



Westmorland
& Furness
Council

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Grisedale Croft Consultation Report

September 2026



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Introduction

Grisedale Croft Care Home has provided residential care to older people in Alston and the wider Alston Moor area for more than fifty 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 Grisedale Croft, and also Applethwaite Green residential care home in Windermere.

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 five options for the future of Grisedale Croft (detailed below), with "Option 5 - Provide alternative accommodation in a suitable building in the local area, if one could be acquired" - to be indicated as the Cabinet's preferred option.

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

Grisedale Croft Care Home is a council-operated residential care home serving Alston Moor and the surrounding rural area. In April 2026, Westmorland and Furness Council approved a public consultation on five options for the future of the service, including refurbishment, rebuilding, closure and the provision of alternative accommodation within Alston. The consultation ran from 14 May to 19 August 2026 and was extended by two weeks following a significant update to consultation information on 26 June 2026.

Participation

A total of **199 survey responses** were received, comprising:

- 111 online survey responses;
- 88 paper survey responses.

Nearly all respondents stated they were an Alston Moor resident or had a connection to Grisedale Croft as a relative or friend of a resident, or staff member. This represents a local response rate of approximately 10%.

Additional evidence was received through:

- direct public correspondence;
- representations from Alston Moor Parish Council and the Grisedale Croft Working Group;
- a public meeting and drop-in events;
- Freedom of Information requests and disclosures;
- representations through elected representatives;
- independent engagement undertaken by Healthwatch Westmorland and Furness;
- independent advocacy support provided by N-Compass.

Quantitative analysis

Option 5, providing alternative accommodation within Alston if suitable premises could be acquired, was the most selected option overall.

Among survey respondents:

- Option 1: Do Nothing – 6 responses (3.0%)
- Option 2: Refurbish – 80 responses (40.2%)
- Option 3: Rebuild – 6 responses (3%)
- Option 4: Close – 1 response (0.5%)
- Option 5: Alternative accommodation – 95 responses (47.7%)
- Other / multiple preferences – 11 responses (5.5%)

However, support shifted during the consultation period. Support for Option 5 reduced between the first and second phases of consultation, whilst support for refurbishment increased significantly following publication of additional information, ongoing public debate, wider scrutiny of the evidence base and the lack of further information during the consultation on the possible location of Option 5.

Qualitative analysis

The common themes from the consultation were:

Retaining care provision in Alston

The message was that some form of residential care provision should remain on Alston Moor. Respondents consistently distinguished between the future of the current building and the future of local care services, arguing that local residential care should be retained regardless of the model ultimately chosen. Many described care provision as an essential component of community sustainability in a remote rural area.

Impact on current and future residents

Respondents repeatedly emphasised the potential impact of relocation on vulnerable residents. Concerns focused on continuity of care, familiarity, wellbeing, dementia, frailty and the risks associated with moving older people away from familiar surroundings and established support networks.

Family, community and social connections

Many respondents highlighted the importance of family contact, local friendships, community participation and maintaining connections with places and people that remain important to residents. The ability to visit regularly was frequently cited as an key benefit of local provision.

Isolation, rurality and accessibility

Alston Moor's geography was repeatedly cited as a distinctive factor. Respondents argued that long distances, limited public transport, winter weather and rural isolation made local residential care particularly important and reduced the practicality of alternative provision elsewhere.

Hospital closure and step-down beds

A distinctive theme concerned the closure of inpatient beds at the Ruth Lancaster James Cottage Hospital and the role Grisedale Croft was expected to play following those changes. Many respondents referred to commitments relating to step-down and intermediate care beds, questioning whether those commitments had been fully delivered and arguing that current occupancy cannot be understood without that historical context.

Future demand, demographics and long-term need

Many respondents rejected suggestions that low occupancy demonstrated low need. A recurring argument was that demand for residential care would increase in future due to the ageing population of Alston Moor and that planning should be based on long-term need rather than current utilisation alone. Concerns were also raised regarding the adequacy of a minimum four-bed replacement model.

Confidence in evidence and consultation process

The consultation generated extensive scrutiny of occupancy figures, demand assumptions, refurbishment costs, referral pathways, financial information and consultation governance.

Building, capacity and alternative accommodation

Respondents expressed differing views regarding refurbishment, rebuilding and alternative premises. Whilst many accepted that investment was needed, there was significant disagreement regarding refurbishment costs, the availability of alternative buildings and the suitability of a significantly smaller replacement facility.

Workforce and recruitment

Respondents generally acknowledged workforce challenges but rarely viewed them as justification for reducing local provision. Instead, recruitment, retention, staff accommodation and workforce planning were seen as problems requiring solutions.

Alternative service models and future care

Many respondents advocated a broader integrated-care model incorporating residential care, rehabilitation, respite care, hospital discharge support, intermediate care and end-

of-life care. There was strong support for closer cooperation between the council, NHS partners and the community.

Alternative funding, assets and community-led solutions

Respondents proposed a range of wider solutions including greater use of existing community assets, alternative funding approaches, repurposing underused buildings and greater community involvement in shaping future provision.

Alston Moor Parish Council and the Grisedale Croft Working Group

The main organisational submission came from Alston Moor Parish Council and the Grisedale Croft Working Group. Their evidence focused on the historical context of hospital closure, occupancy and referral pathways, financial assumptions, consultation governance and the future relationship between health and social care services on Alston Moor.

Consultation methodology

Consultation launch

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

1. Do nothing
2. Refurbish Grisedale Croft
3. Demolish and rebuild at Grisedale Croft
4. Close Grisedale Croft
5. Provide alternative accommodation in the local area, if one could be acquired

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 and extensive correspondence was received from Grisedale Croft residents, relatives and staff, local residents, the parish council, and elected representatives. Public interest was further reflected in attendance at drop-in events, a Public Meeting, and Freedom of Information requests.

Following an important 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 Grisedale Croft 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 met with 40 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 54.

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 54.

Engagement with Grisedale Croft 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, of the first drop-in events, and of the 26 June update to the consultation information;
- Regular social media posts on the launch, drop-in events, and the public meeting;
- Print advertisement in the Cumberland and Westmorland Herald;
- Posters in libraries and in the community;
- Westmorland and Furness Council Weekly News residents email newsletter;
- Westmorland and Furness Council Eden Locality Newsletter to community groups and parish councils;
- Information direct to local members;
- The Cumbria CVS Health and Wellbeing email bulletin;
- Age UK North 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 Grisedale Croft is being consulted on.

It provided information on:

- the council's overall vision for Adult Social Care;
- the Grisedale Croft building;
- costs of modernising and rebuilding;
- occupancy and running costs;
- alternative care home provision;
- information on the five options being consulted on;
- how to get involved and find out further information.

The online survey was constructed so that to reach the consultation survey questions the same information as in the paper survey was first presented to be read. This was to encourage informed engagement before completing the consultation survey, encouraging the use of free text comments, 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 decided to consult on, and were invited to give their reasons for their choice and any further comments.

Respondents were asked to choose a category of respondent (such as Alston/Alston Moor resident, relative or friend of an Grisedale Croft resident) and complete optional 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 600 copies of [updated “Part 2” consultation packs](#) following the update and extension to the consultation from 26 June.

Packs were made available and regularly replenished at:

- Alston Library
- Nenthead Village Shop
- Garrigill Post Office

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 Alston Library 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 and other meetings

Information events were arranged and publicised at the beginning of consultation:

Date	Venue
Wed 3 June, 11am-1pm	Alston Library (drop-in)
Mon 15 June, 5pm-7pm	Alston Library (drop-in)
Fri 26 June, 10.30am-12.30pm	The Hive, Nenthead (drop-in)
Fri 26 June, 2pm-4pm	Garrigill Village Hall (drop-in)
Wed 1 July, 2pm-4pm	Alston Library (drop-in)
Mon 20 July, 11am-1pm	Alston 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 developed into a number of small group meetings of up to 8 people, with some attendees speaking and some attendees observing.

In order to ensure all voices could be heard later events were managed differently so as 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.

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 concerns

Following the launch of the consultation on 14 May 2026, a number of recurring themes quickly emerged through survey responses, direct correspondence, information events and discussions within the community. Respondents frequently said that the future of residential care provision on Alston Moor should be considered in the context of the area's geography, ageing population and limited alternative provision.

Respondents sought clarification regarding:

- occupancy levels and recent trends in admissions;
- future demand for residential care;
- the role of the two NHS-linked health beds;
- staffing and recruitment;
- refurbishment costs;
- the possibility of alternative accommodation within Alston; and
- the relationship between Grisedale Croft and the closure of inpatient beds at the former Ruth Lancaster James Cottage Hospital.

Respondents frequently linked the future of Grisedale Croft to wider questions concerning rural service provision, hospital discharge arrangements, integrated care, community sustainability and the longer-term future of health and social care on Alston Moor.

The Grisedale Croft Working Group

The Alston Moor Parish Council Grisedale Croft Working Group became a key participant in the consultation process, undertaking documentary research, submitting detailed representations, organising public engagement and pursuing a substantial programme of Freedom of Information requests.

The Working Group focussed on the historical, regulatory and evidential basis of the proposals. It argued that Grisedale Croft should be viewed as part of the package of

health and care provision promised to the community when inpatient beds at the local hospital were withdrawn in 2017–18.

As the consultation progressed, the Working Group focused on occupancy, referrals, commissioning arrangements, refurbishment assumptions, financial information, consultation governance and the delivery of previous commitments made by public bodies.

Information requests and Freedom of Information activity

A substantial number of Freedom of Information requests were submitted to Westmorland and Furness Council, NHS organisations and other public bodies. These requests focused particularly on:

- occupancy and admissions data;
- NHS referral pathways;
- intermediate and step-down care arrangements;
- refurbishment cost estimates;
- building surveys and condition reports;
- Equality Impact Assessments;
- financial information;
- the development of Option 5; and
- the historical commitments associated with the closure of hospital beds.

Information released during the consultation informed further public discussion. Correspondence from respondents increasingly referenced documentary evidence obtained through Freedom of Information requests and sought clarification regarding the interpretation of occupancy figures, the operation of health-bed arrangements and the evidence supporting the preferred option.

Publication of the Questions and Answers document

To address recurring questions raised through survey responses, correspondence and information events, Westmorland and Furness Council published a [formal Questions and Answers document on 15 June 2026](#). This document provided additional information concerning:

- occupancy and operating costs;
- staffing and recruitment;
- the NHS-linked health beds;
- future care provision;
- refurbishment assumptions;
- alternative accommodation; and
- consultation processes.

Whilst some respondents welcomed the additional information, others argued that it raised further questions. Debate increasingly focused on occupancy levels, referral pathways, the

use of health beds, refurbishment costs and the long-term future model of care provision on Alston Moor.

The consultation update and extension

A major development occurred on 26 June 2026 when the council updated the consultation information and extended the consultation period by two weeks.

The council explained that the update followed review of consultation responses and discussions at information events which suggested that some respondents had interpreted refurbishment as a relatively low-disruption option. The consultation was therefore extended to 19 August 2026 to allow consultees additional time to consider the new information.

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 option would require the temporary closure of the home for 12 to 24 months;
- current residents would need to move to alternative temporary or permanent accommodation;
- rebuilding would require relocation for an estimated two to four years;
- under the proposed Option 5, “in the local area” was intended to mean in Alston town.

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 update itself became a subject of debate. Some respondents welcomed the clarification, while others questioned why information of such significance had not been more clearly explained from the outset. Following the update, support for refurbishment remained substantial and grew in the later stages of the consultation, although many respondents continued to dispute the assumptions underlying the council's interpretation of refurbishment.

Public meetings and community scrutiny

Following requests from the community and Alston Moor Parish Council, a public meeting was held at Alston Town Hall on 16 July 2026. The meeting, attended by 78 members of the public, provided an opportunity for residents, community representatives, councillors and officers to discuss the consultation in a public forum.

Questions and challenges raised at the meeting focused on:

- occupancy levels and referral pathways;
 - the future of the two health beds;
 - refurbishment costs;
 - future demand;
 - NHS involvement;
 - integrated care;
 - alternative accommodation;
 - consultation governance; and
 - the evidential basis of the Council's preferred option.
- A number of the issues raised subsequently formed part of formal submissions from the Grisedale Croft Working Group and contributed to the growing body of correspondence exchanged during the consultation period.

From a care home consultation to a wider debate

By the later stages of the consultation, discussion had expanded significantly beyond the physical future of Grisedale Croft itself.

For many respondents, the consultation had become a wider discussion about:

- rural service provision;
- integrated health and social care;
- future demographic pressures;
- the consequences of previous service reductions;
- public trust and accountability;
- community sustainability; and
- the future of ageing on Alston Moor.

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.

Direct emails and correspondence has also been excluded from quantitative analysis as they did not always include an explicitly stated preference among the five consultation

options, and did not include further quantitative data 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 five 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 199 responses:

- 111 online survey responses from individuals
- 88 paper survey responses from individuals

Nearly all respondents stated they were an Alston Moor resident or had a connection to Grisedale Croft as a relative or friend of a resident, or staff member.

This represents a local response rate of approximately 10%.

There were no official responses on behalf of organisations received via the consultation survey. Several respondents recorded a connection to an organisation but have been recorded as individual responses.

Direct responses and correspondence by email

At the close of the survey there were direct responses and consultation correspondence from 20 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 five options Cabinet agreed for consultation.

For the online survey, this was a forced choice between the five 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 another proposal. 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”

Table 1: Preferences of individual survey respondents (n=199)

Option	Number	%
Option 1: Do nothing	6	3%
Option 2: Refurbish	80	40%
Option 3: Rebuild	6	3%
Option 4: Close	1	0.5%
Option 5: New provision	95	48%
Other (none/multiple)	11	5.5%
Total	199	100%

Responses with no comments

14% 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 “voters” favouring Option 5 slightly more than “commenters”.

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

Option	Preference with comments		Preference without comment	
Option 1: Do nothing	5	3%	1	4%
Option 2: Refurbish	71	42%	9	32%
Option 3: Rebuild	5	3%	1	4%
Option 4: Close	0	0%	1	4%
Option 5: New provision	78	46%	16	57%
Other (none/multiple)	10	7%		
Total	171	100%	28	100%

Analysis of the consultation update

61 individual responses were received online or on forms during “Part 1” of the consultation.

All but two submitted at least one method of contact. 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	45
Spoken with on telephone	8

Sent a letter by post	6
Not contactable	2
Total	61

The Part 1 contacting exercise resulted in one respondent updating their response, without changing their preference for Option 5.

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 33 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	11
Spoken with on telephone	5
Sent a letter by post	17
Total	33

One person submitting a Part 1 form during the Part 2 period submitted a new response, both for Option 2. Four of the five people spoken to by telephone said they did not wish to change their response.

Preference change during the consultation

Table 5: Preferences by consultation period

Option	Period 1		Period 2		Total	
Option 1: Do nothing	4	7%	2	1%	6	3%
Option 2: Refurbish	14	23%	66	48%	80	40%
Option 3: Rebuild	1	2%	5	4%	6	3%
Option 4: Close	0	0%	1	1%	1	0.5%
Option 5: New provision	37	61%	58	42%	95	48%
Other	5	8%	6	4%	11	5.5%
Total	61	100%	138	100%	199	100%

Option 5 remained the single most selected option overall (48%), with Option 2 second (40%). However, support changed between the first and second phases of consultation. Preferred support for Option 5 reduced from 61% in Part 1 to 42% in Part 2, whilst support for Option 2 increased from 23% to 48%.

Responses by respondent category

90% of individual responses were received from Alston/Alston Moor residents. No responses via the consultation survey were received from Grisedale Croft residents, but their views are reflected in the report by advocacy organisation N-Compass (see page 54.). Seven responses were received from family members or friends of residents.

Table 6: Respondents by category of residence or connection to Grisedale Croft

Respondent category	Total	%
Alston/Alston Moor resident	180	90%
Westmorland and Furness resident	2	1%
Outside Westmorland and Furness	2	1%
A relative or friend of a resident of Grisedale Croft	7	4%
A resident of Grisedale Croft	0	0%
A member of staff at Grisedale Croft	4	2%
Other	4	2%
Total	199	100%

Table 7: Option preference by respondent category (n=199; rows add up to 100%)

Respondent category	Option 1 Do nothing	Option 2 Refurb	Option 3 Rebuild	Option 4 Close	Option 5 New	Other	Total
Alston/Alston Moor resident	6 (3%)	75 (42%)	6 (3%)	1 (1%)	82 (46%)	10 (6%)	180
Outside Alston/Alston Moor resident	0 (0%)	0 (0%)	0 (0%)	0 (0%)	4 (100%)	0 (0%)	4
A relative or friend of a resident of Grisedale Croft	0 (0%)	5 (71%)	0 (0%)	0 (0%)	2 (29%)	0 (0%)	7
A member of staff at Grisedale Croft	0 (0%)	0 (0%)	0 (0%)	0 (0%)	4 (100%)	0 (0%)	4
Other	0 (0%)	0 (0%)	0 (0.0%)	0 (0.0%)	3 (75%)	1 (25%)	4
Total	6 (3%)	80 (40%)	6 (3%)	1 (0.5%)	96 (48%)	10 (5.5%)	199

Examining preferences by respondent category the small number of respondents outside the Alston Moor area all preferred Option 5.

Relatives and friends of care home residents favoured Option 2 while the Grisedale Croft staff who responded all preferred Option 5.

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 for age, sex and ethnicity.

Age

185 out of 199 respondents supplied their age range. 93% were aged 45 or above, and 79% age 60 or above, with age 60-74 the biggest group, and a high response rate for council surveys and consultations for people aged 75 and over.

Table 9: Responses by age (n=185)

Age	Number	%
16-24	3	2%
25-34	3	2%
35-44	5	3%
45-59	28	15%
60-74	80	43%
75+	66	36%
Total	185	100%

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

Online surveys were used by 93% of 45-59 year-olds, with paper forms used by one third of the 60-74 group and more than three-quarters of respondents aged 75 and over.

Table 10: Responses by survey method (n=185, rows add up to 100%)

Age	Paper form	Online survey	Total
16-24	67%	33%	3
25-34	67%	33%	3
35-44	0%	100%	5
45-59	7%	93%	28
60-74	33%	67%	80
75+	76%	24%	66
Total	44%	56%	185

Sex

187 out of 199 individual respondents stated their sex. This reflected a number of respondents not answering any of the Equality Monitoring questions.

Responses were strongly skewed towards females, with women accounting for nearly seven out of 10 responses.

Table 10: Responses by sex (n=187)

Sex	Number	%
Female	127	68%
Male	60	32%

Ethnicity

169 out of 199 individual respondents stated their ethnic group. 99% of respondents identified as White.

Table 11: Responses by ethnic group (n=169)

Ethnic group	Number	%
White (British)	122	72%
White (English)	37	22%
White (Irish/Northern Irish)	3	2%
Any other White background	5	3%
Black	1	<1%
Asian	1	<1%

Qualitative analysis methodology

Sources analysed

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

The qualitative findings presented in this report were developed through analysis of approximately 350 pages of consultation evidence, representing around 110,000 words of submitted and supporting material.

This included survey comments, public correspondence, stakeholder submissions, representations from Alston Moor Parish Council and the Grisedale Croft Working Group, Freedom of Information disclosures, consultation updates and associated documentation. The evidence base was substantial due to the extensive discussion regarding historic, current and future care provision, rural service delivery, integrated health and social care, future demand, occupancy, consultation evidence and future service models.

Independent reports produced by Westmorland and Furness Healthwatch and N-Compass have not been incorporated into the thematic analysis. These reports are

considered separately in order to preserve their independence and avoid double-counting evidence gathered through those processes.

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, organisations and stakeholder bodies.

The analysis focused primarily on the content, strength and consistency of views expressed rather than 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

There was only one substantial stakeholder submission, from Alston Moor Parish Council, which followed substantial correspondence with and questions to the council from the Alston Moor Parish Council Grisedale Croft Working Group, and a large number of Freedom of Information requests.

This is summarised separately in this report.

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

The consultation generated substantial qualitative evidence through survey comments, written correspondence, stakeholder correspondence and submissions, and ongoing dialogue throughout the consultation period.

While respondents were asked to indicate a preferred option from the five options presented, many respondents used the consultation to discuss wider issues relating to:

- the future availability of care services on Alston Moor;
- the legacy of previous service changes;
- the future role of Grisedale Croft;
- local health and social care provision;
- rural isolation and transport;
- future demand for care;
- confidence in the evidence presented by the council;
- confidence in the proposed replacement model.

Respondents often distinguished between the future of the Grisedale Croft building itself and the future of local care provision. While respondents held differing views regarding refurbishment, rebuilding or re-provision, there was strong agreement that some form of residential and intermediate care provision must continue within Alston.

Theme 1: Retaining care provision in Alston

Overview

A key theme throughout the consultation was the belief that some form of residential care provision must remain on Alston Moor. This view was expressed across almost every respondent category, including residents' relatives, members of the public, care staff, and Alston Moor Parish Council. Although respondents differed on whether Grisedale Croft should be refurbished, rebuilt or replaced with alternative accommodation, there was broad agreement that the complete loss of local residential care provision would be unacceptable.

Many respondents described residential care provision as an essential service for a geographically isolated community with an ageing population and limited public transport. Concerns were raised not only about current residents but also about future generations who may require residential, respite, intermediate or end-of-life care. A recurring argument was that decisions should be based on long-term community need rather than current occupancy levels alone.

Respondents frequently referred to Alston Moor's remoteness, the lack of alternative provision nearby, and the importance of ensuring that older people can remain close to family, friends and familiar surroundings if residential care becomes necessary. Many respondents accepted that the current building may require investment, but did not regard this as an argument for removing residential care from Alston.

Care provision must remain on Alston Moor

Many respondents viewed the retention of local care provision as a fundamental requirement and focused their comments on how that provision should be delivered.

Respondents argued that Alston Moor's size, geography and ageing population created an ongoing need for residential care. Several suggested that future demand was likely to increase rather than decline. Others argued that the closure of Grisedale Croft without equivalent replacement provision would leave a significant gap in local services and further reduce the support available to an already isolated community.

Many respondents accepted that buildings may need improvement or adaptation over time. However, they generally distinguished between the future of the building and the future of care provision itself.

One staff member said:

"We have to keep a care home on the Moor."

Local respondents said:

"There is no question whatsoever that Alston needs Grisedale Croft."

"We need a care home in Alston."

A relative of friend of a resident wrote:

"A care home in Alston is essential. With an ageing population, this facility needs to be provided even if it is not financially viable. Any option other than closing with no replacement is an acceptable outcome, but minimizing disruption for current residents would be preferred."

Other local respondents wrote:

"Grisedale Croft provides an integral and essential service to Alston Moor, especially considering the remote location of this area. It gives our elderly care and support and the comfort of still being part of the community, near to family and friends, in a place they are familiar with. Having a care home on Alston Moor is vital."

"Grisedale Croft is a vital service in the area, it is not just another care home, as the authorities seem to think. It is a lifeline, a security net, a place that allows elderly vulnerable people to remain in their community. It is a place that can allow scared people to maintain contact with their peers, family and friends at a time when they are losing their independence."

Residential care as a community necessity

Many respondents viewed residential care as an essential component of local community infrastructure. Several emphasised that residential care supports not only current residents but also carers, families, healthcare services and the long-term viability of the community itself. Others linked the future of Grisedale Croft to wider concerns about the cumulative loss of local services and the resilience of rural communities.

These respondents viewed maintaining local residential care as fundamental to the sustainability of Alston Moor and to the ability of local people to continue living and ageing within their own community.

Local residents said:

"Having a local care home is a vital community asset. We are a community and wish to remain that way; and that means caring for the sick and elderly close to home, in familiar surroundings, cared for by local people who actually care and know them."

"We need to know that we can get care here."

"One of the most isolated communities in England. It matters that older people here can be cared for close to home, with their family and friends nearby."

"This isn't about Grisedale Croft the building, it is about the service it offers, the only service of its kind in the community, the only respite, the only end of life care, the only security to stay near family and friends when you can't have this in your own home."

Theme 2: Impact on current and future residents

Overview

Alongside the wider question of retaining care provision on Alston Moor, respondents focused on the impact that any decision would have on current and future residents. Concerns were expressed about continuity of care, familiarity, dignity, wellbeing, emotional security and the effects of relocation on vulnerable older people.

Many respondents argued that Grisedale Croft provides far more than accommodation. It was described as a familiar environment where residents remain connected to the people, places and routines that matter to them. Respondents often linked wellbeing directly to remaining within Alston and emphasised that decisions affecting current residents should place resident welfare ahead of financial or organisational considerations.

Many respondents argued that older people, particularly those living with dementia, increasing frailty or complex health needs, are especially vulnerable to the effects of relocation and major change. The potential impact on future residents was also raised, with respondents arguing that local people should have the opportunity to receive care within their own community when the need arises.

Impact on current residents

Many respondents expressed concern about the direct impact that closure, relocation or major disruption would have on current residents. These concerns focused particularly on stability, familiarity and continuity of care.

Respondents frequently argued that Grisedale Croft already provides a high standard of care and that residents should not be required to leave a familiar environment

unnecessarily. Several emphasised that residents had become settled within the home and that relocation risked causing distress, anxiety and loss of confidence.

A common argument was that decisions should prioritise the needs of residents currently living at Grisedale Croft.

Family members said:

"My mother is 89 years old and has been a resident at the home for almost three years. She suffers from significant memory loss and has very limited mobility. She requires full assistance from staff for daily activities... The care she receives at the home is not only professional but deeply compassionate. The staff, many of whom are local, know her well and provide the consistency and reassurance that is vital for someone in her condition."

"My mother is currently a resident in Grisedale and this is, without a doubt the best provision for her."

"The care she receives is consistent and reassuring."

"He is now happy and well cared for."

Relatives of past residents wrote:

"My husband's grandmother stayed there for several years until she died aged over 100 years. The care she received was wonderful. My mother went with Grisedale Croft to give myself and my husband a break, this was very much appreciated and my mother enjoyed her stay."

"My sister's husband and my aunt both received exceptional care at Grisedale Croft before they passed away. The compassion, dignity and professionalism shown by the staff gave our family great comfort at an incredibly difficult time. This is not simply a building, it is a home where vulnerable people receive exceptional care from staff who know them personally."

Relocation, disruption and loss of familiarity

Relocation of residents was one of the most frequently repeated concerns throughout the consultation.

Many respondents argued that moving residents away from Grisedale Croft would be highly disruptive, particularly for those who were elderly, frail or already struggling with changes in health and independence. Several described the importance of familiar surroundings, established relationships and local routines.

A recurring concern was that moving people away from Alston could reduce their quality of life and undermine the stability that residential care is intended to provide.

Respondents emphasised that many residents have lived locally for decades and should not be expected to leave their community in later life.

A family member wrote:

"My mum has been in Grisedale for over 2½ years now. My sister and dad visit her daily and it would cause great distress to her and our family if she was moved away. The care she receives is consistent and reassuring which is vital for her condition and to take this away will be detrimental to her wellbeing."

Another wrote:

"My mother is currently a resident in Grisedale and this is, without a doubt the best provision for her. The fact that Grisedale is in the middle of Alston means that my father is able to visit her each day and see her without having to travel to Penrith or Brampton for example."

A staff member said:

"Moving far away could negatively affect their wellbeing, independence and emotional health."

Local residents said:

""The thought that some of the older members of our community would have to move away for their care is deeply concerning, breaking their local ties, being away from familiar places and faces, family and friends would only serve to make them even more isolated."

"Moving the residents off the Moor is unacceptable."

Dementia, frailty and complex needs

Respondents frequently said that the consequences of relocation would be particularly significant for residents living with dementia, severe frailty or complex care needs.

Several respondents suggested that familiar surroundings are especially important for people experiencing cognitive impairment and that unnecessary changes may increase anxiety, confusion and distress. Others stressed that residents requiring intensive support are often least able to adapt to substantial change, and that local provision becomes more important, not less, as needs become more complex.

A local resident said:

"As we all know, the worst thing you can do for a dementia patient is to remove them out of their familiar surroundings."

A staff member said:

"So many residents have lived here all their lives and know Alston but if they move out of the moor, especially residents with dementia will not know why they have moved. This will lead to upset and confusion."

Theme 3: Family, community and social connections

Overview

Family relationships, friendships and wider community connections emerged as a key theme in the consultation. Respondents said that care provision should not be viewed solely in terms of accommodation, staffing or regulatory compliance. Instead, many argued that maintaining relationships and remaining connected to familiar people, places and community networks formed an essential part of wellbeing and quality of life.

Many respondents described Grisedale Croft as enabling residents to remain active members of the Alston community even after entering residential care. They referred not only to family visits, but also to friendships, church connections, community activities and long-standing social networks built over decades. Respondents said that these relationships contribute significantly to emotional wellbeing and that preserving them should be a central consideration in any decision affecting local care provision.

Family contact and regular visiting

Many responses highlighted the importance of being able to visit relatives regularly and easily. Respondents described daily or near-daily contact between residents and family members and emphasised that local provision enabled these relationships to continue.

Several respondents explained that family involvement played an ongoing role in residents' lives and wellbeing. For many families, the ability to visit frequently was seen as an important part of supporting loved ones and maintaining continuity after admission into care. Respondents often contrasted this with experiences of relatives being placed elsewhere, where visiting became considerably more difficult.

Family members said:

"My father is in his 80s and driving long distances tires him - being able to see my mother each day in Alston makes an already difficult situation that little bit easier for both him and my mother."

"My father is able to visit her each day."

"My sister and dad visit her daily."

Relatives of past residents wrote:

"My sister does not have a driving licence, so being in Alston meant she was able to visit her husband every day. Had he been moved many miles away, this would simply not have been possible."

"My grandmother was a happy resident of Grisedale Croft, and well looked after by the staff. She benefited from visits from those who lived close by in Alston, and felt part of the community still. My mother is 90 and is alarmed that at a time when she may need to move in, the facility might be taken away."

Friendships and social networks

Respondents emphasised that relationships extend beyond immediate family. Many commented on the importance of friendships, familiar faces and long-standing social networks within the Alston community.

A recurring argument was that residents benefit from remaining in a place where they are known and understood by neighbours, friends, volunteers and local groups. Several respondents said that preserving these relationships helps residents remain connected to the life of the community, even when they can no longer live independently.

A family member said:

"My mother has strong ties to the Alston community. She has lived in the area for around 25 years and continues to benefit from regular visits from friends. Her church also holds a monthly service at the home, which is an important source of comfort and connection for her."

Local residents said:

"She continues to benefit from regular visits from friends."

"The local staff know her well."

Community connections and sense of belonging

Many respondents described Grisedale Croft as an integral part of community. References were made to schools, churches, volunteers, community groups and local activities. Respondents frequently said that one of Grisedale Croft's strengths is that residents remain part of the Alston community. Many believed that maintaining those links contributes significantly to wellbeing, identity and quality of life. Several respondents described the home as reflecting the wider community spirit of Alston Moor.

Local respondents said:

"It is part of the community."

"Alston is a close-knit community and has an ageing population in an isolated, rural setting. Grisedale is at the very centre of that community both literally and culturally. It is accessible to everyone who lives on the Moor and has always been a hub for the area."

"The community garden is a favourite spot."

"Growing up in Alston, there was always a really strong sense of community, supporting each other, young and old. I have very fond memories of our class at school visiting Grisedale Croft residents for special occasions like Easter and Christmas... When my own children were little, they carried on this tradition."

"A monthly service at the home."

"Many local groups have provided entertainment and companionship for the residents of Grisedale Croft. Local people have developed a splendid garden adjacent to Grisedale Croft, for the use of residents and friends and families visiting."

Theme 4: Isolation, rurality and accessibility

Overview

Isolation, geography and accessibility emerged as a distinct theme throughout the consultation. Many respondents argued that Alston Moor's circumstances differ significantly from those of most communities within Westmorland and Furness. The area's remoteness, limited public transport, long travel distances and severe winter weather were frequently cited as factors that should be given substantial weight when considering the future of residential care provision.

Respondents challenged assumptions that alternative provision elsewhere in Cumbria or neighbouring areas represented realistic alternatives for residents and families. Many argued that distances become far more significant in the context of older people, limited transport options and difficult winter conditions.

Alston Moor's unique isolation

Many respondents described Alston Moor as a uniquely remote community whose needs could not easily be compared with those of more urban or accessible areas.

Several highlighted the area's geography, weather and distance from major towns, arguing that these factors should play a significant role in decision-making. Respondents frequently referred to Alston Moor as one of the most isolated communities in England and argued that local care provision therefore carried a greater importance than might be the case elsewhere.

Local residents said:

"We are one of the most rurally isolated places in Cumbria with a very limited almost non-existent public transport system, and the potential for inaccessible roads during the winter months. We are far away from any other form of health provision."

"Alston is a very remote community."

"Alston is one of the most isolated communities in England."

"Grisedale Croft is the only residential care home in one of the most isolated communities in England. It matters that older people here can be cared for close to home, with their family and friends nearby."

"We are one of the most cut-off towns in England."

Travel, distance and visiting difficulties

Respondents frequently stated that distance to alternative provision represented a substantial barrier for residents, families and friends.

Many stressed that proposed alternatives outside Alston would require long journeys, often involving difficult rural roads. Some drew on personal experience of travelling to relatives placed elsewhere and described the resulting reduction in contact.

A common argument was that decisions based on distances alone failed to reflect the realities of rural travel. For many respondents, moving care provision even 20 to 30 miles away fundamentally changed the ability of families and friends to remain involved in residents' lives.

Local residents said:

"My mother was taken into Carlisle Hospital in March 2026... With Alston unavailable, she ended up in Maryport, which while she agreed she needed the care, she felt isolated from friends and family who were unable to travel the distance to visit her."

"Travelling can be a problem for relatives of residents."

"The nearest towns are over 20 miles away."

"It was very difficult to get her in despite her being mobile and not suffering from dementia. She had lived in Alston for 20 years and all her friends were here yet she had to wait months in hospital and at a care home both an hour away before coming back to Alston."

Public transport and access to services

Many respondents identified limited public transport as a major factor supporting the retention of local care provision.

Respondents frequently stated that care planning assumptions did not adequately reflect the practical realities of life on Alston Moor. They highlighted the scarcity of public transport, particularly for elderly people, and questioned how residents and their families would maintain contact if care services were relocated.

Several respondents said that limited transport affects not only residents and visitors, but also wider access to health and care services.

Local residents wrote:

"We have very little public transport, for people like me who don't drive it would be impossible."

"Public transport is non-existent."

"Many older people in the area do not drive."

"No buses. No trains."

"There is no daily public transport available to any town from Alston Moor."

Winter weather and seasonal isolation

Several respondents highlighted the effect of winter weather on access to care and visiting arrangements.

Respondents described times when roads became hazardous or impassable and suggested that relocating residents away from Alston could result in prolonged periods without visits from family or friends.

Local residents said:

"Some people would be unable to visit their loved ones due to poor public transport, cost of travel or time constraints. In winter there would be periods when people would be unable to see their loved ones at all."

"The weather is not always good winter time."

"Winter conditions make the roads impassable."

"Winters up here can be extremely challenging and travelling to visit someone in care home 20, 30 miles away is just not fair."

Theme 5: Hospital closure and step-down beds

Overview

A key theme concerned the relationship between the care home and the closure of inpatient beds at the Ruth Lancaster James Cottage Hospital in 2017-18. Many respondents argued that Grisedale Croft could not be considered in isolation from decisions made at that time and repeatedly referred to commitments they believed had been made when the hospital beds were withdrawn.

Respondents referred to the promise of intermediate care or "step-down" beds, ongoing NHS involvement, and wider integrated care arrangements. Many expressed concern that these commitments had either not been fully implemented or had gradually diminished over time.

A recurring argument was that occupancy figures and current service use could not be properly understood without considering the loss of hospital facilities, referral pathways, intermediate care arrangements and the broader changes to local services that had occurred over the past decade. These concerns were reinforced during the public meeting held in Alston on 16 July, where discussion often returned to the future of the health beds, NHS involvement and the commitments made when hospital services were withdrawn.

Step-down and intermediate care beds

Many respondents referred directly to commitments made when the hospital beds at the Ruth Lancaster James Cottage Hospital were closed. A common view was that Grisedale Croft was intended to play an important role in providing intermediate care, step-down care and rehabilitation support for local residents.

Several respondents argued that the expected development of these functions had either not occurred or had not been fully realised. Others suggested that, had these arrangements been implemented more effectively, occupancy levels and service usage would have been significantly higher.

The importance of these arrangements was reinforced during the public meeting, where one of the most significant areas of debate concerned the two health beds at Grisedale

Croft. Participants argued that agreements already existed, that the beds had historically been used, and that the NHS and council had failed to maintain the referral pathways and support structures required for them to operate effectively. The council's position was that the beds were not formally commissioned as intermediate-care beds and lacked the wider wraparound support required for a modern intermediate-care service.

Alston Moor Parish Council said:

"When the inpatient beds at Alston Community Hospital were closed in 2018, there was an agreement that two 'health beds' would be available at Grisedale Croft with full 'wraparound' care. The people of Alston Moor accepted the loss of their hospital on that basis."

The parish council quoted NHS planning documents which said:

"Two step up/step down beds will be provided in Grisedale Croft residential home... The beds would be for short term use and would be supported by health care professionals."

Local residents said:

"When the hospital was closed they said there would be two hospital beds at Grisedale Croft."

"The two beds had been promised."

"The NHS committed that residential beds at Grisedale Croft would be used for intermediate care."

"The current health beds in the home serve a vital hospital admission avoidance purpose."

Perceived failure to deliver the 2017-18 commitments

Many respondents argued that the commitments that had been made had not been fully delivered. Some respondents suggested that occupancy had fallen because referral systems, rehabilitation pathways and supporting NHS services had not developed as originally intended. Others believed that Grisedale Croft had been left with responsibilities that were not sufficiently supported by partner organisations.

The public meeting reinforced these concerns. Participants linked current occupancy levels and service pressures to the failure to develop the promised integrated-care model associated with the closure of hospital beds.

Local residents said:

"There is such a history here that is being ignored, concerning the closure of the hospital beds and the agreement to support medical beds, to which residents could be referred by hospitals on discharge. The referral pathways from NHS contexts to either residential care or short-term medical beds appears to have fallen into abeyance."

"The promised health beds were never properly implemented."

"This commitment was never honoured."

Alston Moor Parish Council argued:

"The residential step-down model was never built. Occupancy at Grisedale Croft has fallen from 9 in 2018 to 5 in 2020 to 3 in 2026. That is not evidence of declining demand. It is evidence that the integrated step-down pathway promised in 2017–2018 was never constructed properly."

And:

"The beds existed, at Grisedale Croft, with the nursing and therapy support the strategy had promised. The failure is not that the model did not work. The failure is that the arrangement was allowed to lapse."

Hospital closure, service loss and community trust

Many respondents linked the Grisedale Croft consultation to a wider pattern of service reductions affecting Alston Moor. References were frequently made to the loss of inpatient hospital beds, minor injuries services, community nursing provision and other local facilities.

Several respondents suggested that previous promises had not been fulfilled and that this influenced their trust in current proposals. Others argued that the future of Grisedale Croft should be understood within the context of these earlier changes.

These issues featured during the public meeting, where trust emerged as one of the most prominent themes. The meeting heard references to past consultations, previous promises and perceived service losses.

Local residents said:

"Alston has already experienced the loss of vital local services, including its cottage hospital and ambulance provision. Closing this care home would leave the community without essential facilities for elderly residents, forcing vulnerable individuals away from their families, friends, and support networks."

"The hospital closed. Now Grisedale Croft is to close."

"Another blow to Alston's social provision."

"The promises have not been kept."

"We have lost our hospital."

"Since I moved to Alston we have lost many public buildings: the Police Station and Court, the primary school, the hospital and minor injuries clinic, quite apart from commercial assets like banks. Now is time for some reinvestment in Alston Moor."

Alston Moor Parish Council wrote:

"We accepted closure of the hospital because we were promised alternatives. Grisedale Croft is the last surviving element of that promise."

Theme 6: Future demand, demographics and long-term need

Overview

Many respondents challenged suggestions that demand for residential care was declining. Rather than focusing solely on current occupancy levels, respondents frequently discussed demographic change, increasing life expectancy, future care needs, dementia prevalence and the long-term sustainability of care services on Alston Moor.

Many respondents argued that the ageing profile of the local population meant demand for residential care was likely to increase in future years and that decisions should therefore be based on long-term need rather than current occupancy alone. Many respondents also challenged the assumption that low occupancy indicated low demand, arguing that local need already exists and is not fully reflected in occupancy figures.

Demographic change and long-term need

Many respondents said that decisions regarding Grisedale Croft should be based on future need rather than current occupancy levels alone. A recurring theme was the ageing profile of Alston Moor's population and the expectation that demand for residential care would increase in future years.

Respondents questioned whether demographic change had been given sufficient weight within the consultation. Several argued that, whilst current occupancy levels were low, future demand for residential care, intermediate care and support for older people was likely to grow. Others suggested that reducing local provision now risked leaving future generations without adequate support when needs increase.

Respondents said:

"The demographics of the Alston Moor population do not seem to have been considered. Yes there are few residents in Grisedale Croft at present but the local population is ageing. How many are predicted to require residential care in future years?"

"We have an ageing population here in Alston."

"There is growing elderly population."

"A rapidly ageing, isolated, rural community."

"I believe any decision to close Grisedale Croft 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 in the coming years that demand for such services will increase."

"There are a lot of ageing, retired people living on Alston Moor who may well need assisted living in the next 5 years or so."

"There is clearly a demand for this in the area, as there's a large number of older incomers into the area, myself included. Where are we supposed to go when we can no longer look after ourselves?"

Future demand for residential care

Many respondents challenged the suggestion that declining occupancy necessarily indicated declining need. Instead, they argued that demand for residential care continued to exist and that occupancy figures alone did not provide an accurate measure of local need.

Respondents cited examples of people being unable to access Grisedale Croft, difficulties obtaining residential placements and concerns that existing provision was already insufficient. Several argued that current occupancy levels reflected issues with referrals, awareness or service design rather than an absence of demand.

A recurring concern was that residential care would continue to be needed regardless of wider aspirations to support more people at home for longer. Many respondents argued that some people will always require residential care because of frailty, dementia, complex needs or the limits of domiciliary support.

Local residents said:

"I do not agree that there is low demand for places, as I feel that in a community of 2,000 people, there will always be a demand for this provision. I believe that the current low demand simply reflects a lack of knowledge/awareness about the possibility of provision actually in Alston."

"There will always be a demand for this provision."

"There is clearly a demand for this in the area."

"We need many more beds. Not less."

"It seems that the council's conclusion on falling demand is incorrect. The demand is here, and needs to be met."

Home care is not a complete alternative

Many respondents supported helping people remain in their own homes for as long as possible but questioned whether home-based care could fully replace residential care provision.

Several respondents described difficulties accessing domiciliary care and expressed concern that home support services were already stretched. Others commented that more intensive care needs, dementia and increasing frailty often make residential care necessary.

Respondents said both support at home and residential care would be needed if the needs of future residents were to be met effectively.

Local residents said:

"It is disingenuous to say that supporting older people in the home will be the council's way forward rather than residential care. Of course this should be the way forward and would be preferable to the majority of people, but in practice I'm afraid this is almost always inadequate."

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

"Whilst people would prefer to remain at home, there comes a point when that is no longer possible. We need a facility here that can meet those needs when that time comes."

"Care at home is extremely limited here."

"People often need round the clock care."

Long-term capacity and future provision

Many respondents questioned whether future provision had been planned on a sufficiently long-term basis. Several raised concerns about reducing bed capacity, particularly the suggestion of replacement accommodation with a minimum of four beds. Respondents argued that future planning should consider population trends, changing care needs and the possibility of increasing demand over time.

A common argument was that once capacity is lost it can be difficult or impossible to recreate and that decisions made now would affect care provision on Alston Moor for many years to come.

Local residents said:

"I believe that any solution aiming for 4 beds only is inadequate for the area's actual needs and particularly considering the needs for respite, step-up/step-down provision, end-of-life care as well as residential care."

"A 4 bedded home will be entirely inadequate."

"We need many more beds. Not less."

Alston Moor Parish Council said:

"Four or five beds cannot deliver an integrated step-down model, which requires step-down capacity on top of permanent residential care, not in place of it."

Theme 7: Confidence in evidence and consultation process

Overview

Many respondents questioned aspects of the evidence, assumptions and information underpinning the consultation itself.

Frequently raised concerns included:

- occupancy and admissions;
- future demand assumptions;
- refurbishment cost estimates;
- building-condition evidence;
- the preferred option;
- consultation timing;
- transparency;
- access to supporting information; and
- the relationship between consultation evidence and previous commitments made to the community.

At the public meeting on 16 July participants questioned occupancy figures, future demand projections, the basis of refurbishment costs, the role of NHS-linked health beds and the evidence supporting the council's preferred option. Questions were also raised regarding whether sufficient information existed to justify a reduced-capacity replacement model and whether all options remained genuinely under consideration.

Occupancy, referrals and demand

One of the most frequently challenged aspects of the consultation concerned occupancy levels and the interpretation of low resident numbers.

Many respondents argued that occupancy did not provide reliable evidence of demand. Instead, they suggested that referral pathways, admissions practices and operational decisions had contributed to low occupancy levels. Several respondents described personal experiences of difficulty accessing places at Grisedale Croft despite local need existing.

A recurring argument was that under-utilisation should not automatically be interpreted as lack of demand, particularly where questions remained about how residents were referred into the home and how the facility was being used within wider health and care systems.

At the public meeting participants questioned what had happened to former residents, whether unmet demand existed locally, how future demand had been calculated and whether sufficient evidence existed to support a reduced-capacity replacement model.

Relatives wrote:

"I tried to find out about the possibility of my wife entering Grisedale for care and was told that it wasn't taking people in. It was only when her doctor insisted that she needed an NHS bed there that anything happened. Perhaps there would be more occupants if the authority had been more amenable."

"I am still unclear what anyone has to do to get into Grisedale Croft, which may explain the low residency numbers! ... Perhaps more residents would make Grisedale look more viable, instead of giving a higher cost per resident to support the closing argument?"

"There seems to be no explanation for this, and therefore it seems that the council's conclusion on falling demand is incorrect. The demand is here, and needs to be met."

Financial information and cost assumptions

The financial rationale presented within the consultation generated frequent comment.

Respondents referred to:

- operating costs;
- occupancy-adjusted costs;
- future viability;
- capital investment requirements;
- comparisons between options.

Many respondents acknowledged financial considerations, but questioned whether the information presented provided a sufficiently complete basis on which to compare the options. Some challenged the assumptions underlying the published figures, while others argued that costs could not be properly assessed without understanding how occupancy, referrals and future demand interacted with the financial position of the home.

"The consultation gives little information to the consultee."

"The figures given in the consultation document are a nonsense."

"The figures do not reflect the true cost profile."

Refurbishment cost estimates and building evidence

Many respondents questioned the basis of the refurbishment cost estimates presented within the consultation.

A recurring concern was whether refurbishment costs had been based on building-specific evidence or on broader cost assumptions. Several respondents requested greater clarity regarding surveys, engineering assessments, schedules of works and independent estimates.

Many accepted that investment would be required, but argued that options should be compared on the basis of building-specific evidence rather than indicative estimates.

Respondents said:

"The projected costs provided are, in my opinion, inflated and, as provided, without justification. Were the council to publish their first stage budget assumptions with preliminary pricing parameters this would allow local people, and indeed local firms to interrogate the numbers provided."

"There has been no meaningful look into the actual cost of refurbishment."

"A total refurbishment would not cost anywhere near the council's estimate. It appears to be an inflated figure to scare people from selecting this option."

"No actual independent survey of the current building appears to have been undertaken."

"As a builder, I am at a loss as to where you get your figures from. They seem designed more to steer people towards your preferred option, than to give a realistic idea of actual costs."

"No survey of Grisedale has been done."

"The idea that current residents would have to move out for 1-2 years appears to be a guess, not based on this actual care home and whether the renovation could be done in stages to allow the residents to be moved to different wings/rooms within the building."

Consultation fairness, transparency and trust

Many respondents expressed concerns about the consultation process itself.

Common issues included:

- the range of options presented;
- the existence of a preferred option;
- access to information;
- timing of information releases;
- clarity of communication;
- perceptions that important information emerged during rather than before consultation; and
- confidence that local views would genuinely influence the final decision.

At the public meeting, where several contributors referred to previous consultations, previous commitments and earlier service changes. Some argued that promises made during the closure of the community hospital had not been fully delivered and that this influenced confidence in the current consultation.

Meeting participants also questioned whether the preferred option had effectively already been identified and sought assurances that all options remained under active consideration. The council maintained that no final decision had been made and that purchasing a property before the consultation ended would predetermine the outcome.

Local residents said:

"The current approach to the consultation uses arguments based on very vague details to steer the responders towards a single solution, namely Option 5. There is no detailed information provided for rejecting Options 2 and 3."

"The consultation seems very rushed."

"This consultation has not been advertised properly."

"This consultation feels like a box ticking exercise."

"It 'feels' to the public, with some justification, that a solution has been identified around which an option appraisal process has been constructed."

Theme 8: Building, capacity and alternative accommodation

Overview

A key theme throughout the consultation concerned the condition of the Grisedale Croft building, the suitability of alternative accommodation, future bed capacity and the practical implications of refurbishment, rebuilding or relocation.

Respondents agreed improvements were needed but were divided on the scale and form those improvements should take. Many accepted that the current building required investment and modernisation. Respondents were concerned whether refurbishment costs were realistic, whether an alternative building could be identified, whether a four-bed replacement would be adequate, and whether relocation represented a viable long-term solution.

Some viewed the retention of residential care capacity as more important than the specific building used, while others argued strongly that Grisedale Croft itself remained the most suitable location.

The existing building and the need for investment

Many respondents accepted that Grisedale Croft would require investment if it were to continue meeting future expectations and regulatory requirements.

Some respondents acknowledged limitations relating to room sizes, accessibility, personal space and facilities. Others accepted that refurbishment or rebuilding might be necessary but argued that these challenges should be addressed through investment rather than closure.

Several respondents believed that years of under-investment had contributed to the building's current condition and that this should not now be used as a reason to remove local provision.

Staff members commented:

"Having worked in the care sector for a significant number of years, I have seen people's care requirements increase significantly and the current provision is no longer suitable to meet those needs. The building is not fit for purpose and people deserve to spend their latter years in a care facility that not only gives them comfort and adequate personal space but their own bathrooms, shower rooms and in this day and age their own toilet."

"I have worked within Grisedale Croft for 27 years and understand the need for change."

Local residents said:

"There has been no significant investment in Grisedale Croft for many years."

"As one of the younger buildings in Alston and with many of the elderly residents of Alston being familiar with this building, to me this is the preferred option. Refurbishing this building should provide work for local trades and continued employment for residents who live locally."

"The building needs modernising."

"The Grisedale building is only 50 years old. With proper maintenance it should have lasted longer. Negligence by councils over the years has left this building and flats in the state it is today."

Refurbishment of Grisedale Croft

Many respondents favoured refurbishment on the basis that it would retain provision, preserve existing capacity and make use of an established facility already embedded within the community.

Several challenged assumptions that residents would necessarily need to leave Alston or that refurbishment could only be achieved through lengthy closure. Many suggested phased approaches and alternative ways of managing works whilst maintaining local provision.

"The current building is well situated. Potentially with scope to develop the flats to move residents into while the main building is updated."

"If you refurbished the attached flats at Grisedale Croft first, the current residents could remain where they are until stage one was completed. They would still have access to the gardens and be in familiar surroundings where family and friends would have no difficulty in visiting them."

"Refurbishing Grisedale Croft is the only sensible option."

"It seems the most cost effective option."

"There is no need to have a temporary closure of the home for refurbishment. Refurb the empty flats upstairs to accommodate the residents, move them in there, then do a refurb on the 'home' end. All staff keep their jobs and residents stay happy."

The four-bed alternative accommodation model

The proposal that future provision might consist of a minimum four-bed facility was frequently questioned.

Many respondents argued that such a facility would be inadequate for current needs and wholly insufficient for future demand. Several pointed out that once health beds, respite provision and temporary placements were considered, little permanent capacity would remain. Some respondents challenged the long-term sustainability of a significantly smaller model.

Local residents said:

"I do not support any of the options in their current form. I believe that any solution aiming for 4 beds only is inadequate for the area's actual needs and particularly considering the needs for respite, step up/step down provision, end of life care as well as residential care."

"Alternative accommodation like a 4 bed house is not an option."

"Four beds is totally inadequate."

"The proposed provision of only four beds is a short-sighted measure for an ageing population. What happens when the new care home provision cannot meet local demand?"

Alston Moor Parish Council said:

"Four or five beds cannot deliver an integrated step-down model, which requires step-down capacity on top of permanent residential care, not in place of it."

Alternative buildings and the search for a suitable property

Many respondents discussed whether another building within Alston could provide an alternative to Grisedale Croft.

The most commonly suggested alternatives included, the former Cottage Hospital and the former primary school.

Many respondents expressed scepticism about whether a suitable building actually existed, while others suggested specific sites that should be investigated before any final decision was made. A recurring concern was that alternative accommodation should be identified before any closure or relocation took place.

Local residents said:

"I strongly feel that the Ruth Lancaster James Hospital in Alston would be an ideal place for a care home facility. The rooms are already a good size and would be the cheapest option to bring up to standard."

"The cottage hospital would be a perfect place."

"One of the obvious solutions would be making use of the Ruth Lancaster Hospital, which has the field and bungalows, as well as rooms that are larger than Grisedale and is attached to the surgery."

"What about the old primary school?"

"The hospital is still closed but cleaned every day."

"It has to be within the town of Alston."

"It seems to myself and many friends we have discussed this with – the answer is obvious. We have an unused small cottage hospital which surely ticks all the boxes."

Theme 9: Workforce and recruitment

Overview

Workforce and recruitment issues were frequently discussed throughout the consultation. Whilst many respondents accepted that Grisedale Croft faced recruitment and retention challenges, they commonly viewed workforce difficulties as a problem to be addressed through investment, workforce planning, better integration with health services, recruitment initiatives and more creative local solutions.

This theme was closely linked to wider concerns about rurality, housing, isolation, service planning and the long-term sustainability of care provision on Alston Moor. Many respondents accepted that there were staffing difficulties, but argued that these challenges reflected wider structural issues affecting rural areas rather than problems unique to Grisedale Croft itself.

Recruitment challenges were recognised

Many respondents acknowledged that recruiting and retaining staff in Alston could be difficult. Several referred to the area's remote location, limited housing supply, transport difficulties and competition from other employment sectors.

Whilst respondents generally accepted that recruitment was challenging, many argued that these difficulties affected a wide range of services across Alston Moor and should not be interpreted as evidence that residential care provision was no longer viable.

"The local labour market is difficult."

"It is clear that recruitment and retention in rural communities is difficult, but reducing services is not a solution. The answer lies in improving recruitment and support rather than reducing provision."

"There are recruitment issues now."

"Competitive recruitment in Eden Care Services homes needs creative thinking as persistent low staffing results in major challenges for residents staying locally."

Recruitment difficulties were viewed as a problem to solve

Respondents generally regarded workforce difficulties as management, policy or investment challenges rather than reasons for closure.

Several respondents questioned whether sufficient effort had been made to improve recruitment or widen access to care services before consulting on the future of the home. A recurring argument was that if Grisedale Croft remained important to the community, then recruitment and retention should become priorities for action.

Staff members 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."

area and hours that do not suit for a working parent and no flexibility to work around the situation. Staff that have worked there a long time are shown no loyalty."

"More money for staff, flexible working patterns."

"The recruitment policy does need to be looked at."

Local residents said:

"Why are there recruitment issues now? Are vacant positions advertised and promoted widely enough? How do members of the community feel about applying to work at Grisedale Croft? Does it have a good reputation as a place to work? Are applicants and new staff members made to feel welcome and included?"

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

"The uptake of beds has been artificially lowered partly by not offering staff a secure working future or providing specialist training so they have resigned or not applied for positions."

Value of existing staff

Many responses emphasised the quality, experience and commitment of the existing workforce.

Respondents frequently highlighted the role of local staff in delivering care and maintaining relationships with residents. Several referred to Grisedale Croft as a valued local employer and emphasised the experience and dedication of staff members who had served the community for many years.

For many respondents, the workforce was seen as one of the home's greatest strengths and an argument for investing in the service rather than reducing it.

Relatives of current or past residents said:

"The kindness, dignity, compassion and professionalism shown by the staff gave our family great comfort at an incredibly difficult time. This is not simply a building — it is a home where vulnerable people receive exceptional care from staff who know them personally."

"The care she receives is consistent and reassuring."

"The staff are mainly local people and have worked there for many years They provide a lovely, caring setting for the residents."

"The care and dignity he was given in the last few months of his life was faultless."

"The care she receives is not only professional but deeply compassionate."

"My husband's grandmother stayed there for several years until she died aged over 100 years. The care she received was wonderful."

Wider workforce implications for the community

Several respondents highlighted the wider implications of workforce decisions for Alston Moor. A number expressed concern that reducing services would result in the loss of skilled jobs and further weaken local employment opportunities.

Others argued that retaining and strengthening local care provision would help sustain employment, skills and community resilience. Workforce issues were therefore often viewed as part of a broader discussion about the future viability of services within rural communities.

Respondents said:

"Local people were keen to work at Grisedale Croft, in the roles of catering, caring, cleaning or management. It was a happy place to work and the care of the residents was the main priority."

"It would affect staff employment and the wider community."

"Grisedale provides local jobs."

"Removal of the provision also risks reducing employment opportunities in an already deprived area yet further."

"Refurbishing this building should provide work for local trades and continued employment for residents who live locally."

Theme 10: Alternative service models and future care

Overview

Many respondents argued that the consultation should be viewed as an opportunity to rethink how health, social care, rehabilitation, respite care and residential care are provided on Alston Moor. Respondents discussed alternative service models that could better meet local needs whilst responding to the area's rural geography and ageing population.

A recurring theme was that residential care, intermediate care, rehabilitation, respite provision and end-of-life care should be planned together rather than considered as separate services. Many respondents argued that Grisedale Croft should form part of a broader, integrated system of care involving the Council, NHS partners and community services.

These themes were reinforced at the public meeting held on 16 July 2026. Discussion at the meeting focused on healthcare integration, rehabilitation services, intermediate care beds and the relationship between residential care and wider community health provision.

Integrated care and joined-up services

Many respondents argued that the future of care provision on Alston Moor should be considered jointly by health and social care organisations.

A common criticism was that Grisedale Croft, hospital discharge services, rehabilitation support and community healthcare appeared to be planned separately rather than as parts of a single system. Respondents suggested that more effective cooperation between the Council, NHS and local providers could increase occupancy, improve care pathways and better meet community needs.

Many respondents viewed integrated care as a solution rather than a problem and argued that the community required a more coordinated model of support.

This issue featured prominently during the public meeting. Attendees argued that discussions with NHS commissioners should occur before decisions are taken regarding the future of Grisedale Croft. Participants suggested that planning for residential care, rehabilitation, respite care, intermediate care and end-of-life care should happen together rather than through separate processes.

Local residents said:

"I beg you, please, before any decision is made about the future of residential care on Alston Moor stop and look at the real need and talk to the NHS about a clear pathway for the future use of such care. All relevant parties NEED to get around the table NOW before any decisions are made. W and F council, Alston Moor Parish Council, north Cumbria and north east NHS trust, primary care, GPs, Integrated community care team, district nurses, integrated care beds team."

"WFC and the NHS should be working on this together."

"Both places should work together."

"The Council and NHS need to work together."

"It's impossible to talk about a future for Grisedale Croft without considering the whole picture and working with the NHS."

Intermediate care, rehabilitation and step-down services

Many respondents argued that future care provision should not focus solely on permanent residential care. Instead, they advocated a broader model incorporating rehabilitation, intermediate care, recovery support and step-down services.

Several respondents suggested that better use of local beds could support people leaving hospital, reduce pressure on acute services and help local residents regain independence without being sent long distances from home.

Respondents frequently described this as a missed opportunity within current arrangements and suggested that future planning should explicitly include these functions.

At the public meeting a key area of discussion was the future of the two health beds and the perceived failure to maintain the integrated care arrangements originally associated with them. Residents argued that the future of Grisedale Croft should involve stronger rehabilitation and hospital discharge functions, and council representatives emphasised

that any future model would require closer NHS integration and more comprehensive wraparound support.

Respondents 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."

"People leaving hospital could be cared for locally."

"For more medical care intensive patients, the hospital which is in good state of repair and is constantly heated without being used would be a good and cheap solution as everything is already in place."

"The current health beds in the home serve a vital hospital admission avoidance purpose."

"The 2 hospital beds must continue."

"I suggest that as well as providing accommodation and care on a permanent basis for those who need it, Grisedale Croft should be able to provide convalescent care for people who have been in hospital but are not fit enough to return home."

Respite care and support for carers

Many respondents argued that future service models should better support unpaid carers and family members caring for vulnerable relatives at home.

Several highlighted the shortage of respite opportunities and said that local respite provision was essential if carers were to continue supporting relatives safely and sustainably. Respondents frequently linked residential care provision with the wider support available to carers. Some said that preventing carer exhaustion should be treated as an important objective in its own right.

At the public meeting participants described difficulties accessing respite services and raised concerns that assumptions about people remaining at home for longer did not adequately reflect the reality of support currently available on Alston Moor. Several contributors argued that future models of care must include sufficient respite provision if family carers are to continue playing their role within the local care system.

Local residents said:

"The NHS and local authorities seem to ignore the huge work that non-paid carers do in the community... these carers are absolutely key at preventing elderly vulnerable people from being another hospital statistic. Therefore respite care beds should always be factored in as a basic service to provide carers with an essential planned break."

"There should be options of respite care and rehabilitation available in Alston."

"Respite care can be organised same day."

"Many people with dementia and complex needs live at home because there is nowhere appropriate for them to go. Family carers carry enormous responsibilities and local respite provision is essential if they are to continue."

Others stated;

"We have avoided being a burden on the public purse and on resources in the community at our expense - financially, physically and emotionally. We try our best to keep this lovely lady safe and well 24 hours a day but we and many people like us need our breaks."

"There is no respite care here at all, so unpaid carers already exhausted by round-the-clock caring have nowhere nearby to turn."

"People with severe dementia and other complex needs require access to respite beds, permanent care beds and palliative care beds. The failure to provide care beds in the community for the most vulnerable service users cannot continue."

A community care hub model

Several respondents suggested that future provision should operate as a broader community care hub integrating residential care, intermediate care, rehabilitation, health services and community support.

This idea appeared in a variety of forms but generally centred on creating a more flexible system capable of responding to different levels of need whilst retaining local provision. Respondents frequently referred to opportunities for integration, collaboration and more effective use of existing assets.

At the public meeting participants argued that future provision should bring together health and social care functions and that the consultation should be viewed as an opportunity to design a new model for Alston Moor involving rehabilitation, community support, hospital discharge services, respite care and residential care.

Respondents said:

"This is a great opportunity... to create the appropriately sized integrated care centre so badly needed here for all – whether it be a rebuild of Grisedale Croft or whether it will be a suitably sized care centre in Alston."

"A community health and wellbeing centre"

"I would make use of the cottage hospital as a set of convalescent beds or for more serious cases and work with a new care facility - so you have a type of continuing care."

"A care hub."

"The bigger picture should be looked at."

"The key issue for me is the word 'if' in relation to finding a suitable venue... Surely there could be opportunities on the site of the dentist, health centre and day centre to

improve the facilities as a forward thinking, innovative and fit for purpose community health, social care and wellbeing centre from cradle to grave."

Theme 11: Alternative funding, future use of assets and wider solutions

Overview

Alongside views on refurbishment, rebuilding and alternative accommodation, a number of respondents proposed wider solutions for securing the future of care provision on Alston Moor. Many respondents argued that closure should not be pursued until a wider range of options had been examined. Common suggestions included making greater use of existing public assets, reusing underutilised buildings, drawing on local skills and resources, and exploring more imaginative approaches to funding and service delivery.

Better use of existing community assets

Many respondents argued that existing buildings and assets within Alston should be used more creatively before closure or major service reduction was considered.

They said that the area already contains buildings which could potentially contribute to future care provision, support services or community wellbeing.

Many viewed this as both a practical and financially responsible approach.

Respondents said:

"The old hospital in Alston is virtually empty. This could easily be updated to receive those in need of residential care. It is all on one floor so expensive lifts would not be required and the present staff at Grisedale Croft could retain their jobs."

"The current site offers fantastic potential."

"One of the obvious solutions would be making use of the Ruth Lancaster Hospital, which has the field and bungalows, as well as rooms that are larger than Grisedale and is attached to the surgery. After fighting and failing to keep this hospital open, this would at least give this wasted community asset a new purpose."

"The hospital would be an ideal place."

"The Grisedale Croft site was purpose-designed, with parking and extensive gardens. For all that the buildings are out of date and in need of modernisation, there is most unlikely to be anywhere else in Alston that comes anywhere near their suitability."

Alternative funding and investment approaches

Many respondents argued that closure should not be considered until a wider range of funding options had been explored.

Suggestions included:

- investment through refurbishment rather than replacement;
- greater collaboration between public bodies;
- use of existing public assets;
- better utilisation of available capacity; and
- longer-term investment approaches.

Whilst relatively few respondents proposed detailed financial models, there was a common belief that the consultation should explore opportunities for investment rather than service reduction.

Respondents said:

"An improved provision, with demonstrable investment, would likely be more marketable and therefore appealing to local residents. In updating and refurbishing, a clear message is sent that the community is seen and valued."

"The money invested in these improvements would simply be lost."

"Investment in the home and service."

"The community deserves investment."

"Westmorland and Furness Council need to improve upon their social care offering here in Alston. This is a chance now for good people who lead this authority to do the right thing for residents going forward."

Re-use of existing facilities and property

A number of respondents suggested that if substantial changes to Grisedale Croft were required, opportunities should be explored to re-use or repurpose existing facilities in ways that continue to benefit the local community.

Suggestions included supported accommodation, retirement flats, community facilities, key worker accommodation and integrated care services.

Local residents said:

"Another option might be to convert part of the existing home to retirement flats for sale, sharing some communal facilities like the lounge. Indeed, it might even be possible to build some additional units within the grounds."

"Another option might be retirement flats."

"The flats have been empty for years and they would be perfect for refurbishment to add to the current usable part of the building, to make suitable sized rooms that can accommodate all the equipment required and ensuite facilities."

"Supported living accommodation."

"The downstairs flats in the unused part of the building could be converted to a staff room, accommodation and a physio room. This would help recruit staff from far and wide as well as locally."

Community-led solutions and local expertise

A recurring theme was that local people, local organisations and local expertise should play a greater role in shaping future provision.

Several respondents highlighted local knowledge, local tradespeople, community organisations and local professional expertise. Many argued that solutions should be developed in partnership with the community rather than imposed externally.

These suggestions often reflected a broader belief that the community should be actively involved in determining the future of health and care provision on Alston Moor.

Local residents said:

"Local builders should be consulted looking at the financial options once a figure has been designated as being available to spend on improving our care home and reinstating at least some of the services we have lost"

"The community needs to be involved."

"Local people should help shape the future."

Alston Moor Parish Council said:

"We are ready to work together — the Parish Council, the Council and the NHS — to restore proper provision and to build something better for the future."

Theme 12: Alston Moor Parish Council and the Grisedale Croft Working Group

Overview

The main organisational contribution to the consultation came from Alston Moor Parish Council (AMPC) and the Grisedale Croft Working Group. Through formal consultation submissions, correspondence, Freedom of Information requests, evidence reviews and public engagement, the Working Group challenged the evidence base underpinning the consultation and developed a broader argument about the future of health, care and community services on Alston Moor.

The Working Group focused on the historical context of Grisedale Croft, the closure of inpatient hospital beds, referral pathways, occupancy patterns, financial assumptions, regulatory obligations and consultation governance. Throughout the consultation they consistently argued that Grisedale Croft should be viewed as a vital part of a wider health and social care settlement that has shaped service provision on Alston Moor since 2017–18.

Grisedale Croft and the 2017–18 Settlement

The Parish Council argued that Grisedale Croft cannot be understood in isolation from the closure of inpatient beds at the Ruth Lancaster James Cottage Hospital. The Working Group maintains that the closure of hospital beds in 2017–18 was accepted locally because residents were promised a package of replacement services, with the care

home becoming the residential and intermediate-care component of a wider NHS and local authority settlement designed to maintain care provision on Alston Moor after the loss of the hospital beds.

The Parish Council argues that this context is absent from the consultation materials and that respondents cannot properly evaluate the future of the home without understanding the commitments made at that time.

Their final submission repeatedly returns to this point and presents it as the foundation upon which all subsequent arguments are built.

"Grisedale Croft is not a standalone 13-bed residential service. It is the last surviving element of a joint NHS-and-Council replacement package promised to Alston Moor in 2017–2018, when this community's hospital in-patient beds were taken away."

And:

"We are not asking you to ignore financial realities. We are asking you to honour a specific promise made to a community that gave up its hospital beds in good faith."

Occupancy, referrals and the question of demand

A second strand of the Working Group's evidence concerns occupancy and demand. The Parish Council argues that low occupancy should not be interpreted as evidence of declining need. Instead, it maintains that occupancy levels reflect years of under-utilisation, failures in commissioning arrangements and the absence of effective referral pathways into the home. The submission highlights what it sees as a disconnect between local need and actual admissions, arguing that many people who should have been able to access Grisedale Croft were instead diverted elsewhere.

The Working Group examined NHS records, council disclosures and historical documents relating to intermediate care beds. It concluded that the model originally envisaged for Grisedale Croft was never fully implemented and that the occupancy figure cited in the consultation is therefore the product of systemic failure over many years rather than lack of local demand.

The final response also emphasises what it describes as the absence of properly functioning referral arrangements between acute hospitals, primary care and Grisedale Croft. It argues that, had those arrangements existed and been maintained, both utilisation and viability would have looked very different.

AMPC's final submission stated:

"The low-occupancy case does not stand up."

"That is not evidence of declining demand. It is evidence that the integrated step-down pathway promised in 2017–2018 was never constructed properly."

And:

"The beds were never properly commissioned."

The financial and refurbishment Case

The Parish Council devoted significant attention to the financial case presented by the council. The main concern was that consultees had been asked to comment on options without access to sufficient information to evaluate the assumptions on which those options were based. The Working Group questioned the refurbishment estimates, the comparison of options and the extent to which building-specific evidence existed.

A recurring argument is that refurbishment costs appear to have been derived from broad assumptions rather than from a detailed assessment of the Grisedale Croft building itself. The Parish Council sought publication of the underlying evidence and argued that respondents could not properly compare refurbishment, rebuild and relocation options without access to equivalent information for each. It also questioned whether the published financial narrative gave adequate weight to occupancy levels, long-term demand and the broader consequences of reducing capacity.

The final consultation response stated:

"The options cannot be compared on cost as presented."

"Only the refurbishment option is costed. The rebuild is said to cost more, with no figure, and the preferred option carries no figure at all."

And:

"The central financial justification cannot be examined, and the options cannot be compared on a like basis."

Equality, consultation governance and transparency

A fourth area of focus concerned consultation governance. The Working Group argued that the consultation suffered from limitations in the information provided and repeatedly questioned whether respondents had been given sufficient evidence to evaluate the options before them. It also expressed concern about the existence of a preferred option, the timing of the information update and the extent to which important evidence became available only during the consultation period.

Particular attention was devoted to the Equality Impact Assessment. The Working Group argued that it inadequately addressed the consequences of rurality, transport barriers, disability, caring responsibilities and the practical realities of life on Alston Moor. Concerns were also raised regarding consultation with affected groups, the timing of equality assessments and the publication of supporting documents.

The Working Group stated:

"The Equality Impact Assessment, as produced, does not discharge the Council's obligations under section 149 of the Equality Act 2010."

The final consultation response stated:

"The consultation cannot proceed on a proper basis because it omits the most important contextual fact: the 2017–18 bargain."

"The consultation carries weight only if the decision-maker's mind is genuinely open when it begins."

The future model proposed by the Parish Council

Although much of the Working Group's work focused on scrutinising the evidence and process, the final submission also set out a clear alternative vision for future provision.

The Parish Council proposed an integrated approach in which residential care, respite care, intermediate care, emergency short-stay provision and palliative care could operate as part of a local system of support.

The response argues that Alston Moor requires a flexible bed base capable of meeting a range of care needs and suggests that reducing capacity would be incompatible with the needs of an ageing and geographically isolated population. It also advocates stronger collaboration between the council, NHS partners and the local community in planning future provision.

The final consultation response stated:

"What the community needs is a small, flexible bed base."

"A permanent care bed; a respite bed; an emergency short-term bed; a local palliative care bed; NHS step-down and intermediate-care beds."

"The people of Alston are pragmatic and resourceful and quite capable of working with the relevant agencies to achieve a far better outcome."

The final position of Alston Moor Parish Council

The final submission concludes that Grisedale Croft should be retained, supported and modernised rather than closed or substantially reduced. The Parish Council argues that the home should continue to form part of an integrated local system of health and social care and that future decisions should be informed not only by costs, occupancy and building condition, but by commitments previously made to the community, the needs of current and future residents, and the realities of delivering care in a remote rural area.

The final submission states:

"We ask the Council to stop treating the consequences of inaction as evidence of falling need, to sit down with the NHS and this community as it agreed to do in 2017, and to decide the future of care on Alston Moor, together."

"We are not asking you to ignore financial realities. We are asking you to honour a specific promise made to a community that gave up its hospital beds in good faith."

Healthwatch Westmorland and Furness

Healthwatch Westmorland and Furness was commissioned by Westmorland and Furness Council to undertake independent engagement with residents of Alston Moor, current residents of Grisedale Croft Care Home, family members, former service users and members of the local community. The engagement took place between July and August 2026 through a series of drop-in sessions, listening events, visits to the care home and individual conversations. A total of 40 people contributed their views.

The number of participants was relatively small and those taking part were largely self-selecting, a limitation acknowledged within the report itself. However, Healthwatch Westmorland and Furness noted that similar themes emerged consistently across different engagement activities and participant groups. These themes broadly reflected those identified through the wider consultation process, including the importance of retaining local care provision, concerns about future capacity, the role of Grisedale Croft within the wider health and care system, confidence in the consultation process, and the impact of previous service losses on the community.

The independent report provides additional insight into the views and experiences of local people but has not been incorporated into the council's own thematic analysis in order to preserve its independence and avoid double-counting evidence collected through separate engagement processes.

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 Grisedale Croft Care Home. This work is particularly important because residents of Grisedale Croft did not participate directly through the standard consultation survey process, meaning the advocacy report provides the principal independent record of resident views.

The report is based on conversations with the four residents of Grisedale Croft who were available to participate. Although the resident group is small, the advocacy evidence provides an important insight into their experiences of living at the home and their views regarding its future.

Residents generally described positive aspects of life at Grisedale Croft. References were made to the kindness of staff, friendships with other residents, the surrounding countryside, the garden, the views from the home, the quality of meals and the sense of safety provided by the environment. One resident described the home as both a community building and a place where they felt secure and supported.

Residents of Grisedale Croft expressed a broad range of views regarding their circumstances and future preferences. One resident stated that the home and building were “alright” but did not engage extensively with discussion about future options. Another resident was extremely positive about all aspects of the home and could not identify any significant improvements that would enhance their experience.

Two residents expressed more complex or ambiguous views. One resident indicated that they were not happy to remain at the home, although communication difficulties made interpretation of their comments difficult and the report specifically cautions against drawing wider conclusions. Another resident spoke positively about the kindness of staff but also described social isolation, spending much of their time alone and wishing to live with family if that were possible. The report suggests that further exploration of social contact, choice and preferred living arrangements may be beneficial for this resident.

Taken together, the Grisedale Croft advocacy evidence does not point towards a single collective resident view. Instead, it highlights individual experiences, needs and preferences. Whilst residents generally described positive experiences of care and life within the home, the report also demonstrates the importance of considering each resident's personal circumstances, wishes and support needs individually.

These findings have not been incorporated into the council's thematic analysis in order to preserve the independence of the advocacy process and avoid double-counting evidence gathered separately from the wider consultation.

Summary of key messages from the consultation

1. Retaining local care provision was a key concern

The most consistent message was that some form of residential care provision should remain on Alston Moor. Whilst there were differing views regarding buildings and delivery models, few respondents supported the complete loss of local provision.

2. Respondents viewed Grisedale Croft as more than a care home

Many respondents described Grisedale Croft as a community asset, a local employer, a source of reassurance and an important part of the wider health and care infrastructure of Alston Moor.

3. Resident wellbeing was central to many responses

Respondents raised concerns about the impact of relocation on older people, particularly those living with dementia, frailty or complex needs. Continuity, familiarity and established relationships were widely regarded as fundamental considerations.

4. Family contact and community connections were highly valued

The ability to maintain regular contact with family, friends, neighbours and community groups was seen as an important benefit of local provision and a key contributor to wellbeing and quality of life.

5. Rurality and isolation shaped consultation responses

Respondents said that Alston Moor's geography, transport challenges and winter conditions make local care provision particularly important and limit the practicality of alternatives located elsewhere.

6. The legacy of hospital closure influenced views

Many respondents linked the future of Grisedale Croft to the closure of the local hospital beds and questioned whether commitments regarding intermediate care and step-down provision had been fulfilled.

7. Future demand was viewed as more important than current occupancy

Many respondents challenged the assumption that low occupancy reflects low need. Demographic change, future demand, dementia prevalence and increasing care needs were frequently cited as reasons to maintain or expand local provision.

8. Confidence in the evidence base became a key theme

Occupancy figures, referral pathways, refurbishment costs, demand assumptions, financial information and consultation governance were all subject to extensive scrutiny. Confidence in the options presented was linked to confidence in the evidence supporting them.

9. Many respondents argued for a broader integrated-care model

A recurring theme was that residential care, respite care, rehabilitation, hospital discharge support and intermediate care should be planned together. Many respondents argued that Grisedale Croft should be considered as part of a wider health and social care system rather than in isolation.

10. The consultation evolved into a wider discussion about the future of Alston Moor

By the close of the consultation, discussion extended beyond the future of Grisedale Croft. Respondents frequently framed the care home within broader debates about rural service provision, community sustainability, ageing populations, public trust and the future relationship between local communities and public services.

Consultation responses and correspondence

All the consultation responses, correspondence and background documents can be viewed in full at [Grisedale Croft 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.