ADVOCACY CONSULTATION REPORT Grisedale Croft (7th of August) and Applethwaite Green (28th of July)

Consultation dates: 28 July and 7 August 2026
Source: Anonymised resident consultation notes

Advocacy supports people to understand information, express their views, wishes and feelings, and participate meaningfully in decisions affecting their lives.

An advocate is independent. Their role is to:

- Listen to the person and identify what matters to them.
- Help them understand the consultation and available options.
- Support them to communicate their wishes and concerns.
- Accurately represent their views when necessary.
- Help ensure their voice is considered in decision-making.

The advocate does not decide what should happen, assess the person's capacity or persuade them to choose a particular option. Residents' views should be clearly distinguished from family opinions and professional assessments.

Section 67 of the Care Act 2014 provides for independent advocacy where a person would otherwise experience substantial difficulty understanding, retaining, using or weighing relevant information, or communicating their views, wishes and feelings.

Consultation overview

The consultation relates to 18 resident entries:

- 17 residents participated in a consultation conversation. 13 at Applethwaite Green and 4 at Grisedale Croft
- One resident at Applethwaite Green was in hospital and could not participate

The consultation explored residents' experiences of their current homes and their views about remaining, relocating or potential refurbishment.

Some residents communicated detailed views. Others communicated through short answers, repetition, non-verbal responses or limited engagement. Where views were unclear, this is recorded rather than interpreted.

Individual resident summaries

Resident 1 - Applethwaite Green

The resident said they liked living at the home and did not want to live anywhere else. When alternatives were discussed, they shook their head to indicate that they did not want to move.

Although the resident communicated relatively little, their wish to remain was clear.

The family took the advocate's contact number and intended to make contact later. Consent to speak with the family was recorded.

Resident 2 - Applethwaite Green

The resident said they loved living at the home, did not want changes and wanted it to remain as it was. They rejected Options 2, 3 and 4.

They became emotional about the possibility of leaving and required reassurance from staff.

The resident's daughter was concerned about the number of visits the resident had experienced and questioned why their views were being gathered following an assessment relating to capacity. It was explained that the resident's wishes should still be heard and considered.

The daughter was also concerned that relocation away from Windermere would reduce family contact. She felt that a temporary move lasting potentially two years would be significant and distressing.

Resident 3 - Applethwaite Green

The resident said they liked living at the home and rejected Options 2, 3 and 4. Their answers were brief, but their wish to stay remained consistent when the questions were revisited.

The resident's son questioned how much the resident could understand because of their diagnosis and cognitive ability. It was explained that the resident had nevertheless been able to express a view about where they lived.

The son considered Applethwaite Green an essential local facility. He supported some refurbishment but questioned whether every room required an en-suite bathroom.

Resident 4 - Applethwaite Green

The resident said they liked living at the home and felt there was nothing wrong with it. They did not want to live elsewhere.

They were unsure about Option 2 and did not answer Option 3.

No family was available to consult. An IMCA was already involved following a social worker referral concerning a possible change of accommodation.

Resident 5 - Applethwaite Green

The resident said they liked living at Applethwaite Green but also indicated that they might like to live somewhere else.

They did not appear distressed by the possibility of moving, but it was difficult to establish a clear view about all the options. Further individual discussion may therefore be beneficial.

Several attempts to contact the family were unsuccessful and voicemail messages were left.

Resident 6 - Applethwaite Green

The resident did not want the home to close. They described it as their home and referred to the friends and carers who lived or worked there.

They wanted to remain in Windermere because their daughter lived locally. However, they said that if they had to move, they would manage.

They were concerned about staff members and their jobs. They also suggested renting out the garages to generate income.

Several attempts to contact the family were unsuccessful. The resident's capacity was noted as potentially fluctuating.

Resident 7 - Applethwaite Green

The resident preferred Option 1 and wanted the home left as it was. They described it as a good building and were content with their room.

The resident's niece wanted the option that would cause the least disruption and trauma. She was concerned about the resident losing the current quality of care.

She felt phased refurbishment might be acceptable but recognised that noise and building work could still be confusing and disruptive. She supported the resident's stated preference.

Resident 8 - Applethwaite Green

The resident said they liked living at the home and did not want to move permanently.

They would accept moving temporarily during refurbishment, provided they could return afterwards.

No family was available to consult. The notes state that the resident appeared to have capacity concerning this decision.

Resident 9 - Applethwaite Green

The resident had read the consultation information and demonstrated a good understanding of the process.

They strongly preferred Option 1 and wanted the home left as it was. They did not believe refurbishment or en-suite bathrooms were necessary and were content with shared facilities.

They described the area as their hometown and said they should not have to move. They also suggested paying staff more to reduce reliance on agency workers.

No answer was received from the family.

Resident 10 - Applethwaite Green

The resident was in hospital with a suspected stroke and was not available for consultation.

Resident 11 - Applethwaite Green

The resident clearly stated that they wanted to remain at Applethwaite Green.

Their first preference was Option 1—leave the home as it was. However, they would also accept refurbishment.

They were happy with their room and did not mind not having a private bathroom.

No answer was received from the family.

Resident 12 - Applethwaite Green

The resident was tired and did not want a lengthy conversation. However, they clearly described the home as “my house” and said they did not want to move.

They preferred Option 1 and did not want refurbishment. They questioned the value of adding en-suite bathrooms when some residents might be unable to use them independently.

The resident’s daughter supported keeping the home open because of the importance of local care provision. She favoured gradual refurbishment and felt the building should have been maintained progressively.

Resident 13 - Applethwaite Green

The resident described the home as important to the people of Windermere and preferred Option 2—refurbishment so that the building could continue as a care home.

They would tolerate temporary relocation or disruption if it meant preserving the home. They felt ongoing maintenance should have taken place previously.

No answer was received from the family.

Resident 14 - Applethwaite Green

The resident gave limited responses but clearly preferred Option 2—refurbishment.

They were happy with their large room, which included a toilet and sink.

No answer was received from the family.

Resident 15 - Grisedale Croft

The resident did not want a lengthy conversation.

They said living at the home and the building were “alright”. They identified staff and other residents as positive features.

No clear preference about the future options was established. Further discussion at a suitable time may be beneficial.

No answer was received from the family.

Resident 16 - Grisedale Croft

The resident was extremely positive about Grisedale Croft.

They valued the countryside, views, garden, bedroom, meals, friendships, staff and general environment. They described the home as safe and as a community building.

They had not considered leaving and could not identify anything that would improve their experience.

No answer was received from the family.

Resident 17 - Grisedale Croft

Communication was difficult, and many answers could not be understood.

The resident said living at the home was alright and gave a mixed response about staff. However, they answered “no” when asked if they were happy to stay.

This response requires careful individual follow-up and should not be interpreted beyond what was recorded.

Attempts to contact family members were unsuccessful.

Resident 18 - Grisedale Croft

The resident gave a mixed and nuanced response.

They said the people were kind and had no complaints about the home if they required 24-hour care. However, they said they saw little of the staff, spent most of their time alone in their room and participated in relatively few activities.

They expressed a wish to live with their family and said they did not have much choice.

Further exploration is required to understand their wishes, sense of choice, social isolation and preferred living arrangements.

No answer was received from the family.

Overall findings

Residents at Applethwaite Green and Grisedale Croft wanted to remain in their current homes. Their comments demonstrated that “home” represented more than the building. It included familiarity, safety, friendships, care relationships, identity and connection to the local community.

The strongest overall theme was continuity. Residents valued remaining close to familiar staff, other residents, family members and their local area.

Several residents described the setting as their home or hometown and felt that they should not have to move.

Some residents at Applethwaite Green preferred refurbishment as a way of preserving the home. Others would accept it if disruption was minimised and they could return afterwards.

A number of residents at Applethwaite Green opposed refurbishment or felt it was unnecessary. Therefore, support for keeping the home open should not automatically be interpreted as support for every proposed refurbishment plan.

Concerns about relocation

Residents and families raised concerns about:

- Emotional distress and trauma.
- Confusion caused by unfamiliar surroundings.
- Losing familiar care staff and friendships.
- Reduced family visiting.
- Moving away from Windermere or the surrounding area.
- The impact of lengthy temporary arrangements.
- Residents potentially being unable to return.

Several residents and relatives questioned whether en-suite bathrooms were necessary.

Some residents at Applethwaite Green were satisfied with shared facilities or existing sinks and toilets. This suggests that proposed building specifications should be tested directly with residents rather than assuming that all residents share the same priorities.

Residents frequently spoke positively about staff and care relationships.

Concerns were also raised about:

- Staff job security.
- Staff pay.
- Reliance on agency workers at Applethwaite Green
- Maintaining the current standard of care.

- Residents having limited contact with staff.

Residents and families considered the homes important local services.

Concerns were raised from residents at Applethwaite Green about the distance to alternative care homes and the effect relocation could have on family contact and the availability of care within local communities.

The residents below expressed different or uncertain preferences.

In particular:

- Resident 5 appeared open to moving.
- Resident 15 did not express a clear future preference.
- Resident 17 said they were not happy to stay.
- Resident 18 expressed limited choice, isolation and a wish to live with family.

Family engagement

Family involvement was limited because many calls were unanswered, relatives were unavailable or no family was available to consult.

Feedback received from relatives at Applethwaite Green highlighted a number of important issues concerning:

- The burden of repeated consultations.
- Capacity and participation.
- Disruption and trauma.
- Family visiting.
- Local care provision.
- Building standards.
- Continuity and quality of care.

Trends and themes

The main trends identified were:

- **Home, belonging and identity refers to both care homes**
  Residents repeatedly described the setting as their home, community or hometown.
- **Minimising disruption refers to Applethwaite Green**
  Residents and relatives generally preferred no change or the least disruptive form of refurbishment.
- **Maintaining local connections refers to both care homes**
  Proximity to family, familiar communities and local care provision was important.

- **Relationships and quality of care refer to both care homes**
  Staff, friendships and familiar support were often more important to residents than physical building features.
- **Different views about facilities refers to Applethwaite Green**
  En-suite bathrooms were not universally considered necessary or desirable.
- **Accessible communication refers to both care homes**
  Some residents communicated through short answers, repetition, non-verbal responses or fluctuating engagement.
- **Choice and control refer to both care homes**
  Some comments indicated that residents might not feel they had meaningful choices.

Lessons and considerations for future consultations

Involve advocacy from the beginning

Provide written confirmation of the advocacy request

Clarify roles and responsibilities

Establish clear boundaries

Provide a clear decision-making process

Use accessible information

Allow more than one opportunity to participate

Completed by Affia Khan, Karin Whyte and Mark Underwood on the 18th of August 2026