

**Response ID:** ANON-4E5X-6Z9G-P

**Respondent category:** A relative or friend of a resident of Grisedale Croft

**Preferred option:** Option 2: Refurbish Grisedale Croft

**Reason for preference:** It might be expensive and option 5 would be better but suitable alternative accommodation is unlikely to be found.

**Further comments:** 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?

I might also point out that 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.

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**Response ID:** ANON-3P4U-3P4M-G

**Respondent category:** A relative or friend of a resident of Grisedale Croft

**Preferred option:** Option 2: Refurbish Grisedale Croft

**Reason for preference:** If a suitable building comes up actually IN Alston itself, then this would be an acceptable alternative to refurbishing Grisedale Croft.

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, which results in people seeking provision elsewhere.

If the provision at Grisedale Croft were better advertised, then there would be plenty of demand. 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. 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.

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**Response ID:** ANON-8A6S-2J7F-U

**Respondent category:** A relative or friend of a resident of Grisedale Croft

**Preferred option:** Option 2: Refurbish Grisedale Croft

**Reason for preference:** I chose Option 2 based upon the caveat that Option 5 has of "if one could be acquired". Feels like there could be a later get out clause of pulling funding with the reason of nowhere suitable could be found. Anything but option 4.

**Further comments:** My mother passed away at Grisedale Croft on August 3rd 2026, and my father passed away in Alston Cottage Hospital in 1990.

My mother was taken into Carlisle Hospital in March 2026 after a fall, and it was deemed after 3 weeks in hospital she was not fit to return home straight away and required respite care. Despite everyone agreeing Grisedale Croft was the best option, it became clear that no-one could actually get the referral to move her to Alston. It was not available as an option for Carlisle Hospital or care workers to refer her. We were also told that the only route was for her to come home first, and then for the Alston doctor to make the referral, however it later proved this was also incorrect. I am still unclear what anyone has to do to get into Grisedale Croft, which may explain the low residency numbers!

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.

She returned home in June 2026, with carers coming in initially a few times a week, and later multiple times a day. However, they did not provide the care she required and her health continued to decline. With another fall, she finally went into Grisedale Croft in July 2026. I will be honest here, I am still not clear what exactly changed to be able to get her in in July, and why it was impossible back in April, but a combination of the persistence of [REDACTED], and perhaps the discovery of the inability of anyone to be admitted to the hospital beds that were promised upon the closure of Alston Cottage Hospital may have had something to do with the change. [REDACTED] pushed her in a wheelchair from her home [REDACTED] to Grisedale to get her admitted.

However, we were continually told that she could not be admitted as a permanent resident due to the consultation. Perhaps more residents would make Grisedale look more viable, instead of giving a higher cost per resident to support the closing argument? We were also repeatedly told that this was temporary and that she could only stay for 2 weeks. We got a one week extension, at which point I flew home from USA to see what I could do to try and make her stay more permanent.

Sadly, I arrived on Sunday to see her one last time before she passed away on Monday morning.

If it were not for her being in Grisedale, she would have passed away at a care home or hospital nowhere near Alston. Fortunately, all friends and family were able to visit in her last few days.

A care home in Alston is essential. With an aging 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.

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**Response ID:** ANON-8M3R-8P7K-M

**Respondent category:** A member of the public (Alston/Alston Moor area resident)

"I am also a long-term friend of a Grisedale Croft resident who has been moved out."

**Preferred option:** Option 2: Refurbish Grisedale Croft

**Reason for preference:** None of these options on their own is what I believe should be happening. 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 (or by the GP surgery to prevent hospital admittance). The referral pathways from NHS contexts to either residential care or short-term medical beds appears to have fallen into abeyance, probably at the time

the nurses were removed and sent to Penrith during Covid (which also resulted in our minor injuries unit being closed). It's impossible to talk about a future for Grisedale Croft without considering the whole picture and working with the NHS.

**Further comments:** I am also deeply concerned that in presenting these options, the Public Sector Equality Duty seems to have been entirely forgotten about. If your whole decision-making process has started from a document which omits any consideration of the impact on women of the choices being offered, then this leaves any final outcome open to legal challenge. Women's role in the unpaid care economy (childcare, elder care, community support) should not be ignored, and the impact on those women who will struggle to visit their friend, family member or partner, if placed in a care home far from Alston Moor, should have been considered in the devising of options.

While a full, detailed, Equality Impact Assessment is apparently not required until later in the process, it seems perfectly obvious that attention to the Public Sector Equality Duty is essential from the beginning. An EqIA would have been a way to demonstrate this, but it appears that no such assessment has been made.

While passing reference is made to Alston Moor's geographical context, it does not appear that full analysis of the impact of our rurality has influenced the devising of these options. This would have highlighted not merely the distance to other provision of social care or healthcare, but the lack of public transport that would be useable for visiting elsewhere (an almost complete lack of ANY public transport, let alone of a frequency or timing that would enable making a visit).

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**Response ID:** BHLF-5J6H-4S3A-R

**Respondent category:** A relative or friend of a resident of Grisedale Croft

**Preferred option:** Option 2: Refurbish Grisedale Croft

**Reason for preference:** Grisedale Croft must be kept and maintained whatever the outcome of the consultation.

My mother, who had Alzheimer's disease, was a resident of Grisedale Croft for nearly 4 years. She was very happy there and well looked after by the staff at the time. She was visited every day by her family which was very important to her. We could not have done this if she was placed in care 30, 40 or 50 miles away. She was unable to stay in her own home as she could no longer manage on her own.

My brother-in-law is, at present, a resident of Grisedale Croft. He was unable to look after himself in his own home. At first carers were visiting him 3 times per day, this did not work out when they were turning up late, especially in the morning (when he had to have his medication at a certain time). This was because no local carers could be found by Social Services and they were travelling up from Carnforth via the M6 and over Hartside. They were also often late in the evening when he would be in bed when they came. This caused him and his daughters a great deal of distress and resulted in him being admitted to Grisedale Croft. He is now happy and well cared for and his family are able to visit him often.

We cannot understand Westmorland and Furness's decision to look to close Grisedale Croft when so much money has been spent on it in recent years including a new roof to the entire building, including

the flats, a new generator and new kitchen floor at a cost of thousands of pounds. At the consultation meetings we heard the phrases 'haemorrhaging money', 'low occupancy', 'no wraparound care'. These are all things the Council can address in a more positive way without the need to provide alternative accommodation for the residents of Grisedale Croft in a suitable building in Alston, - the council's preferred option. How much would that cost? We have heard numbers of the alternative providing accommodation for 4-6 residents. I think all concerned realise that is not viable because it would still have the same staffing costs, cost of refurbishment, cost of running it. That would definitely be haemorrhaging money!

We need to keep our care home in this isolated community with its aging population. I would ask the council to look again, in a more positive way, as to how it can improve its own care home so that it can again be a more viable asset to the council and the people of Alston Moor.

**Further comments:** Westmorland and Furness Council should get accurate costs on the actual/real cost updating Grisedale Croft to council's acceptable standards and not quote costings based on 'similar' projects. How can a home with 27 beds be the same cost as a home with 13 beds??

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**Response ID:** BHLF-8D8Z-9Z4W-C

**Respondent category:** A relative or friend of a resident of Grisedale Croft

**Preferred option:** Option 2: Refurbish Grisedale Croft

**Reason for preference:** What the people of Alston Moor needs is for Grisedale Croft, one of the youngest buildings in Alston, to be refurbished to a standard suitable, for not only the meagre 4 beds as proposed, but also the promised 2 beds which was made in 2017-18 when the Alston Community Hospital beds were closed.

There has been no meaningful look into the actual cost of refurbishment. Basing these costs on similar homes. (Applethwaite Green - 27 Beds) which does not compare to Alston's meagre 4 bed proposal. The people need a refurbished Grisedale Croft to meet the demands of an ageing population.

**Further comments:** We cannot agree to the council's proposed option 5, which leaves too many unknown outcomes on a very meagre 4 bed facility, which may or may not come to actually exist. Will the council factor in the costs of transport to other facilities, which with an ageing population will soon become prohibitive.

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**Response ID:** ANON-7U8Y-2K5F-N

**Respondent category:** A relative or friend of a resident of Grisedale Croft

**Preferred option:** Option 5: Provide alternative accommodation for residents of Grisedale Croft in a suitable building in the local area

**Reason for preference:** What ever the outcome we must keep some provision on the moor. We are extremely rural with an aging population

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**Response ID:** ANON-6G7V-7Q4W-W

**Respondent category:** A relative or friend of a resident of Grisedale Croft

**Preferred option:** Option 5: Provide alternative accommodation for residents of Grisedale Croft in a suitable building in the local area

**Reason for preference:** In my heart i would like grisedale and the flats to be renovated. I think you could be earning money from the flats and they would provide another option to the elderly of alston. I know this will not happen so ive had to choose option 5. The main reason being i think this is the only one that will happen.

**Further comments:** The people of alston need grisedale croft. A remote community who has already lost its hospital and ambulance facility. You, the council, have a duty to provide a facility so the residents can be near their families and friends. There is no other facility near by. The staff who work there are mainly local people and have worked there for many years. They provide a lovely, caring setting for the residents. There is a church service held there once a month and various activities for the residents to enjoy.

My mum has been in grisedale for over 2 1/2 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. Her mobility is poor and she has to use the sarah stedy to access daily activities and toileting. 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. I hope you can support the people of alston by keeping this facility for the residents and the community of alston and the surrounding areas.

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