who depended upon public transport. Respondents argued that travel distances which may appear modest in terms of miles could have a substantial impact on visits in practice.

This meant that the consequences of relocation would be felt not only by residents but also by those who support, care for and maintain regular contact with them.

Family members said:

"He would no longer be physically able to visit as often, if at all."

"My great-aunt's brother lives only a short distance away and is able to visit her frequently. He is elderly himself and suffered a heart attack only a few years ago. If she were moved further away, it is very likely that he would no longer be physically able to visit as often, if at all. This would be devastating for both of them."

Friends of residents said:

"My friend who lived in Windermere had to find a place for his wife in Grange over Sands. He therefore had to take two buses and a taxi to visit his wife."

"When she left hospital, she was unable to visit him alone due to being frail, the bus service was impossible and I could only take her after finishing work. Obviously, they wanted to be together and she stayed there with him for a short while to celebrate their 60th wedding anniversary. They were both heartbroken that they couldn't spend more time together."

Other respondents commented:

"Visitors to the elderly people are often elderly themselves and may not have personal transport."

"Elderly spouses and relatives will find it difficult to get to Kendal."

Family relationships and emotional wellbeing

Respondents often linked family contact directly to emotional wellbeing. The loss or reduction of visits was often described as a threat to residents' quality of life. Many respondents suggested that maintaining family relationships contributes significantly to mental wellbeing, emotional stability and residents' sense of identity and belonging.

Several respondents described important relationships with parents, grandparents, spouses and other relatives and argued that preserving these connections should be a central consideration in any decision affecting the future of the home.

Family members said:

"Keeping residents close to the people who care about them is essential to maintaining their dignity, happiness, and quality of life. Older people should not lose important family connections because of decisions about service provision."

"Having nana close by is very important to us, if she's moved elsewhere visiting will become harder which will affect her mental wellbeing and health."

"The value of keeping families connected and preserving the wellbeing of vulnerable older people cannot be overstated."

Friendships and existing social networks

Many respondents highlighted the importance of relationships beyond immediate family.

These included friendships between residents, long-standing local friendships, links with churches, nearby sheltered housing and wider community connections.

Family members said:

"There are 15 residents at the moment and to disperse them across Westmorland & Furness would be tragic for them. They all have their friendship groups which are important to them too."

"Nana knows all other residents as they know her, what happens to these connections if they're separated? Again another huge change to routine."

"The impact of closure extends beyond individual residents. This care home is an important part of the local community. It allows families to remain actively involved in the lives of their loved ones and helps older people maintain meaningful connections with those around them."

Hawkshead Parish Council said:

"Friends and family in the area will stay local and not be isolated."

Theme 3: Importance of local residential care provision

Overview

The future of local residential care provision was a key theme in the consultation.

Respondents frequently stressed that they were not only commenting on the future of Applethwaite Green Care Home itself but also on the future availability of residential care within Windermere and the wider Central Lakes area.

Many respondents did not accept that alternative provision in Kendal, Milnthorpe or Grange should be regarded as equivalent local provision. Respondents argued that residential care should be considered in terms of service accessibility, community catchment and the practical realities of living in a rural area, not distance alone.

"Kendal is not our community"

Respondents repeatedly distinguished between geographical proximity and community belonging. While some accepted that Kendal was relatively nearby, they argued that it could not be regarded as a local alternative in the same way as a care home situated within the communities where residents had spent their lives.

For these respondents, residential care should help people remain connected to familiar places, people and support networks. They viewed local provision as an important part of maintaining community ties and argued that relocation outside the area would weaken those connections.

Local respondents said:

"Kendal is not their local community."

"Windermere needs a care home."

"We need somewhere in Windermere for local people."

"The people of Windermere and surrounding areas deserve the chance to grow old in the heart of their community."

Others wrote:

"People should have a reasonable opportunity to remain close to spouses, children, grandchildren, friends, neighbours, familiar services and the community in which they may have spent most of their lives."

"Local people deserve the opportunity, wherever reasonably possible, to grow older and receive care within the community to which they belong, close to the people who know and love them."

A relative said:

"This care home is an important part of the local community. It allows families to remain actively involved in the lives of their loved ones and helps older people maintain meaningful connections with those around them."

Service to the wider Central Lakes area

Many respondents argued that Applethwaite Green served a far larger catchment than Windermere alone.

Places repeatedly referenced include, Ambleside, Coniston, Hawkshead, Grasmere, Langdale, Troutbeck and Bowness.

Respondents said that consultation materials understated the geographical importance of the home and that any future decision should consider the wider rural population that depends upon it.

Many suggested that closure would leave a substantial area of the Central Lakes without accessible residential care provision and would disproportionately affect rural communities located outside larger population centres.

Relatives commented:

"Applethwaite Green covers a large area with a much greater percentage of elderly than Kendal."

"There is a need for a residential home in Windermere as it covers Hawkshead, Ambleside, Troutbeck and Coniston!"

A local resident said:

"Applethwaite Green serves a wide rural area - Coniston, Hawkshead, Ambleside, Chapel Stile, Troutbeck, Grasmere and Windermere. You give details about other homes within a certain mileage of Windermere, but for the people who live in these other areas, the distances would be increased significantly if Applethwaite Green were to close."

Grange & Lakes Primary Care Network said:

"Applethwaite Green is the only remaining significant residential care home in the northern half of the Grange & Lakes Primary Care Network area (Grasmere/Ambleside/Coniston/Windermere). This is an area with a higher than average elderly population and limited provision of social care in the home."

Coniston Parish Council said:

"Although Windermere is not close to Coniston we believe that our residents and their families would find accommodation there to be far more suitable than to have to be accommodated in Kendal, Beetham and Grange."

Rurality and transport

Many respondents argued that assessments based purely on mileage underestimated the practical realities of accessing services in a rural area.

Respondents highlighted lengthy journey times, infrequent public transport, the need to make multiple connections and the particular challenges faced by older people travelling

to visit relatives. Relocation outside the immediate area reduce access to residents and make regular contact significantly more difficult.

Local respondents said:

"In order to reach the homes you list, this would mean a visit would take a significant part of the day, probably involving two or even three buses each way. This puts a strain on visitors and makes it likely that visits will decrease for residents."

"Elderly spouses and relatives will find it difficult to get to Kendal."

"Travelling to Kendal is not an option for many family members."

"Many people want to be looked after but if they move to Kendal etc, they are further from old friends who won't be able to visit."

"Appleshwaite Green serves a wide rural area and visitors to the elderly people are often elderly themselves and may not have personal transport."

Grange & Lakes Primary Care Network said:

"Close family members, in particular spouses will find travel to visit their loved ones in homes in Kendal, Grange or Milnthorpe to be very challenging."

Rural equity and fairness

A related argument concerned the fairness of access to residential care services for people living in rural communities.

Many respondents argued that residents in the Central Lakes area should not receive a lower level of service or fewer local options because provision may be more expensive to maintain. Respondents frequently framed the issue as one of fairness, equality and community sustainability.

Respondents said:

"Windermere residents should receive the same support and options as someone in Kendal."

"We deserve the same support as people elsewhere."

Coniston Parish Council said:

"This would be another example of rural communities suffering the lack of resources and investment that are routinely channelled to urban areas."

Grange & Lakes Primary Care Network said:

"To have no local option for residential care for all this area is totally unacceptable"

Theme 4: Community identity, community value and sense of place

Overview

A theme emerged concerning the wider role of Applethwaite Green within the identity and social fabric of Windermere and the Central Lakes area.

For many respondents, the discussion was about the kind of community people wanted Windermere and the surrounding area to remain. Respondents frequently described Applethwaite Green as a longstanding community institution and expressed concern that its loss would represent the further erosion of services, facilities and opportunities for local people.

Many respondents viewed the future of Applethwaite Green as symbolic of wider questions about belonging, local identity, community sustainability and the ability of local people to remain connected to the places where they have lived and contributed throughout their lives.

A longstanding community asset

Many respondents described Applethwaite Green as an established and valued part of community life. Several referred to its long history within Windermere and the wider area, noting that generations of local families had relied upon the home. Respondents frequently viewed Applethwaite Green as part of the community's social infrastructure and a facility that contributes to the character of the area.

Relatives said:

"This residential care home is an integral part of the community."

"Applethwaite Green has always been part of the community in Windermere."

Local respondents said:

"Applethwaite Green is a valued asset to the village of Windermere."

"It's vital that senior local residents can stay local for the sake of friends and family."

A staff member said:

"Applethwaite Green has provided quality care for many generations in the local area. Community is to keep together families and neighbours."

Keeping local people in the communities they helped build

Some respondents commented that people who had spent their lives living, working and contributing to Windermere and the surrounding area should have the opportunity to remain there if they require residential care.

Many viewed this as an issue of dignity, belonging and fairness. Several emphasised that older residents had helped build and sustain their communities over many years and

should not be expected to leave them at a vulnerable stage of life. Local residential care helped people remain connected to the places, people and experiences that have shaped their lives.

Local respondents said:

"The elderly population of Windermere should have the right to spend their final days in the place where many of them grew up."

"People who have lived, worked and contributed to their community should be able to stay there."

"Our elderly residents should be able to stay in the community they belong to."

"People in Windermere and Bowness should have a reasonable opportunity to remain close to spouses, children, grandchildren, friends, neighbours, familiar services and the community in which they may have spent most of their lives."

Another wrote:

"Many of these residents are the last generation to have fought in or lived through the 2nd World War and all its hardships and demands. They have worked, paid taxes and contributed towards their community. Don't they deserve to be looked after in their local community? Cared for and respected in their final years?"

A staff member said:

"These people are the most vulnerable in society they need to feel protected. Applethwaite Green is a place of comfort familiarity and connection to the area they have worked, built a home, family and friends."

Sense of loss, community change and sustainability

Many respondents situated the future of Applethwaite Green within a wider narrative concerning the gradual loss of local services and facilities.

Several referred to previous care-home closures and reductions in other local services. Others expressed concern that permanent residents were increasingly losing facilities while wider economic and demographic changes were reshaping communities across the Lake District.

Some respondents linked the future of Applethwaite Green to concerns about second homes, holiday accommodation and the long-term sustainability of local communities.

Local residents said:

"Like everything else in our village has been taken from us."

"When it's gone, it's gone."

"The Abbey has been closed against what the Staveley people wanted."

"It would be a great loss to everyone if Applethwaite Green had to close."

"Another residential home is trying to close. I have been a district nurse for many years and find it unbelievable that the council do not want to fund care homes."

Other respondents said:

*"The site is a valuable community asset in a town where there is already huge pressure from second homes, holiday accommodation and the visitor economy."
Public respondent.*

"Windermere is full of second homes and holiday lets."

"For many years local people have welcomed millions of visitors to Windermere. All we ask in return is that we are given the opportunity to remain in our own community when we need care the most."

"I am concerned that we'll turn into a theme park."

"This is not only about a care home. It is about what kind of community Windermere is becoming and whether local people still matter."

"The focus seems geared to getting more tourists into the area."

Future use of the site

Many respondents were also concerned about what might happen to the site afterwards.

Whilst views varied concerning the future of the property, respondents frequently argued that the site should continue to provide benefits for local people. Common suggestions included affordable housing, accessible housing, extra care accommodation and other community-focused uses.

A recurring concern was that the site could be lost to uses that did not directly benefit local residents, particularly given wider concerns about second homes and tourism-related development.

Local residents said:

"The future of this publicly owned site matters. I would be extremely concerned if a publicly owned site that has provided care for local people for generations were lost, only for that land or building ultimately to be used for holiday accommodation, second homes or tourism-led development."

"We really don't want it turned into holiday accommodation."

"If the site is no longer required as a residential care home, I believe priority should be given to accessible housing, Extra Care, affordable housing and genuinely local housing, ensuring that this valuable public asset continues to benefit the community."

"The care home should not be seen as an asset to fill the council's coffers."

"Please don't sell it to be developed. We need services for local people, not more houses that local people cannot afford."

"This valuable public asset should continue to benefit the community."

Community cohesion and local pride

Many responses expressed pride in Applethwaite Green and the role it plays within the wider community.

Respondents frequently described the home as representing local values of care, mutual support and community responsibility. Several highlighted the relationships between residents, staff, families and community organisations and argued that these reflected the character of the area itself.

Local residents said:

"The home is very much part of the Windermere community."

"This care home is at the heart of social principles."

Relatives and friends said:

"The local staff know Windermere and can talk to the residents about the area. The staff are people she knew previously and who she absolutely loves."

"Applethwaite Green has always been part of the community in Windermere and I have friends in there that I can visit."

Theme 5: Value of council-run care provision

Overview

A further theme was the perceived value of maintaining council-operated residential care provision. Whilst some respondents focused primarily on the future of Applethwaite Green, others voiced their concerns about the role of local authority care homes and the balance between public and independent sector provision.

These respondents often expressed concern that closure of Applethwaite Green would further reduce council-run care provision within South Lakeland and increase reliance on independent providers.

Public service ethos and accountability

Many respondents drew a distinction between care provided by the council and care provided by independent organisations.

Respondents frequently described council-run care homes as being motivated primarily by care rather than profit. A recurring view was that local authority ownership brought a higher degree of public accountability and transparency, and that council-operated homes formed an important part of the wider social care system.

Several respondents argued that once council-operated provision is reduced or removed it may be difficult to restore, resulting in less public influence over local residential care provision and fewer choices for residents and families.

Relatives of past residents said:

"Standards of care are clear and accountable in a council-run care home but this level of accountability is not always apparent in private sector facilities."

"Many of the alternative homes you have referred to are privately-run. They tend to charge higher fees as they are based on profit rather than care. I believe that this should be taken into account."

Local residents commented:

"The people of Windermere need a council-run residential care home. Not everyone can afford private care."

"Council run homes have been for people not profit."

"We need an alternative to private residential care."

Concerns about reliance on independent providers

Many respondents questioned whether the existence of alternative independent care homes should be regarded as sufficient justification for reducing council provision.

Several respondents argued that local authority provision plays an important strategic role by maintaining choice, helping to shape the care market and providing a benchmark for quality and cost.

Many respondents accepted that private-sector providers deliver important services but expressed concern about an increasing reliance on independent provision if council-operated homes were reduced or lost.

Local residents commented:

"Private homes are based on profit rather than care."

"Many of the alternative homes are privately run."

"There needs to be a publicly run option."

A social care professional commented:

"As a local authority-operated service, Applethwaite Green fulfils an important strategic role within the wider care market. The presence of local authority provision helps maintain choice, provides a benchmark for quality and costs, and contributes to market stability. Reduced local authority provision may lessen the council's ability to influence local market conditions and could increase exposure to future fee inflation."

Affordability and access

Some respondents expressed concern that the loss of Applethwaite Green could reduce affordable options for local residents.

A number stressed that not all residents have the financial means to access private provision and that future care options should remain accessible to people regardless of personal wealth.

Several respondents linked affordability to wider issues including the rising cost of living, housing pressures and uncertainty regarding future care costs.

Local residents said:

"The people of Windermere need a council-run residential care home. Not everyone can afford private care."

"Independent homes are way above people's affordability."

"People need affordable options."

"We need somewhere local and affordable."

A relative or friend said:

"With the cost of living going up and people trying to save what they can going into a private home will add more strain to families when they shouldn't need to worry about money when they have loved ones in a vulnerable state."

Quality of care

Many responses emphasised that concerns about the building should be distinguished from views about the care provided within the home.

A common argument was that respondents selected or valued Applethwaite Green because of the quality of care rather than the age, size or layout of the building.

Many respondents accepted that investment might be required but argued that discussions about modern standards, room sizes and en-suite facilities should not obscure what they regarded as the home's main strength: the quality of care delivered by staff and the positive experiences of residents and families.

Family members said:

"The quality of care, compassion, and stability she receives from the dedicated staff at Applethwaite Green is exceptional and we have been highly impressed."

"Despite all the negatives you have laid out I have always found it warm, caring and a safe environment for my family member who was unable to remain in her home environment."

"The care she receives is not only professional but deeply compassionate. Applethwaite Green is a warm and welcoming home with excellent facilities and a kind and caring team."

Local residents said:

"The staff are amazing and local."

"This home provides good quality care."

"The home already has a Good CQC rating."

"The care provided was first class in a wonderful caring atmosphere."

Relationships between staff and residents

Some respondents highlighted the close relationships between staff, residents and families. Many described the home as having a distinctive culture characterised by continuity, familiarity and long-standing personal relationships. Staff were frequently described as friends, extended family or trusted companions.

Several respondents argued that these relationships formed an essential component of care and would be difficult to replicate elsewhere.

Staff members said:

"The residents we have now are like family."

"The love and care we have is second to none."

"I have worked at Applethwaite for 34 years and the residents are like family. We treat them with the greatest care, dignity and respect and we love chatting with them."

A family member of a past resident said:

"My mother was cared for by the staff at Applethwaite Green until she passed away. It felt to me that she was being cared for by family members who cared."

Comparison between building quality and care quality

A recurring theme throughout responses supporting retention, refurbishment and "Option 1.5" was that respondents distinguished sharply between building quality and care quality.

Many respondents accepted that the building was ageing but argued that this should not be interpreted as evidence that the service itself was failing. For these respondents, building improvements were desirable, but they should not outweigh the qualities they valued most: care, relationships, continuity and local provision.

Local residents said:

"Care is making someone feel safe, warm, loved and fed and not alone."

"The building is not the problem."

"Just because the rooms do not meet 'the standard' does not mean the standard of care is not being met."

"People who need a care home simply need care, not so-called modern standards like ensuite bathrooms."

A family member said:

"I did not choose this care home for the size of the bedroom, rather the quality of the care."

Theme 6: Future demand and long-term planning

Overview

A substantial number of respondents challenged the suggestion that demand for residential care was declining.

Rather than focusing solely on current occupancy, respondents frequently discussed:

- demographic change;
- ageing populations;
- future care needs;
- dementia prevalence;
- pressures across health and social care systems.

Many respondents argued that decisions regarding Applethwaite Green should be considered within a longer-term context and that current occupancy levels, staffing challenges or financial pressures should not be the sole basis for decisions affecting future residential care provision.

The ageing population

Many respondents viewed future demand as one of the most important considerations in the consultation, arguing that demographic trends pointed towards increasing, rather than decreasing, need for residential care. References to an ageing population, longer life expectancy and increasing levels of frailty appeared throughout the consultation.

Respondents expressed concern that closure or reduction of local provision would leave future generations with insufficient access to residential care within their own communities.

Local residents said:

"I believe any decision to close Applethwaite Green due to current low resident numbers would be short-term thinking. The population is ageing nationally and the population in the surrounding area is older than the national average so it is to be expected that demand for such services will increase."

"We need more care homes not less."

"Demand for such care is increasing."

"There will always be a need for care homes."

"The ageing population within Westmorland and Furness is likely to increase future demand for care services rather than reduce it."

Dementia and increasing complexity of need

A number of responses highlighted increasing prevalence of dementia and increasingly complex needs amongst older people.

Several respondents suggested that care demand was changing rather than disappearing. Some proposed that Applethwaite Green should evolve into a more specialist service, particularly for people living with dementia. Others argued that residential care often becomes necessary because home-based care is no longer sufficient.

Respondents highlighted the limitations of community support and argued that some people will always require residential care regardless of developments in home-based services. Many felt that future service planning should explicitly consider dementia and increasing complexity of care needs.

A relative of a past resident said:

"My mum was in Applethwaite Green because she had dementia. We would have loved for her to stay at home but, she couldn't because she was a danger to herself and my dad."

A staff member asked:

"Could the home be turned into a dementia home."

Local residents said:

"There are residents who have severe dementia."

"Keeping people in their own homes is not always an option."

"People are living longer and many simply can no longer physically look after themselves adequately and safely at home... They need 24-hour physical care, support, company and compassion in a warm and caring environment."

A health and care professional said:

"Supporting people to remain in their own homes is an important goal and one I strongly support professionally. However, community services, equipment and adaptations cannot meet every person's needs indefinitely. There will continue to be people for whom residential care becomes necessary."

Strategic planning and the wider care system

A number of more detailed submissions adopted a broader perspective.

Respondents argued that decisions should consider:

- future demand;
- care market resilience;
- future care capacity;
- pressures on hospitals and discharge services;
- long-term provision.

These respondents argued that once local provision was lost it would be difficult or impossible to recreate in future. Several submissions suggested that the consultation should be part of a wider strategy for health, housing and care services across the area.

Many respondents felt that future resilience should be given equal weight to current operational pressures.

Local residents commented:

"Once a care home is closed the resource is gone for ever."

"Removing capacity now could therefore create a much greater problem in the future."

"The future of this vital local home needs to be fit for purpose going forwards."

"There will always be a need for care homes where home-based care would be unsafe."

"Beds at the two local hospitals are always blocked because there is no available elderly care bed to move into."

A health and care professional said:

"Closing residential capacity therefore needs to be considered as part of the whole health, housing and social-care system, rather than simply as the operating cost of one building. How can the Applethwaite Green site be developed to meet the changing health, housing and care needs of Windermere and Bowness for the next generation?"

"Before permanently removing that provision, there should be compelling evidence that local people will continue to have access to appropriate care close to their families and communities, alongside a transparent long-term plan for meeting the needs of an ageing population."

Local resident Peter Lord in his "Option1.5" submission said:

"The integrated care system was developed to link the NHS and Social Care. The need for this is exemplified by the problem of delayed discharge from hospital. Lack of availability of care home beds is the largest contributory factor causing delay."

And:

"To suggest that financial savings made by closing the home could be used to support the elderly in their own homes is illogical. Displaced residents will not disappear. They will still need to be cared for in another home!"

Theme 7: Building standards, design and the future suitability of Applethwaite Green

Overview

A significant theme throughout the consultation concerned the condition of the building, room sizes, accessibility and the extent to which Applethwaite Green met modern expectations for residential care.

However, respondents were divided on the significance that should be attached to the limitations of the building when compared with other factors such as quality of care, continuity, locality and resident wellbeing.

Many respondents accepted that Applethwaite Green was an ageing building and that investment would be required if it were to continue operating for the longer term. There was disagreement on whether the shortcomings identified by the council justified major refurbishment, rebuilding or closure.

Acceptance that the building has limitations

A number of respondents accepted that the building was ageing and would require investment if it were to continue operating in the future.

Some respondents who preferred refurbishment or rebuilding explicitly accepted the council's view that the building should be modernised. Many supporters of refurbishment argued that they were not opposed to change or investment, but they wanted improvements to be undertaken in a way that retained local provision and minimised disruption to existing residents.

One staff member said:

"The refurbishment option would retain council-run residential care in Windermere for the benefit of existing residents and their families. Capacity would be reduced due to enlarging of bedrooms, but an enhanced living and working environment compliant with modern standards would make the home somewhere the whole community could be proud of and more invested in."

One respondent said:

"It needs to be refurbished as it is a vital part of our Community and we must keep it going."

A health and care professional said:

"If the existing building genuinely cannot provide the standard of accommodation required for future generations, I would favour serious consideration of redeveloping the site rather than removing the service."

Challenge to the importance attached to room sizes

One of the most frequently disputed issues concerned bedroom sizes.

The consultation materials identified room sizes as one of the building's principal shortcomings. Many respondents did not dispute that rooms were smaller than modern standards but questioned whether room size should be treated as a deciding factor when balanced against continuity of care and resident wishes.

Several respondents argued that residents spent much of their time in communal areas and that room dimensions did not affect quality of life to the extent suggested by the consultation material. Others questioned whether the standards being applied reflected the needs and priorities of existing residents.

One resident said:

"I am not bothered about having an ensuite bathroom and my room is large enough for my needs."

A family member said:

"I did not choose this care home for the size of the bedroom, rather the quality of the care."

A family member of a past resident said:

"My mother's room was perfectly adequate for her needs, and it was no problem that she had to walk a few paces to the bathroom."

One respondent said:

"The residents are here because they need assistance. Many need encouraging to go to the toilet and have pads on that need staff to help them change. Others can not physically go to the toilet on their own. And residents are not sat in their bedrooms, they are in the communal lounge."

En-suite bathrooms and modern expectations

Many respondents disagreed with the weight attached to the issue of "modern standards" and en-suite bathrooms.

Several argued that current residents placed considerably greater value on local provision, continuity and quality of care than on private bathroom facilities.

Others suggested that residents requiring assistance with personal care derived little practical benefit from en-suite provision and questioned whether it should be prioritised over maintaining local residential care.

Respondents said:

"Are en-suite bathrooms really necessary?"

"The residents have never complained about their bedrooms not being ensuite."

"People who need a care home simply need care, not so-called modern standards like en-suite bathrooms."

One relative said:

"My mum is 94 years old and settled in Applethwaite Green where we are very happy with the standard of care, the size of her room and the number of bathrooms (one is next to her room). She needs assistance anyway so it doesn't matter that the bathroom is a separate door."

Other relatives or friends said:

"Not all rooms have to be en-suite."

"She needs assistance anyway so it doesn't matter that the bathroom is a separate door."

A staff member said:

"One resident said why would she want an ensuite when she has never had one in her lifetime even when in hospital and she said she did not want one as she was happy with the care she receives."

Challenges to comparison with alternative homes

A related concern involved comparisons with alternative care homes.

Several respondents questioned whether all alternative homes met the standards being applied to Applethwaite Green. Others challenged assumptions that alternative facilities necessarily offered better accommodation, better care or more appropriate environments.

Family members commented:

"Croftside and Riverside are Westmorland and Furness Council homes built to similar specs as Applethwaite Green and around the same date. If Applethwaite Green's rooms are too small and inadequate then so are Croftside and Riverside."

"We have begun looking at some of the alternatives listed in the consultation document. Some do not offer any bigger or better rooms and facilities than Applethwaite Green."

Peter Lord for Option 1.5 stated:

"The alternatives listed by the council include Riverside House in Kendal. It is of similar design and includes similar shortcomings."

Is Applethwaite Green unfit for purpose?

Some respondents directly challenged the description of Applethwaite Green as being unsuitable for future care provision.

Whilst accepting that investment might be beneficial, many respondents disputed suggestions that the home was obsolete, unsafe or fundamentally unsuited to providing care. Several pointed to the CQC rating and the experiences of residents as evidence that the service remained successful.

One local resident commented:

"This building is fit for purpose and very much loved by all who visit. Before any decision is made I would suggest that you spend 2 hours at Applethwaite, where the residents are loved and the staff love their jobs."

Peter Lord for Option 1.5 said:

"The building was purpose built and with regular maintenance and updating, facilities like this should function indefinitely. It happens all the time! To write off this asset would be a disgraceful waste of public money."

Applethwaite Green Community Group stated:

"The Council has confirmed that Applethwaite Green currently provides good-quality care, is rated 'Good' by the Care Quality Commission and presents no current safety concern."

Theme 8: Confidence in evidence, information and the consultation process

Overview

A significant proportion of respondents did not express a preference for one of the consultation options but challenged aspects of the evidence base, assumptions and information underpinning the consultation itself.

For many respondents, confidence in the proposed options were closely linked to confidence in the evidence used to support them. Respondents questioned the reliability, completeness and presentation of information relating to occupancy, demand, staffing, costs, refurbishment proposals and future provision.

Occupancy, admissions and demand

One of the most frequently challenged aspects of the consultation concerned occupancy figures and statements regarding falling demand.

A number of respondents argued that occupancy levels did not accurately reflect demand for places at Applethwaite Green. Instead, they suggested that occupancy had been affected by staffing constraints, room closures and admissions practices.

Many respondents referred to personal experiences of attempting to secure places for relatives and being told that no places were available despite spare capacity appearing to exist. The issue gained further prominence through information disclosed during the consultation indicating that occupancy had primarily been affected by staffing constraints and that admissions were paused once consultation began.

One relative said:

"We kept asking to get into Applethwaite and then told it was going to be refurbished. It took [name] 18 months to get in when she could have been admitted straight away! You will struggle to get staff if it has been renowned for years to close!"

Others said:

"There were no available rooms for either of them."

"We were told there were no beds available."

"People have been told that they were no rooms available by the Council"

Future demand and demographic pressures

Many respondents also challenged the consultation's references to falling demand by arguing that future demand for care would inevitably increase.

These concerns often referenced:

- an ageing population;
- increasing dementia prevalence;
- growing complexity of care needs;
- housing pressures;
- delays in accessing care.

A recurring concern was that consultation materials appeared to focus on current occupancy without giving sufficient weight to future demographic trends and long-term care needs.

Local residents said:

"I believe any decision to close Applethwaite Green due to current low resident numbers would be short-term thinking. The population is ageing nationally and the population in the surrounding area is older than the national average so it is to be expected that demand for such services will increase."

"The area of Windermere does not have enough homes to care for the elderly, this is why I think this should be refurbished to meet requirements."

A health and care professional said:

"The ageing population within Westmorland and Furness is likely to increase future demand for care services rather than reduce it."

Financial information and cost comparisons

The financial rationale presented in consultation materials generated extensive comment.

Respondents frequently referred to:

- operating costs;
- cost-per-resident figures;

- staffing costs;
- agency expenditure;
- capital costs.

Some accepted the financial argument, but many questioned the presentation, interpretation and completeness of the financial information provided.

A significant number of respondents argued that occupancy had a substantial impact on published cost-per-resident figures and that a home operating below capacity would inevitably appear more expensive when costs were divided across a smaller number of residents.

Relatives said:

"The costs per resident given are purely because of low occupancy."

"The consultation document is flawed."

"Yes of course the price per resident will be high as you have manufactured that by not taking people in! You have misled over occupancy and running costs!"

Self-funder income

A specific issue that emerged during the consultation related to self-funder income.

Information disclosed during the consultation confirmed that self-funder income had not been included in the published cost-per-resident calculations and that consultation materials were based on gross operating costs rather than net costs after resident contributions.

This became a substantial focus of later submissions. A number of respondents argued that respondents could not fully evaluate the options without understanding the impact of resident contributions and self-funder income on the overall financial position of the home.

A relative said:

"It has been established that this document shows 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. Therefore this does NOT and would not enable me nor any respondent to base an informed and intelligent response to this consultation as it stands."

Applethwaite Green Community Group stated:

"The Council's responses now confirm that the financial case presented to consultees was based on materially incomplete information... self-funder income was excluded."

Refurbishment costs

Many respondents challenged the estimated refurbishment cost of £2.5m to £3.0m.

Several questioned whether:

- the estimate was based on detailed surveys;
- lower-cost alternatives had been considered;
- phased approaches had been assessed;
- more modest refurbishment options had been explored.

This concern became closely associated with the emergence of Option 1.5 and with wider challenges to the financial assumptions underpinning the consultation.

Many respondents accepted that investment was necessary but argued that alternative approaches had not been fully examined before the estimated costs were presented.

One resident said:

"Things could improve a little at a time."

Relatives or friends of residents said:

"It could be refurbished for a more modest cost."

"A sympathetic refurbishment is needed. Not all rooms have to be en-suite."

"I believe that refurbishing is the only option to choose although I don't believe that 3 million needs to be spent! It could be refurbished for a more modest cost."

"I don't understand why you can't do refurbishments gradually instead of just leaving it until you think you need to close places down. Applethwaite has probably needed refurbishing years ago."

Peter Lord for Option 1.5 said:.

"During the current public consultation it is now being suggested that refurbishment of the home would require expenditure of up to £3.0m. You recently confirmed that such proposals aim to provide state of the art facilities including en-suite bathrooms throughout. Anything less appears to be unacceptable."

Consultation update and extension

The consultation update announced on 26 June generated significant comment.

Many respondents accepted the council's explanation that clarification was needed regarding the implications of refurbishment and rebuilding. However, others felt that important information should have been included from the outset.

A number of respondents argued that responses submitted before the update had been based on incomplete information. Others stated that, even after learning more about refurbishment, they still preferred refurbishment but disagreed with the council's description of the work required.

Relatives said:

"I don't think this process has been clear."

"It has also felt like a constant struggle to get information on the various options from the council."

"Frankly the consultation has not been particularly well conducted, exemplified by the need to extend the consultation because of a lack of essential information on the refurbishment option."

A local resident said:

"Vital information has been withheld or unpublished."

Perceived pre-determination

One issue raised concerned confidence that all options were genuinely being considered.

Some respondents referred to the April Cabinet paper, disclosed in May under Freedom of Information, showing that closure had been identified as a preferred option in Cabinet documentation before Cabinet subsequently decided to consult on all four options without expressing a public preference. Some respondents questioned whether all options were being considered equally or that a preferred outcome had already been identified.

One respondent said:

"The consultation is written with a distinct negative bias towards closing the facility. A stronger and more balanced approach would have been to ask what future service model the community wishes to see, rather than presenting closure as a realistic outcome from the outset."

Another said:

"While I understand that Westmorland and Furness Council is running a formal consultation regarding the options for the facility, I have not yet heard the council put forward any constructive suggestions as to how the current difficulties facing Applethwaite Green can be addressed and resolved positively. The tone of the communication so far strongly suggests that closure is viewed as the primary option."

A family member said:

"The preferred view was for closure. The whole consultation paper is biased on the side of closure, the wording and the way it has been done is misleading."

Transparency and access to information

Throughout the consultation, respondents sought and reviewed:

- consultation updates;
- FAQ documents;
- FOI disclosures;
- Cabinet reports;
- correspondence released during consultation.

Several respondents argued that important information emerged gradually throughout the consultation rather than being available at the beginning. Consequently, some respondents supported longer consultation periods, publication of additional evidence and opportunities to review new information.

Applethwaite Green Community group stated:

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

"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."

"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."

Theme 9: Workforce and recruitment

Overview

Workforce and recruitment issues were discussed throughout the consultation, although respondents generally viewed them differently from the way they were presented within the consultation materials.

While many respondents accepted that Applethwaite Green had experienced difficulties recruiting and retaining staff, they often viewed recruitment challenges as a problem that should be addressed through changes to pay, housing, workforce planning or management practices.

This theme was closely linked to:

- concerns about affordability and housing in the Windermere area;
- reliance on agency staff;
- uncertainty created by discussion of possible closure;
- the future sustainability of care provision in rural areas; and
- the value placed on experienced local staff.

Recruitment challenges were recognised

Many respondents acknowledged that recruitment and retention difficulties were genuine issues.

Several recognised that:

- Windermere is an expensive place to live;
- the local labour market is highly competitive;
- hospitality and tourism compete for workers;

- recruitment challenges affect other sectors as well as care

One staff member said:

"The care home has provided quality care for many generations in the local area. Unfortunately staff problems are due to poorly paid compared to other jobs in the local area and hours that do not suit for a working parent and no flexibility to work around the situation."

A local resident said:

"Most of the staff love their jobs at AG but have mortgages or rent to pay, so some have had to leave for financial reasons."

Peter Lord for Option 1.5 said:

"Windermere lacks affordable housing and so this problem is common to a variety of employers."

Recruitment difficulties were viewed as a problem to solve

Respondents often viewed recruitment issues as a management challenge rather than a closure justification.

Several questioned whether sufficient effort had been made to explore solutions before consulting on the future of the home. A recurring argument was that staffing challenges were not unique to Applethwaite Green and should therefore be managed rather than used to justify closure.

One staff member commented:

"All ASC homes are running at high cost with agency workers due to the poor recruitment within the council and the time it takes for a new worker to start with the home if they have not found alternative employment elsewhere. The recruitment policy does need to be looked at and updated and looked in to."

Housing pressures and staff accommodation

Housing emerged as one of the most commonly proposed explanations for workforce problems. Many respondents argued that high housing costs within Windermere and the wider Central Lakes made recruitment more difficult.

Examples included:

"Have you any idea how much it costs to rent or buy in Windermere?"

"Windermere is one of the UK's most visited tourist destinations."

"Housing costs play a significant role in recruitment difficulties."

Many respondents proposed staff accommodation as a possible solution.

Suggestions included:

"Provide some staff accommodation within Applethwaite Green itself at a fair rent."

"The secret is to provide staff accommodation."

"Could refurbishment include a balance of social housing available to staff and rooms that meet residents' needs?"

Some respondents suggested using empty rooms or unused areas within the building to support workforce recruitment and retention. Others proposed development of accommodation on or adjacent to the site.

A relative or friend said:

"Use empty wing to house staff and save on agency workers."

One respondent said:

"Would like to see refurb + part of the building changed into staff accommodation. Less residents rooms + some apartments for staff set up to do away with the need for agency staff."

Peter Lord for Option 1.5 said:

"Some have dealt with it by providing accommodation on site. Applethwaite Green has space for bespoke housing units, and the cost could be recouped over a period from rental charges."

Pay, retention and working conditions

Pay was another frequently cited issue. Several respondents argued that difficulties recruiting staff reflected broader issues within social care employment rather than problems specific to Applethwaite Green.

Concerns frequently related to pay, recognition, flexibility, progression opportunities and retention. Many respondents compared agency staffing costs with investment in permanent staff and questioned whether greater support for the permanent workforce could represent a more sustainable solution

Staff members said:

"More money for staff, flexible working patterns, staff bonus to retain staff"

"Staff that have worked there a long time are shown no loyalty i.e. extra pay depending upon years of service."

Local residents said:

"Pay the staff more."

"Care work is not easy."

"Windermere weighting. £1 extra, £2 would be better."

"A good care worker needs a broad skill set, and yet that person can choose to have a cleaning job that pays more and has no responsibility."

Agency staff

The consultation materials highlighted agency costs as part of the case for reviewing the future of the home. Many respondents accepted that agency expenditure was high but disagreed on its causes and significance.

Several respondents argued that uncertainty regarding the future of Applethwaite Green had itself contributed to recruitment difficulties and staff departures. Others questioned whether agency staffing should be seen as evidence of a failing service or as a consequence of wider workforce pressures and management decisions.

Local residents said:

"Agency staff costs are not related to the building."

"Staff have known about it's possible closure and have left in fear of being without a job."

Staff members said:

"Sadly you have to pay more for agency."

"Agency staff expect more from working staff as they are there all the time."

One local resident commented:

"There are agency staff working alongside full time staff. The residents appear to enjoy the variety."

Theme 10: Alternative Proposals

Overview

Many respondents suggested alternative ways of retaining residential care provision in Windermere whilst addressing some or all of the challenges identified by the council.

Whilst respondents disagreed on the detail, these alternative proposals shared several common objectives:

- retaining residential care provision within Windermere and the Central Lakes area;
- avoiding permanent closure;
- minimising disruption to current residents;
- improving the building over time;
- addressing recruitment difficulties;
- reducing operating costs without losing the service.

These suggestions ranged from modest practical changes through to more substantial proposals involving alternative ownership or delivery models.

Phased refurbishment

The most frequently proposed alternative involved some form of phased or incremental refurbishment.

Many respondents rejected what they saw as an assumption within the consultation materials that refurbishment could only occur through major structural works requiring closure of the home and relocation of residents.

Respondents proposed carrying out works in stages whilst retaining the home in operation. Many referred to the existence of vacant rooms or the previously closed Ambleside Wing and argued that these spaces could provide temporary accommodation while work progressed elsewhere in the home.

A resident said:

"Things could improve a little at a time."

Peter Lord for Option 1.5 said:

"The preferred option is not offered in the consultation. It is to keep AG open, with alterations to make all rooms at least 12 sqm in size and refurbishing it in stages."

Another said:

"The current site offers fantastic potential for the future."

Relatives said:

"It might not need refurbishing now."

"I think refurbishment but it doesn't have to be a major refurbishment, not every room needs to be ensuite, people at the home at the moment are very unhappy, work has been done without taking people out, you've said there isn't a lot of communal area but there is."

"I don't understand why you can't do refurbishments gradually instead of just leaving it until you think you need to close places down."

More modest refurbishment standards

Closely linked to phased refurbishment was a challenge to the scale of refurbishment described in the consultation materials.

Many respondents questioned whether refurbishment needed to achieve all of the standards outlined by the council. Common issues raised included room sizes, en-suite bathrooms, full structural remodelling and complete rebuilding of services and infrastructure.

Comments included:

"Not all rooms have to be en-suite."

"Are en-suite bathrooms necessary."

"The residents have never complained about their bedrooms not being ensuite."

"We all know that it would cost a lot to refurbish the building but is it necessary that everyone has an en-suite bathroom? So many people would still need assistance, so the present communal bathrooms would be perfectly suitable and people in hospitals use shared bathrooms quite satisfactorily."

A family member said:

"I understand that W&F needs to comply with modern standards, and I can see that younger residents especially now expect more, but I feel that some of these standards are beyond what is required."

Peter Lord for Option 1.5 said:

"The ideal of en-suite bathrooms is not rated above the importance of location near family, or above the provision of a proper bath with hoist as on each floor in AG."

Alternative uses within the existing building

Several respondents proposed making better use of existing space within Applethwaite Green rather than reducing capacity.

Suggestions included:

- re-opening unused rooms;
- creating specialist dementia provision;
- using spare rooms for staff accommodation;
- expanding respite or intermediate-care functions;
- making use of the currently unused Ambleside Wing.

A number of respondents argued that reduced occupancy represented missed opportunities to use the building more effectively and suggested that alternative service models should be explored before considering closure.

One staff member said:

"Could the home be turned into a dementia home as there is a need for this service in the area and they do not require or need the en-suite facilities, therefore the home would not need to be adapted however both floors could be used."

One local resident said:

"I asked why the 3rd corridor was eventually closed, and I was told that it didn't make financial sense to have it half filled. This problem should have been sorted out. People leaving hospital could have used these bedrooms and it would have/still could create an income."

Staff accommodation as a workforce solution

One of the most commonly proposed alternatives involved integrating staff accommodation into future plans for the site.

Many respondents linked recruitment difficulties directly to housing affordability and proposed that part of the site could be used to support care workers.

Examples included:

"Provide some staff accommodation within Applethwaite Green itself at a fair rent."

"The secret is to provide staff accommodation."

"Could refurbishment include social housing available to staff?"

"Use empty rooms to house staff and save on agency workers."

Relationship to Option 1.5

Many of the ideas described above ultimately fed into the emergence of "Option 1.5".

Although Option 1.5 is considered separately in the next section, several of the proposals contained within it reflected concerns repeatedly raised throughout the consultation:

- phased refurbishment;
- modest improvement rather than major redevelopment;
- retaining residents in situ;
- reducing room numbers where necessary;
- maintaining local provision;
- avoiding unnecessary disruption.

Theme 11: "Option 1.5"

Overview

A key development later in the consultation was the emergence of what became known as "Option 1.5". This proposal did not form part of the four options approved by Cabinet and presented within the consultation materials. Instead, it developed during the consultation itself, principally through the submissions of local residents Peter Lord and Peter McNamara, and subsequently attracted support from a number of other respondents who explicitly referred to it by name within their survey responses and correspondence.

Option 1.5 sought to address the concerns raised by respondents regarding both closure and the scale of refurbishment described in the consultation materials.

The proposal emerged particularly after the consultation update of 26 June, which clarified that refurbishment would require temporary closure of the home and relocation of residents for an estimated 12 to 24 months.

Development of the proposal

The proposal first emerged after correspondence and discussions between members of the community and council officers, before being formalised in a detailed written submission from Peter Lord and referenced by numerous other respondents.

By the end of the consultation:

- 15 respondents had explicitly selected "Option 1.5" as their preferred option; and
- a larger number of respondents supported elements of the proposal without using the specific label.

Several respondents simply wrote:

"Option 1.5 - keep open and refurbish in stages."

Others stated:

"I wish to support Option 1.5 as described in Peter Lord's submission."

"Option 1.5 is what I support."

Principles of Option 1.5

Whilst respondents described the proposal in different ways, several consistent principles emerged.

Retention of local residential care

The primary objective was to retain residential care provision at Applethwaite Green and avoid permanent closure.

The proposal was based on the view that:

- residential care would continue to be needed in the Windermere and Central Lakes area;
- local provision should be preserved; and
- the current site remained strategically important.

The proposal stated:

"A simple, but cost effective approach to refurbishment could see the home reduced from 28 rooms to 22, but with all meeting CQC regulations."

It concluded:

"The preferred option is not offered in the consultation. It is to keep AG open, with alterations to make all rooms at least 12 square metres in size and refurbishing it in stages."

Modest rather than comprehensive refurbishment

A second principle was that the refurbishment model described by the council was excessive and that more proportionate alternatives existed.

Supporters of Option 1.5 generally argued that:

- not every room required an en-suite bathroom;
- some rooms could be combined rather than rebuilt;
- standards could be improved without complete remodelling;
- refurbishment should focus on practical improvements rather than comprehensive redevelopment.

One respondent wrote:

"I am sure that an elaborate high cost refurbishment is not what the residents want or need, and that a more modest cost refurbishment can provide everything needed."

Retaining residents in their home

A key aspect of Option 1.5 was the desire to avoid large-scale displacement of residents.

This objective appeared repeatedly throughout supporting submissions.

Examples included:

"Essentially they recommend a reduction to the number of rooms by amalgamating the smaller rooms. This does not involve residents having to move out of their home."

"The residents must not be moved out of the home."

"Residents may have to move rooms temporarily."

Many respondents viewed this issue as the fundamental distinction between Option 1.5 and the council's refurbishment option. Whilst they supported improvement of the building, they opposed permanent or lengthy temporary relocation of current residents.

Relationship to the consultation update

Quantitative findings demonstrate that the consultation update did not significantly reduce support for refurbishment. Instead, support for refurbishment remained consistently strong throughout the consultation period.

Qualitative responses showed that many respondents accepted that refurbishment was necessary but disagreed that it had to take the form described by the council.

Option 1.5 therefore appears to have emerged partly as a response to the consultation update, providing an alternative explanation of how refurbishment and improvements might be achieved without displacing residents.

Respondent criticisms of the consultation options

Many supporters of Option 1.5 argued that the consultation did not accurately reflect the range of realistic possibilities available.

Several respondents suggested that they felt unable to select an option that fully reflected their preferred position.

One respondent wrote:

"The preferred option is not offered in the consultation."

Another stated:

"My true response would be Option 1 or Option 2."

Several respondents described Option 1.5 as a compromise between leaving the home entirely unchanged and carrying out major redevelopment requiring closure.

Relationship to wider themes

Option 1.5 drew together many of the consultation's strongest themes.

Supporters linked the proposal to:

Resident wellbeing: They argued that retaining residents in situ would avoid distress, disruption and relocation.

Family contact: Maintaining the site would preserve access for local families and existing support networks.

Local provision: The proposal was intended to retain local residential care provision within the Central Lakes area.

Future demand: Supporters argued that future care needs justified retaining and adapting the home rather than closing it.

Concerns about evidence: The proposal often rested on challenges to refurbishment cost estimates, occupancy assumptions and the presentation of alternatives.

Support beyond formal Option 1.5 responses

Although only a minority of respondents formally selected Option 1.5, many more expressed views that were consistent with its underlying principles.

Examples included:

"Refurbish slowly to keep it going."

"Could these not be refurbished in stages?"

"The current residents could stay whilst the building is modernised."

"A phased refurbishment would be an optimum solution."

Consequently, support for the concepts underpinning Option 1.5 appears considerably broader than the 15 responses that explicitly used the term.

The full Option 1.5 submission is contained in *Appendix 3 - 'Option 1.5' proposal*

Theme 12: Other organisational and stakeholder responses

Overview

In addition to responses from individual residents, relatives, staff and members of the public, the consultation generated a number of formal stakeholder submissions three parish councils and one Primary Care Network.

Organisational submissions were relatively few in number but were generally more detailed than individual responses and often addressed wider strategic considerations, including:

- future residential care provision across South Lakeland;
- the needs of rural communities;
- long-term demographic trends;
- health and social care integration;
- consultation governance and transparency;
- alternative approaches to refurbishment and service development.

Whilst there were differences in emphasis between organisations, there was considerable consistency between stakeholder submissions and the themes emerging from individual consultation responses.

The strongest shared concerns related to:

- resident wellbeing;
- continuity of care;
- the loss of local residential care provision;
- family and community connections;
- future demand for care;
- confidence in elements of the evidence base and consultation process.

Windermere and Bowness Town Council

Overview

Windermere and Bowness Town Council submitted the longest formal organisational response and formally supported refurbishment of Applethwaite Green together with the continued retention of residential care provision within Windermere.

The Town Council's submission reflected a significant number of concerns raised elsewhere in the consultation but approached these issues from a strategic and community perspective.

Local residential care provision

The Town Council said that Applethwaite Green continues to provide an important service for Windermere and the wider Central Lakes area.

It highlighted concerns that closure would remove the only significant council-operated residential care facility within the locality and would require residents to relocate away from their communities, friends and families.

Particular emphasis was placed on the role that the home plays in serving not only Windermere itself but also neighbouring rural communities.

Occupancy, staffing and demand

The Town Council questioned whether the evidence presented adequately demonstrated declining demand.

Its submission referred to concerns raised at public meetings and by local residents regarding:

- admissions restrictions;
- staffing-related reductions in occupancy;
- recruitment difficulties;
- future care demand.

The council highlighted concerns that occupancy may have been influenced by operational restrictions rather than by lack of need and argued that this should be considered carefully when interpreting viability data.

Consultation process

The Town Council also raised concerns regarding consultation governance and evidence.

Its submission referred to:

- room-size standards;
- refurbishment cost estimates;
- occupancy assumptions;
- future relocation risks;
- the possibility of future reviews affecting alternative homes.

The response urged continued investment in the home and specifically expressed support for the alternative approaches proposed by Peter Lord and Peter McNamara.

Coniston Parish Council

Coniston Parish Council opposed closure of Applethwaite Green and emphasised the importance of retaining residential care provision that remains accessible to rural communities.

The parish council highlighted concerns regarding the distances residents and relatives may have to travel if provision were relocated elsewhere and argued that rural communities can be disproportionately affected by the loss of local services. The council also expressed concern regarding the balance of information presented in the consultation materials and called for continued local residential care provision.

Hawkshead Parish Council

Hawkshead Parish Council supported refurbishment of Applethwaite Green and emphasised the importance of maintaining local residential care provision.

The parish council highlighted the benefits of residents remaining close to family, friends and their local communities and expressed concern that relocation could reduce community connections and increase isolation.

Grange and Lakes Primary Care Network

The Grange and Lakes Primary Care Network (PCN) submission considered Applethwaite Green within the context of wider health and social care provision across the locality.

The PCN highlighted the role of Applethwaite Green as one of the few remaining residential care facilities serving the northern part of the Grange and Lakes area and emphasised the importance of maintaining provision that supports family connections and rural communities. The submission also questioned whether future demand for residential care had been given sufficient weight and noted that residential placements can be difficult to source.

Representations made through Tim Farron MP

Overview

Tim Farron MP made a number of representations during the consultation on behalf of residents, relatives, staff and community groups. These submissions did not present a position but conveyed concerns raised by constituents.

Resident wellbeing

A key theme in the MP's correspondence related to the wellbeing of current residents.

Examples included:

"Moving her to a different care home would, in effect, leave her without her only consistent family contact."

"The thought that we won't be able to visit every day if Mum were placed in Kendal, Ulverston or Barrow due to cost, time and travel restrictions is unthinkable."

Staff concerns

Representations forwarded by the MP for consideration also conveyed concerns from staff regarding workforce uncertainty, recruitment difficulties, morale and the effect of closure proposals on staff retention.

Staff comments forwarded through the MP argued that the uncertainty surrounding the future of the home had itself contributed to workforce instability.

Consultation and alternative provision

The MP also sought clarification regarding:

- the relationship between the consultation and Cabinet reports;
- future alternative placements;
- the availability of local care provision;
- how consultation findings would be considered.

Common messages emerging from stakeholder submissions

Several consistent messages emerged across stakeholder responses.

Resident wellbeing: Nearly all stakeholder submissions emphasised the importance of continuity, stability and minimising disruption to current residents.

Local provision: Stakeholders consistently viewed Applethwaite Green as serving a wider Central Lakes population and not simply Windermere itself.

Future planning: Many stakeholders questioned whether future demand and long-term provision had been given sufficient weight.

Alternatives to closure: Stakeholder submissions generally favoured continued provision through refurbishment

Confidence in evidence: A number of stakeholder bodies questioned aspects of the evidence base, particularly occupancy, demand, refurbishment costs and consultation transparency.

Theme 13: Applethwaite Green Community Group

Overview

The Applethwaite Green Community Group (AGCG) submitted a substantial volume of correspondence and information requests. The group focused on the evidence base, financial analysis, decision-making processes and the legal framework surrounding any future decision, whilst also expressing strong concerns regarding resident welfare and the future of local care provision.

The group's submissions were combined:

- challenges to the council's evidence and assumptions;
- requests for additional information;
- concerns about consultation fairness and transparency;
- questions regarding compliance with statutory duties;
- proposals for alternative ways forward; and

- repeated requests for consultation extensions and additional disclosure.

Throughout the consultation period, the Community Group consistently maintained that respondents required access to a fuller evidence base before meaningful conclusions could be drawn about the four consultation options.

Access to information and the evidence base

One of the Community Group's most consistent concerns was that consultees had not been provided with sufficient evidence to evaluate the options presented.

The group submitted extensive requests seeking information relating to:

- occupancy and admissions;
- demand forecasts;
- staffing;
- building condition;
- financial modelling;
- alternative provision;
- decision-making criteria;
- refurbishment estimates; and
- resident impact assessments.

The Community Group stated:

"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."

A recurring argument was that consultation participants should have access to the same underlying information used by decision-makers. The group repeatedly requested publication of supporting evidence so that all respondents could assess the assumptions and conclusions presented within the consultation materials.

Occupancy, admissions and demand

The Community Group challenged the interpretation of occupancy figures and statements regarding declining demand. They requested detailed information regarding:

- admissions;
- referrals;
- enquiries;
- waiting lists;
- occupancy histories; and
- operational capacity

A central concern was whether lower occupancy reflected reduced demand, staffing difficulties, room closures or operational decisions.

The group questioned the evidence behind references in consultation materials to a "fall in overall demand" and sought information that could demonstrate how that conclusion had been reached.

Several AGCG submissions argued that occupancy should not be considered independently of staffing constraints and room availability.

Financial information and self-funder Income

Financial information became one of the dominant subjects within AGCG correspondence.

Particular attention was paid to:

- cost-per-resident calculations;
- gross versus net costs;
- self-funder income;
- assumptions used in financial comparisons; and
- refurbishment estimates.

Following information released through FOI requests, the group highlighted that:

- eight residents were self-funders;
- self-funder income exceeded £350,000 in 2025/26;
- self-funder income was excluded from published cost-per-resident calculations;
- consultation materials presented gross operating costs rather than net costs.

In one submission the group stated:

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

The Community Group argued that the distinction between gross expenditure, net cost, avoidable savings and future financial consequences had not been sufficiently explained to consultees.

It repeatedly requested publication of a fuller appraisal of the four options, including assumptions regarding occupancy, staffing, capital costs and future operation of the home.

Refurbishment costs and alternative scenarios

The Community Group also challenged the refurbishment assumptions presented in consultation materials.

It argued that respondents had largely been presented with a single refurbishment scenario and that alternatives had not been sufficiently explored.

Questions raised included:

- how refurbishment estimates had been calculated;

- whether professional surveys existed;
- whether lower-cost alternatives had been examined;
- whether phased approaches were feasible.

These concerns later fed directly into the development of Option 1.5 and other proposals for more limited refurbishment.

Resident welfare and wellbeing

Alongside challenges to evidence and financial information, the Community Group emphasised resident welfare.

Its correspondence repeatedly argued that the consultation should be viewed not just as a property or financial decision but as a decision affecting vulnerable people in their homes.

The group stated:

"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."

The Community Group sought information concerning:

- resident reassessments;
- relocation risks;
- safeguarding implications;
- advocacy support;
- alternative placements;
- transition planning.

Its submissions argued that wellbeing should be central to any future decision and questioned whether sufficient evidence regarding resident impacts had been made available during consultation.

Equality, human rights and statutory duties

The Community Group's correspondence frequently referred to legal and statutory frameworks.

A recurring argument was that decisions affecting vulnerable residents should demonstrate consideration of:

- Care Act duties;
- Equality Act duties;
- Human Rights Act obligations;
- safeguarding responsibilities.

The group requested information relating to:

- Equality Impact Assessments;
- resident-specific assessments;
- alternative placement assessments;
- Human Rights considerations;
- welfare and relocation risk assessments.

Whilst not all respondents raised these issues directly, the Community Group consistently framed resident welfare in the context of wider statutory responsibilities.

The council said it would not make sensitive personal data of residents publicly available, such as resident-specific assessments; alternative placement assessments; Human Rights considerations; welfare and relocation risk assessments.

Consultation fairness and transparency

A major element of AGCG correspondence concerned the consultation process itself.

The group repeatedly questioned:

- whether respondents had access to sufficient information;
- whether all options remained genuinely under consideration;
- whether critical information had become available only during consultation;
- whether consultation timescales remained appropriate once new information emerged.

One submission stated:

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

Another argued:

"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."

The Community Group therefore supported extensions to the consultation period and frequently requested opportunities for consultees to review new information before the process concluded.

Relationship to FOI activity

The Community Group was closely associated with much of the FOI activity surrounding the consultation.

A number of the issues raised throughout the consultation gained prominence following information disclosed through FOI requests, including:

- self-funder income;
- occupancy calculations;

- management arrangements;
- alternative provision;
- care-home costing methodologies.

Many later AGCG submissions built upon information released through this process and sought further clarification regarding the interpretation of the data disclosed.

Consultation extensions and requests for additional time

The Community Group repeatedly argued that additional time should be allowed for consideration of new information.

Several submissions requested either:

- extension of consultation deadlines; or
- withdrawal and reissue of consultation materials once additional information had been published.

The rationale was that consultees should have an opportunity to review information made available during consultation before finalising responses.

Relationship to Option 1.5

Although distinct from Option 1.5, there was a close relationship between AGCG activity and the emergence of alternative proposals.

Many of the issues raised by the Community Group, particularly those concerning:

- refurbishment costs;
- alternative scenarios;
- occupancy;
- staffing;
- continued operation;

These were subsequently reflected within the Option 1.5 proposal and related submissions.

Healthwatch report

Healthwatch Westmorland and Furness was commissioned by Westmorland and Furness Council to undertake independent engagement with residents, relatives, staff and members of the local community regarding the future of Applethwaite Green Care Home. Engagement took place through visits to the home, discussions with relatives and community members, follow-up correspondence and community meetings. A total of 17 people took part.

The number of participants was relatively modest compared with the overall consultation response. However, the report identified a number of recurring themes that closely reflected those emerging from the wider consultation process. These included concerns

about resident wellbeing, relocation and continuity of care, the importance of family contact and local accessibility, confidence in the consultation process, future residential care provision, refurbishment options and the value of Applethwaite Green as a community asset.

A notable feature of the Healthwatch findings was the emphasis placed on trust, transparency and confidence in the consultation process itself. Participants frequently expressed concern about the clarity of information provided, changes made during the consultation period and perceptions that closure had already become the preferred outcome. At the same time, there was strong support for retaining local care provision and exploring refurbishment or alternative solutions before closure was considered. [\[A\]](#)

The independent report provides an additional perspective on the views and experiences of people affected by the consultation. However, in order to preserve its independence and avoid double-counting evidence collected through separate engagement processes, its findings have not been incorporated into the council's own thematic analysis.

N-Compass independent advocacy report

N-Compass was commissioned by Westmorland and Furness Council to provide independent advocacy support to residents during the consultation on the future of Applethwaite Green Care Home. Advocacy was provided to help residents understand the consultation, express their views and ensure that their wishes and feelings could be considered as part of the decision-making process.

The report is based on individual conversations with residents and, where possible, discussions with family members. Although the number of residents participating was small, the report is particularly important because it provides an independent record of the views of people most directly affected by any future changes to the home.

The majority of Applethwaite Green residents who participated expressed positive views about living at the home and a desire to remain there. Several residents described Applethwaite Green as their home, said they did not wish to move elsewhere and expressed satisfaction with their current care, relationships and living arrangements. Residents frequently referred to familiarity, local connections and continuity as important reasons for wanting to remain.

A number of residents explicitly preferred either leaving the home unchanged or maintaining it through refurbishment. Where refurbishment was supported, this was often because it was seen as a way of preserving the home rather than replacing it. Several residents indicated that they were content with their current rooms and facilities and did not regard issues such as en-suite bathrooms as significant concerns.

Family members who participated generally supported approaches that would minimise disruption and avoid lengthy or permanent relocation. Concerns were raised about the potential impact of moving vulnerable residents away from familiar surroundings, local support networks and established care relationships.

A small number of residents expressed more mixed or less certain views, including one resident who appeared open to alternative living arrangements and others whose preferences were less clearly established. The report therefore illustrates that while a clear preference for remaining at Applethwaite Green was evident across many participants, residents did not all hold identical views and individual circumstances remained important.

The advocacy report broadly supports themes emerging elsewhere in the consultation, particularly the importance of continuity, familiarity, resident wellbeing, family involvement and retaining local residential care provision. However, the report has not been incorporated into the council's thematic analysis in order to preserve its independence and avoid double-counting evidence collected through a separate advocacy process.

Summary of key messages from the consultation

1. Importance of resident

The most consistently expressed concern related to the impact of any future decision on current residents. Respondents highlighted continuity of care, familiarity, emotional wellbeing and the risks associated with relocation, particularly for residents living with dementia, frailty or anxiety.

2. Local residential care provision was viewed as strategically important

Many respondents considered Applethwaite Green Care Home to serve not only Windermere but the wider Central Lakes area, including Ambleside, Coniston, Hawkshead and surrounding rural communities. Respondents emphasised the importance of maintaining local access to residential care and challenged assumptions that provision elsewhere represented a genuinely local alternative.

3. Family contact and community connections were regarded as essential

Respondents argued that proximity to family, friends and local communities forms a critical part of residents' quality of life. The ability to maintain regular contact, existing friendships and established support networks was viewed as a central benefit of local provision and a factor that should be given significant weight in any future decision.

4. Confidence in the evidence base became an issue throughout the consultation

Many respondents challenged occupancy figures, demand assumptions, refurbishment costs, cost-per-resident calculations, financial information and aspects of the consultation process itself. For a significant number of consultees, confidence in the options presented became closely linked to confidence in the evidence used to support them.

5. Refurbishment was the preferred option

Refurbishment remained the dominant preference throughout the consultation, both before and after the consultation update. Many respondents continued to support refurbishment despite updated information regarding temporary closure, although some

challenged the council's assumptions regarding the scale of works required and the extent of resident disruption.

6. Many respondents distinguished between the quality of care and the condition of the building

Whilst respondents generally accepted that Applethwaite Green would require investment, many argued that room sizes, en-suite provision and modern building standards should not be given greater weight than care quality, continuity, relationships and local provision. Throughout the consultation, respondents frequently distinguished between concerns about the building and their positive experiences of the service.

7. Many respondents argued for improvement rather than closure

Whilst respondents proposed a wide range of alternatives, a common theme was that challenges relating to buildings, recruitment, occupancy and costs should be addressed through investment, adaptation and service development rather than through the loss of local residential care provision. Many respondents viewed the issues identified by the council as problems to solve rather than reasons to close the home.

8. Option 1.5 emerged as the main community-developed proposal

The emergence of Option 1.5 demonstrated the extent to which respondents sought alternatives between maintaining the status quo and undertaking major redevelopment. Whilst only a small number of respondents explicitly selected Option 1.5, support for many of its underlying principles, including phased refurbishment, more modest building improvements and minimising disruption to current residents, appeared more widespread.

9. Stakeholder and community submissions broadly reinforced themes emerging from individual responses

Organisational responses, elected representative correspondence, community-generated proposals and evidence submitted by the Applethwaite Green Community Group largely reinforced concerns raised elsewhere in the consultation regarding resident wellbeing, local provision, future demand and confidence in the evidence base.

10. The consultation considered wider issues of rural communities and care

Over the course of the consultation, discussion expanded into a wider debate about ageing populations, rural and semi-rural service provision, community sustainability, public accountability, future demand for residential care, the role of council-run care homes and the future direction of adult social care within the Central Lakes area. Many respondents viewed the consultation as a discussion about the future of local care provision rather than simply the future of one building.

Consultation responses and correspondence

All the consultation responses, correspondence and background documents can be viewed in full at [Applethwaite Green consultation home page](#). Responses from individuals have been anonymised and identifying details removed.

Note: This document contains thematic analysis generated by Artificial Intelligence (AI). AI-generated content has been reviewed by the author for accuracy and edited/revised where necessary. The author takes responsibility for all the content of this document.