Westmorland & Furness Council

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Applethwaite Green consultation

Questions and Answers: number 1

Thursday 16 July 2026

Thank you for your questions, comments and suggestions received so far as part of the public consultation on the future of Applethwwaite Green Care Home in Windermere, which runs from 14 May to 19 August.

The following questions and answers have been prepared from consultation survey responses received so far, and from questions and points raised at drop-in events.

We have combined common questions and themes together into composite questions. If you do not think your questions have been answered or you wish to ask a question about the consultation or consultation information provided, please email care.consultation@westmorlandandfurness.gov.uk.

Demand, capacity and occupancy

Q: South Lakeland has an ageing population. Demand for such care is increasing? Don't we need more care homes not less?

A: The UK has an ageing population and Westmorland and Furness has an above average proportion of older residents. Building more and more care homes for every community, whether council-run or private sector, is not economically viable and does not reflect the direction of Government and local government policy, service user organisations and the preference of older people to remain independent for as long as possible.

Investing more in home-based support, adaptations and technology, community support, supported housing, and Extra Care Housing, aligns with people's preferences, is much more cost effective for families, councils and taxpayers, and is better for people's health and wellbeing. We know that focussing on these factors and promoting independence allows more people to return to their own homes with an increased frequency and this allows us to focus on increasing community support and stabilising the numbers of residential placements required to support people.

There will always be the need for some residential care homes for the very frail and people living with advanced dementia, but building more general care homes is not the answer to the substantial challenges of an ageing population. As people currently in their 50, 60s and 70s, grow older, an institutional setting will be increasingly avoided if there are alternative choices at home or in Extra Care Housing.

Q: Has W&F Council been putting a hold on admissions or turning down applications while there are empty rooms at Applethwaite Green? Is that the reason for low occupancy?

A: Prior to entering the consultation phase there have been no restrictions on admissions. The Registered Managers of Applethwaite have only been able to accept admissions where staffing levels have meant that this was possible. Admissions to the home has been paused during the consultation phase.

Q: Does the decline from 27 rooms to 16 residents reflect reduced demand, reduced operational capacity, admissions restrictions, staffing constraints, or a combination of these factors?

A: The reduction in the rooms being used is due primarily to staffing constraints.

Local choice/remoteness

Q: Closing Applethwaite Green would mean no local provision between Grange, Kendal and Keswick for people who have lived in the area all their life. Kendal is nearby but it is not the local community. Why should local residents have to move to likes of Kendal? Or Grange?

Q: Applethwaite Green may only be 10 miles from Kendal but this isn't so for those living in Ambleside, Hawkshead, Grasmere, Langdale, Coniston and the larger rural area. For the people who live in these other areas, the distances would be increased significantly if Applethwaite Green were to close. Visitors to the elderly people are often elderly themselves and may not have personal transport. 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.

Q: Applethwaite is never going to be the cheapest care home to run. Does that mean our elderly who can no longer live independently should be discriminated against by having to move miles from their community unlike residents from larger or cheaper settlement?

A: Closure would mean there would be no *residential care* provision in local communities. If the home were to close it would be alongside our strategy of investing in support for people to remain at home and be cared for in every community for as long as possible, either in their own home or in specialist housing such as sheltered housing, or Extra Care Housing.

Rather than families and friends from Ambleside, Hawkshead, Grasmere, Langdale, Coniston and the larger rural area having to travel to a care home in Kendal, for example, reducing or delaying the need for costly long-term residential care would

allow more residents to remain in those communities for longer and reduce the need to travel anywhere.

The council has also invested in intermediate care beds in Barrow and Kendal which are proving very successful in allowing people to return to living at home in their home community after a spell in hospital rather than entering permanent residential care.

There will always be a need for specialist residential care for people with complex needs and people living with advanced dementia. In an authority with large rural areas such as Westmorland and Furness the council has to weigh the costs, benefits and impacts of providing that care in smaller more dispersed communities as well as against a financial background where central government has removed most funding allowances that reflect the increased cost of providing services in rural areas.

Size of rooms and questioning the need for en-suite facilities

Q: Many points and questions including:

- *If residents and families have always been happy with the size of the rooms and the lack of en-suite facilities, why is this a problem?*
- *If residents need assistance to use the bathroom, what does it matter where it is – why do residents need en suite?*
- *Families choose care homes for the quality of the care, not the size of the bedroom, is this not a consideration?*
- *People who need a care home simply need 'care' not so-called modern standards like en-suite bathrooms? Are en-suite bathrooms really necessary?*
- *Could the home be turned into a dementia home as they do not require or need the en-suite facilities, therefore the home would not need to be adapted?*
- *Are some of these standards beyond what is required?*

A: Westmorland and Furness Council wants to provide residential accommodation that enables us to provide the very best care to residents and which provides *all* residents with dignity, privacy and respect, whatever their care needs or diagnosis.

The council does not consider larger rooms that meet modern standards of care, and en-suite bathrooms, as optional modern luxuries, and would be included for all rooms in any new-build care home, such as the council's Parkview Gardens in Barrow.

Bedroom sizes need to be larger to meet modern CQC standards. The size of many of our rooms is increasingly limiting the care we can provide. Sometimes this means we have to turn people away who we are not able to provide care for. In particular, the number of people requiring the support from two people on discharge from hospital is increasing. We are sometimes unable to accommodate these needs

because the available rooms are too small for a bed to have space on each side for two care workers.

While past and current residents may accept shared bathrooms, this does not include the views of residents or families who have turned Applethwaite Green down in the past because of the lack of en-suite facilities, or the likely preferences of today's 50 and 60-year-olds who may need residential care in future decades, and who will expect the privacy and independence they have been used to at home or on holiday, and not institutional shared facilities.

Refurbishment

Q: Why are the costs for refurbishing so high - in the private sector these figures seem incredibly high? Please explain how the £2.5 million to £3.0 million refurbishment estimate was calculated.

A: Comparator schemes have been developed and delivered by the former Cumbria County Council for several of its council-run care homes prior to Local Government Reorganisation in 2023. All these schemes were developed utilising multi-disciplinary professional teams, informed by surveys and planning requirements and were subject to open market competitive tendering to evidence value for money. An appropriate allowance has been allocated to indicative forecast costs to reflect general inflationary growth and construction sector inflation.

Q: While there continue to be empty rooms, could these not be refurbished in stages so that residents can move into a refurbished room, but remain in situ during the work? (and several similar questions)

A: It is important to understand that council buildings of this age and construction across the country are considered physically, functionally and economically obsolete.

Refurbishment should not be confused with regular minor or major maintenance, improvements to facilities and the environment and decoration.

To create a home fit for the coming decades and that meets modern standards of care and future expectations, a complete remodelling of the structure of the home would be required to provide larger rooms that support two-person care, and with en-suite facilities. The size and layout of communal areas and corridors would be improved. It would involve new plumbing and wiring, updating of mechanical and electrical installations.

It would not be safe or practical for residents to remain: in simple terms, the building would be stripped back and be a building site. The home would have to close for between 12 and 24 months.

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

A: The Council has included "Do Nothing" to ensure all realistic options are considered and that stakeholders can comment on retaining the existing service as well as refurbishment, rebuilding or closure.

Buildings of this age and construction are considered physically, functionally and economically obsolete but Applethwaite Green currently provides good-quality care and is rated "Good" by the Care Quality Commission. There are no concerns about the safety of residents.

However, the consultation identifies significant challenges, including an ageing building, bedrooms below modern standards, limited en-suite facilities, repair and maintenance requirements, high operating costs, recruitment difficulties, reliance on agency staff and low occupancy. These factors raise concerns about the home's sustainability for the future.

Recruitment and staffing

Q: Are the high agency staff costs not related to the building but the choice to freeze posts and not recruit?

A: There has been no freeze on recruitment prior to this consultation. No council wants to pay very high agency staffing costs, which are due to continuing difficulty in recruiting sufficient local staff.

Q: Could you not use the empty rooms to provide some staff accommodation within Applethwaite Green itself at a fair rent? This should help the home recruit and retain staff and bring in additional income.

Q: The secret is to provide staff accommodation. Couldn’t refurbishment could include that, a balance of social housing available to staff and rooms that meet residents’ needs?

A: Providing staff accommodation in addition to larger remodelled en-suite rooms for residents would add further to the significant cost of refurbishment.

While on-site staff accommodation is a common solution for tourism businesses facing recruitment challenges, the nature of social care work might mean it is less likely to be an attractive option for potential staff to live and work in the same place.

To address the general supply of affordable housing, £5 million a year from the second home council tax premium is being invested back in the communities most affected, to tackle local priorities including affordable housing.

Housing is an important factor in the recruitment challenges The challenges regarding recruiting into the Care Sector are made up of multiple factors, not a single factor, however large workforce studies in social care attribute recruitment challenges mainly to low pay, labour market competition, and working conditions. Adult social care workforce survey: April 2025 report - GOV.UK

Housing costs play an important role in higher cost areas, where low wages make roles less financially viable. In rural locations, smaller local labour pools and transport challenges make recruitment more difficult.

Although the building itself is unlikely to be the main cause of recruitment difficulty, it is a contributing factor that can influence candidate attraction and conversion. It can shape first perceptions of the job, including the quality of facilities and working environment. A newer look and feel often indicates up to date facilities, better equipment and a more efficient working environment, which in turn will make the role more attractive.

Alternative options for current/future residents

Q: If the home closed, couldn't residents end up in homes in Kendal, many of which are no better in provision of facilities than Applethwaite Green?

Q: If residents move to another home how do we know that homes might also be considered for closure in future for the same reasons?

A: Applethwaite Green currently holds a Good rating with CQC and we have received excellent feedback about the standard of care and the dedication and professionalism of its staff.

Improving the rooms and facilities is required if the home is to stay open for several more decades. It does not mean that the size of the rooms or lack of en-suite facilities is significantly impacting the life and welfare of current residents (except to the extent residents may need two-person care in the future).

It is correct that alternative council-run homes also have smaller rooms and shared bathrooms and it is understandable to ask, if room size is the key problem, why would my relative be moved to somewhere with the same problem.

The answer to this is that the council has recognised it needs to review all its in-house Care Services, which includes care homes. As stated in the consultation materials, two care homes, Applethwaite Green, and Grisedale Croft, have emerged in early analysis as running at exceptionally high, unsustainable cost levels and the decision was made to review and consult on the future of these homes this year.

Q: 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. Is this not another reason to maintain Applethwaite Green as a local council-run care

home? 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.

Q: If the private sector can run homes for the elderly profitably and properly why can't the council?

A: All private sector homes are inspected by the Care Quality Commission and all the alternative homes listed are rated as "Good."

Independent fees are currently higher than council fees and there are many reasons for this. Many councils across the country no longer have any council-run residential care homes, and where they do, are specialising in care for people with complex needs and advanced dementia, which the independent market may not be able to provide.

Sustainability and funding

Q: Why is income from "self-funding" residents not included in your financial calculations and cost-per-resident figures?

A: Personal contributions help fund other Adult Social Care operations costs and income is not recognised against the cost of individual care homes. The delivery model and the underlying costs of the home are the same whether individuals are assessed to contribute more or less.

The number of self-funders could vary significantly year by year and therefore is not predictable income; the council cannot and would not want to reserve or prioritise places for self-funders to underpin the income and sustainability of the home as this would not be fair or equitable for fully funded local residents.

Q: Could the council not increase the contributions from better-off self-funded residents, and increase the ratio of self-funded places to help bridge the gap in costs, especially if it was actually run at capacity?

A: Unlike the independent sector, the council's fees must directly reflect the cost of care and the council cannot increase fees for self-funded residents to capitalise on "market demand" for a care home places in Westmorland and Furness or to cross-subsidise fully funded residents. We cannot set a ratio of self-funded places to underwrite some of the running costs of the home as this would not be fair or equitable for fully-funded residents of the area who would not have equal access. As above, while the cost of running a care home does not change the numbers of ratio of self-funders will fluctuate and cannot be relied upon as a income source for that home, and therefore the income from self-funders is not accounted for as part of care home finances in the same way as a privately run home.

Q: Could passing the home to voluntary sector reduce costs? Could the home continue to operate as a not-for-profit/community benefit company, independently of W&FC?

A: Some independent homes are run by charitable trusts or other similar means. The council would consider any detailed proposal, however, continuity of care and care home registration might be a challenge and it is likely that the council would have to close the home and then assess whether a community asset transfer of the building was appropriate. A future operator of a home would inherit the same problems and likely costs with the building that we have described.

Q: If the home were closed and a resident is placed in the private sector and is unable to pay those fees, the shortfall will have to be met by the council, increasing the cost to the council.

A: If a place could not be found in a council-run home or an independent home that accepts council rates, then the council during this transitionary period would pay the fees of fully funded residents and any fee shortfall of self-funders. The cost of any such payments would be small compared to the very high running costs per resident of Applethwaite Green, and the potential cost of refurbishing or rebuilding.

Council finances

Q: If costs are the main concern, perhaps the council could use some of the £11 million it has made in second home council tax to put back into the local community who they are supposed to serve?

Q: Why don't you use money you get from second homes to refurbish Applethwaite?

Q: Use the second home council tax monies raised to provide affordable housing for staff who can then work at the care home in Windermere?

A: The council is already investing £5 million per year from the second homes premium to support priorities in those communities most affected across Westmorland and Furness. This includes affordable homes, additional support for playgrounds, transport schemes and the creation of more 20mph areas. The remaining income provides vital additional revenue for general council services.

Q: If £2.5 - £3 million was spent on a refurbishment, where would this money come from? Would further business under council care such as libraries suffer if the above money was spent on refurbishment?

A: The council is considering in this consultation whether such a high level of capital investment can be justified in the current financial climate, when there are staffing challenges, reduced occupancy and alternative homes available in South Cumbria. If

money was spent on refurbishment, this would come from capital budgets, which are different to day-to-day spending on running services such as libraries. If capital funding was allocated for refurbishment, it would mean the council would have less to spend on other capital projects.

Q: If the home were to be sold off, can you guarantee the proceeds would be ring-fenced for adult social care and preferably care for the elderly and not subsumed into the council's total money pot?

A: Future capital investment in modernising adult social care or in providing specialist housing with care or support for older adults, could indeed be funded or part-funded by adult social care asset sales. In the current financial climate, with £40m of savings to be found by the council, the council cannot guarantee that if the home and land were sold, the proceeds would be ring-fenced.

Resident welfare

Q: How do propose to ask residents for an opinion if they have dementia?

A: Individual support from our independent advocacy service N-Compass is offered. They will support residents to take part in the consultation and will produce a report which will be considered as part of the decision-making process.

Q: Can't you allow the current residents to see out the rest of their days in the place they know as home, then change can be implemented?

A: This is a sensitive question which we have received from more than one respondent, and an understandable one. While this would clearly be the least disruptive and most humane option for current residents, sadly the council cannot financially responsibly commit to keeping a costly home with high fixed costs open for a diminishing number of people for an unknown number of years. When resident numbers were less than five, for example the potential cost per bed could be several hundred thousand pounds per year and many times the cost of a place in an alternative home.

Consultation process

Q: How will the council decide between the different options? How will resident, family, staff and community responses be weighted against financial considerations?

A: There are no predefined criteria. All options need to be lawful and satisfy the council's best value and fiduciary duties. The council has a duty to conscientiously consider the responses from the consultation in taking a decision.