

Cabinet

Report Title	Consultation on the future of Care Home B
Meeting Date	21 April 2026
Report Author	
Lead Cabinet Member(s)	Cllr Patricia Bell, Cabinet Member for Adult Social Care
Wards Affected	Alston
Why is this a key decision?	<p>1. An executive decision which is likely to result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates. NO</p> <p>2. or is likely to be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the Council. NO</p> <p>For these purposes, savings and expenditure are "significant" if they are equal to or greater than £500,000.</p> <p>For clarification, no treasury management decision shall constitute a Key Decision.</p>
Identify exempt information and exemption category	<p>Fully Exempt</p> <p>Paragraph 3 - Information relating to the financial or business affairs of any person (including the authority)</p> <p>Paragraph 4 – Information relating to a contemplated consultation or negotiation in connection with a labour relations matter</p> <p>Paragraph 5 – Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings</p>
Reasons for urgency (only where applicable)	
Appendices (if any)	<p>Appendix 1 – Care Home – Boundary Plan</p> <p>Appendix 2 – Care Home B – Floor Plan M</p>

1. Executive Summary

- 1.1 Care Home B is a residential care home within the Westmorland and Furness footprint. Care Home B is no longer fit for purpose due to failing to meet modern regulatory standards, declining occupancy, high staffing costs, significant refurbishment expenses, and unsustainable long term financial performance.

- 1.2 The building's structural limitations—including undersized rooms, lack of ensuite facilities, ageing mechanical and electrical systems, and the highest cost per bed of all council run homes—mean it cannot viably support the Council's Adult Social Care Vision of promoting independence, wellbeing, and modern, person-centred care.
- 1.3 The report therefore considers a range of options for consultation including exploring local alternative provision within the local area to maintain continuity of relationships, healthcare access, and community connection for residents in this rural area with limited transport links, while aligning with the Medium-Term Financial Plan, Promoting Independence & Wellbeing Programme, and the Market Position Statement.

2. Recommendations

For the reasons set out in this report, Cabinet is recommended to agree to:

- 2.1 Commence a formal consultation on the options to determine the future of Care Home B with the residents, staff and the wider community, with the preferred option being to provide alternative provision locally.
- 2.2 Authorise the Director of Adult Social Care to make a decision on the future of Care Home B following a consultation process of up to 12 weeks.

3. Information: The Rationale & Evidence for the Recommendations

- 3.1 As a council we have an opportunity to look afresh at how we meet people's needs, with a focus on promoting and supporting people's independence for longer. The recommendation included within this report aligns with the Adult Social Care's Vision, Promoting independence and Wellbeing Programme, the Council's Design Principles, the Medium-Term Financial Plan and the Market Position Statement.

Adult Social Care Vision for Westmorland & Furness

- 3.2 The Adult Social Care Vision is that "people live in a place they call home, with the people and things they love, in communities where they look out for one another, doing the things that matter to them." This vision drives a shift toward homebased support rather than residential care, independence rather than dependency, and strong community connection rather than isolation.

Council's Design Principles

- Customer Focus – designing services around what matters to residents, improving experiences, and supporting individuals to live independently for longer.
- Financial Sustainability – promoting prevention, efficiency, and value for money through earlier intervention, reduced long-term demand, and smarter use of resources.
- Digital Awareness – enabling modern, accessible, and data informed services that enhance independence, strengthen decision making, and support innovative models of care.

Medium Term Financial Plan (MTFP)

- 3.3 Adult Social Care must operate in alignment with the MTFP. To achieve this, Adult Social Care must focus on reducing unnecessary admissions to residential care, strengthening Intermediate Care, improving transitions, expanding prevention and early intervention, reducing out of area placements, and improving long term sustainability. This also includes ensuring value for money services, delivering cost avoidance measures, and considering the consolidation of homes where appropriate. Within the MTFP the savings identified for Care Services have been reduced to recognise potential delays in quarter 1 of 2026/27, this means a savings target of £1.387m in 2026/27 for Care Services.

Promoting Independence & Wellbeing Programme (PIWP)

- 3.4 The programme focuses on strengthening prevention, promoting independence, and developing sustainable care pathways to reduce long term service demand. The PIWP aims to improve prevention and early intervention, reduce out of area placements, and strengthen financial sustainability by reducing written off debt and improving the overall debt position through efficiency, demand management, and integrated planning and delivery.

Westmorland and Furness Adult Social Care Market Position Statement

- 3.5 The recommendations included within this report align with the Council's strategic commissioning intentions contained within the Market Position Statement. The strategic commissioning intentions are:
- To reduce the overall number of older adults placed in residential and nursing care where alternatives can meet needs more effectively.
More people should be supported at home or in community-based services, aligning with the Care Act 2014 principles of *Prevent, Reduce, Delay*.

Grisedale Croft Building– Suitability Assessment

- 3.6 Grisedale Croft residential home provides residential accommodation across 13 bedrooms, supported by a limited range of communal and ancillary facilities. The building is over 50 years old and has exceeded its original operational life, typically considered to be around 50 years for this type of asset. As a result, it presents increasing challenges in meeting modern standards of care, safety, and efficiency.
- 3.7 perspective, the layout and configuration of Grisedale Croft are no longer aligned with modern models of care. The building, together with its wider site constraints, limits the ability to deliver person-centred The is further compromised by the presence of connected surplus accommodation associated with a former housing provision scheme. This adjoining accommodation is no longer capable of meeting minimum standards and does not lend itself to viable repurposing. Its relationship with the care home

creates additional complexity in managing the wider site, both operationally and from an asset perspective.

- 3.8 Grisedale Croft does not meet current CQC design expectations and continues to operate under historic use rights. While this enables continued occupation, it falls short of the standards expected in modern care environments, particularly in relation to accessibility, dignity, privacy, and infection control. As a Council-owned and operated residential home, it represents one of the highest-risk asset types within the portfolio, reflecting the heightened duty of care associated with residential care provision.
- 3.9 The site is located within an established residential setting, where access is constrained and generally poor. This impacts not only day-to-day operations, including servicing and staff access, but also limits the potential for redevelopment or significant improvement without substantial intervention
- 3.10 From a functional care in line with current expectations.

Key limitations include:

- Bedroom sizes and layouts that do not consistently support en-suite provision or modern accessibility standards
- Limited and inflexible communal spaces, restricting opportunities for social interaction and therapeutic activity
- Inefficient internal layout, affecting staff circulation, supervision, and operational efficiency
- Constraints imposed by the adjoining surplus accommodation, which fragments the site and reduces its overall functionality
- Poor site access, affecting service delivery, emergency response, and visitor experience

These factors collectively reduce the building's suitability for modern care provision and significantly constrain opportunities for adaptation.

- 3.11 Physical obsolescence is a significant and increasing concern. The age and condition of the building fabric, combined with the complexity of the wider site, result in a reliance on reactive maintenance that is both costly and disruptive. Evidence from the former Cumbria County Council Care Home Modernisation Programme indicates that older adults residential homes have historically accounted for approximately one-third of all reactive and statutory maintenance expenditure across the estate. This reflects the intensive nature of use and the ageing condition of such facilities.
- 3.12 In comparable cases, targeted modernisation programmes have required capital investment of approximately £1.5 million per home (pre-Covid), alongside an additional £0.5 million to address essential backlog maintenance. Since that time, construction costs have increased significantly due to inflationary pressures, global supply chain disruption, and wider geopolitical factors. On this basis, the likely cost of modernising Grisedale Croft could reasonably exceed £2.5 million–£3.0 million, with additional risk arising from the complexities of the constrained site and associated surplus buildings.

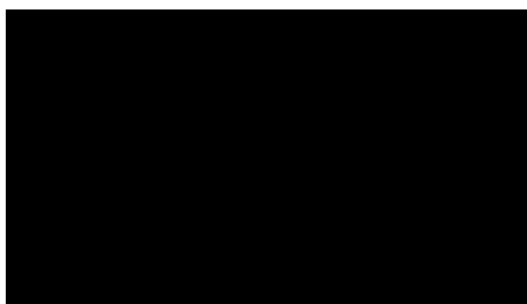
- 3.13 Importantly, even with substantial investment, there is no guarantee that the inherent limitations of the existing structures and site configuration could be fully overcome, raising concerns regarding long-term value and sustainability.
- 3.14 The ongoing operation of Grisedale Croft incurs notable annual property-related costs, including:
- Reactive maintenance: £0.074m 23/24-25/26
 - Statutory compliance (e.g. fire safety, water hygiene, lifts): £0.44m 23/24-25/26
 - Utilities (energy, water): £0.029m 23/24-25/26
 - Other £0.017m 23/24-25/26
 - **Total annual property running cost: £0.164m 23/24-25/26**
- 3.15 In addition, there are several known or anticipated “big ticket” liabilities in the near term, which may include:
- Replacement or upgrade of heating and hot water systems
 - Fire safety improvements to address evolving compliance requirements
 - Structural or fabric repairs, including roofing and external envelope
 - Electrical infrastructure upgrades
 - Works associated with managing or securing the adjoining surplus accommodation
- 3.16 These pressures further contribute to the overall cost and complexity of maintaining the site in operational use.
- 3.17 The Council’s Strategic Asset Management Strategy 2024 – 2029 establishes some clear principles by which we will manage our land and buildings. Our mission is to provide a property portfolio that:
- Is managed corporately to support the Council’s Vision (Great place to live, work, thrive)
 - Ensures value for money
 - Supports our commitment in the drive to become carbon net zero, protect and enhance the natural environment
 - Provides the right property, fit for purpose, in the right place both now and in the future
 - Supports inclusive and green growth
 - Promotes community empowerment and proactive working with partners for the benefit of our area
- 3.18 The combination of functional limitations, physical deterioration, and site-specific constraints presents a clear case for reviewing the long-term viability of Grisedale Croft Residential Home. The compromised nature of the site, including poor access and the presence of adjoining surplus accommodation, further limits the potential for cost-effective modernisation or redevelopment.
- 3.19 While the home has provided valued care and support to residents over many years, the environment in which that care is delivered is increasingly misaligned with modern standards and expectations. Initiating a formal

consultation on options provides an opportunity to consider how best to meet current and future care needs in settings that are safe, accessible, and fit for purpose.

- 3.20 This process will be undertaken with sensitivity and respect, recognising the importance of the home to its residents, families, and staff, and ensuring that their wellbeing remains the central priority throughout.

Financial Position

- 3.21 Grisedale Croft has an annual budget of £755,000 and a staffing establishment of:



- 3.22 Based on the Q3 2025/26 forecast, it will have a budget variance of £153,975 or 20%. *Budget variance is the difference between what you planned to spend (budget) and what you actually spent (actuals)*. Consequently, Grisedale Croft has a total forecast cost per available bed per year of **£113,709**.

- 3.23 Compared to other Care Services Residential Homes, Grisedale Croft has the highest total forecast cost per available bed per year, with Applethwaite Green next at £96,946.

Room Availability & Occupancy Rates

- 3.24 The annual average number of residents at Grisedale Croft has declined over the last 6 years.

Year	Average number of residents
2020-2021	6.8
2021-2022	6.6
2022-2023	6
2023-2024	5.6
2024-2025	5
2025-2026	4

- 3.25 Grisedale Croft currently has 3 permanent residents (out of a possible 13). It has been operating at a reduced capacity due to difficulties with recruitment, room sizes and demand. Residential care requires a minimum staffing level to maintain:

- 24/7 supervision
- Night cover
- Safe medication administration
- Cooking, cleaning, laundry

- Care quality and regulatory compliance

3.26 Even if only half the beds are used, you cannot safely halve the staffing, because staffing ratios are determined by regulatory and care need requirements, not occupancy levels. Consequently, staff costs per resident increase sharply when occupancy falls. The table below demonstrates the current cost per resident per week at Grisedale Croft compared to the external market.

Cost per room per week based on Q3 Forecast & Q3 occupancy	£4,072
Cost per room per week external framework provider	£1,004

3.27 Compared to other Care Services Residential Homes Grisedale Croft has the highest cost per room per week, next is Applethwaite Green at £2,315 per room per week.

Local Provision

3.28 The Nearest alternative residential homes are detailed below:

- Haydon bridge – 19 miles away with a 35 min drive
- Hexham – 24 miles away with a 45 min drive
- Brampton – 22 miles away with a 37 min drive
- Penrith– 22 miles away with a 39 min drive

3.29 Nearest alternative residential homes within the authority area are

- Kirkby Stephen – 42 miles and 1hr 8 min drive
- Kendal – 49 miles with a 1hr 18 min drive

3.40 Alston has limited public transport, with no train station. The bus service consists mainly of several rural routes which are infrequent and would negatively impact the ability of friends and family to visit alternative residential homes.

4.0 Link to Council Plan Priorities: (People, Climate, Communities, Economy and Culture, Customers, Workforce)

4.1 People – Supporting independence, wellbeing and quality of life

The Council Plan places residents *“at the centre of everything we do”* with a strong emphasis on enabling people to live healthy, happy lives and remain connected to the things that matter to them.

Finding improved accommodation for residents aligns with this by:

- Ensuring care environments are modern, safe, and suitable for complex needs
- Supporting dignity, independence and wellbeing
- Reducing the risks created by outdated accommodation (e.g., too-small rooms, lack of en-suites, inaccessible layouts)

4.2 Communities – Strengthening local provision and social connection

The Council Plan prioritises thriving communities, ensuring residents can continue to live in strong, resilient local areas and stay connected to family and community networks.

By seeking alternative care provision within Alston, the preferred option:

- Avoids unnecessary displacement of vulnerable residents
- Protects local social ties and reduces the emotional trauma of wider area moves
- Maintains local service presence in remote rural communities
- Maintains local links for families

This directly supports the Council Plan’s intention to ensure “villages and towns thrive” and that decisions protect community wellbeing.

4.3 Customers – Providing high quality, modern, person-centred services

The Council Plan commits to improving the efficiency and effectiveness of public services, ensuring they deliver high standards and meet customer needs reliably.

The preferred option aligns with this by:

- Recognising that the current building fails modern regulatory and care standards
- Seeking accommodation that better supports care quality, safety, and regulatory compliance
- Ensuring residents receive services that reflect best practice and deliver value

In short, better accommodation = better, safer, more person-centred care.

4.4 Climate – Supporting Net Zero and sustainable infrastructure

The Council Plan commits to becoming carbon Net Zero and improving environmental sustainability across all council services.

The preferred option ties directly into this priority because:

- Grisedale Croft requires extensive decarbonisation works
- Investment needed to modernise the building is significantly higher than for newer, more efficient facilities
- Alternative accommodation could reduce energy consumption and future carbon output

This supports the Council’s climate ambitions by ensuring infrastructure decisions reflect sustainability goals.

4.5 Economy & Culture – Ensuring financially sustainable services

The Council Plan highlights the importance of economic responsibility, efficient use of resources, and long-term sustainability of public services.

The preferred option supports this priority by acknowledging that:

- Grisedale Croft has the highest unit cost per bed compared to other homes
- Refurbishment costs are disproportionately high
- Continuing operations in an outdated building is not financially sustainable

Choosing better accommodation aligns with the Council Plan's requirement to deliver value for money and invest resources in ways that deliver the greatest public good.

4.6 Workforce – Ensuring staff have safe, suitable environments to work in

The Council Plan emphasises equipping the workforce with safe, appropriate, modern environments that enable high quality service delivery.

Improved accommodation would:

- Provide safer working conditions
- Reduce pressures created by working in unsuitable or outdated facilities
- Improve recruitment and retention in a rural area already facing staffing challenges
- This aligns with the Council's commitment to a supported, resilient workforce.

5. Consultation Outcomes

5.1 A consultation on the future of Grisedale Croft must fully comply with the Accessible Information Standard (AIS) by ensuring that all residents, families and affected stakeholders receive information in formats that reflect their communication needs, including Easy Read, large print, audio, Braille, translation, interpretation and advocacy support. The Accessible Information Standard (AIS) (NHS England, 2016) requires health and adult social care providers to ensure that people with disabilities, sensory impairments, and communication needs can access information in formats they understand and receive communication support when required.

5.2 For a care home consultation, including the option of closure, meeting the AIS means the Council must:

- **Identify** each resident's communication and information needs.
- **Record** those needs in a consistent and accessible way.
- **Flag** them clearly so all consultation teams are aware.
- **Share** them appropriately with staff involved in the consultation.
- **Meet** those needs by providing information in the correct format (e.g., large print, Easy Read, Braille, audio, translated materials, BSL interpretation, advocates).

This is essential because residents in care homes are more likely to have:

- dementia or cognitive impairment,

- hearing or visual impairments,
- speech, language or literacy challenges

5.3 Failure to meet the AIS could make the consultation unlawful because affected individuals would not be able to meaningfully participate in the process. This aligns with the Council's Consultation and Engagement Strategy, which requires information to be understandable and accessible, proactive engagement with seldom heard groups, and inclusive processes that ensure all individuals—particularly older adults, people with dementia, and those with sensory or cognitive impairments—can meaningfully participate. Meeting AIS requirements is essential to comply with the Gunning Principles, fulfil the Council's Best Value duty, and ensure that the consultation is fair, lawful and genuinely informed.

5.4 **Next Steps and Proposed Timeline**

Subject to Cabinet approval to begin a formal consultation, the following programme is proposed to ensure a lawful, inclusive and well managed process.

5.5 **Preparation Phase (April 2026)**

Before the consultation begins, the Council will:

- Develop accessible consultation materials in line with the Accessible Information Standard (AIS), including Easy Read, large print, audio, translation, and advocacy support.
- Brief staff, Trade Unions, residents, and families on the consultation process and the support available.
- Identify all stakeholders and establish communication routes, including providers, GPs, community groups, MPs, and advocacy organisations.
- Finalise the consultation plan and schedule resident specific needs assessments.

5.6 **Formal Consultation Period (April-July 2026)**

A 12 week consultation is recommended, reflecting the potential impact on residents, families and staff.

During this period the Council will:

- Gather views from residents, families, staff, advocacy agencies, and wider stakeholders.
- Offer individual meetings for residents and relatives (with advocacy as required).
- Hold stakeholder engagement events and provide multiple accessible routes for response.
- Maintain clear communication throughout, including regular updates on the process.

5.7 **Review and Decision Phase (End of July – August 2026)**

At the end of the consultation, all responses will be analysed and conscientiously considered in line with the Gunning Principles. The Director of Adult Social Care/ Cabinet will receive a full consultation outcome report. A formal decision will be taken on the future of Grisedale Croft, considering:

- Consultation feedback
- Updated needs assessments
- Market capacity
- Financial and workforce implications
- Equality Impact Assessment findings
- Climate and asset related considerations
- Timescales for potential re-location of residents

A decision is expected late July or August 2026.

5.8 **Implementation Phase (If Re-location Is Agreed) — From August 2026 Onward**

If the decision is that Grisedale Croft is to close once local alternative provision in the local area is available:

- Individual relocation plans will be prepared for each resident, ensuring medical, emotional, social and cultural needs are fully considered.
- Families will be supported to visit the proposed building and make informed choices.
- Moves will be planned sensitively to minimise disruption, with additional support for those with high levels of vulnerability or cognitive impairment.
- Staff consultation will begin in line with employment legislation, including redeployment and retraining options.
- A final timetable for closure and re-location will be agreed, shaped by residents' needs, market availability, and safe transition requirements.

5.9 **Ongoing Oversight**

Throughout all phases the Council will:

- Monitor risks, safeguarding issues and impacts on residents and workforce.
- Maintain transparent communication with all stakeholders.
- Ensure compliance with legal duties under the Care Act 2014, Equality Act 2010, Human Rights Act, and Best Value requirements.

6. **Consultation Options Considered and Reasons for the Preferred Option**

Option 1) Do nothing – this is not recommended because:

- The building no longer meets regulatory standards
- The building requires very high levels of capital investment

- Declining demand shows the current model is not fit for future needs
- The building limits quality of care for residents
- The option contradicts the Council's strategic priorities

Option 2) Refurbishment– this is not recommended because:

- The building requires very high levels of capital investment to meet modern regulatory standards
- Occupancy is low and demand does not justify capital investment
- Costs are significantly higher than the external market
- Significant work required would be highly disruptive to residents
- Environmental and carbon reduction requirements cannot be met

Option 3) Rebuild – this is not recommended because:

- A rebuild would have a higher capital cost than refurbishment with no strategic benefit
- There is insufficient demand to justify rebuilding a 13bed care home
- Costs would remain significantly higher than the market
- A rebuild does not align with the council's long-term strategy

Option 4) Closure with no alternative provision in Alston – this is not recommended because:

- Harm to residents' wellbeing and relationships
- Negative impact on continuity of healthcare
- The rural and isolated nature of Alston
- Distance to alternative homes is excessive
- Closing the only local provision without any alternative clashes with ethical and Legal duties under the Care Act 2014
- Misalignment With Council Plan Priorities, removing all residential care options from Alston directly conflicts with these priorities and could weaken community resilience.
- Resident Choice and Human Rights Considerations. Under the Care Act 2014, residents should have genuine choices about where they live.

If no local provision exists:

- Residents effectively lose meaningful choice
- Moves become forced rather than supported
- Article 8 ECHR (right to family life) considerations become more prominent
- This makes "closure with no replacement" high risk ethically and legally.

Option 5) Relocation of residents at Grisedale Croft to a newly acquired residential home in the local area (Preferred Option)

That Cabinet consults with a view to considering option 5 as the preferred option because it:

- Protects resident wellbeing and continuity of care
- Retains critical care provision in a remote rural community
- Resolves the building's non-compliance issues
- Avoids large and disproportionate capital expenditure
- Reduces unsustainable operating costs
- Aligns with council strategies and national best practice
- Ensures long term, high quality, community-based care in Alston

It is the **only option** that balances resident safety, regulatory compliance, financial responsibility, strategic direction, and community needs.

8. **Climate and Biodiversity Implications**

Climate

- 8.1 Grisedale Croft building is now over 50 years old, it is an energy in-efficient building that would require a lot of investment to be brought up to the modern/ net-zero standards. Seeking alternative, more modern building offer the opportunity to significantly reduce the energy-use and the carbon emissions linked to the activities and operations.
- 8.2 Any consultation on the future of Grisedale Croft must therefore consider the purpose and viability of the building and weigh these against the climate ambitions of Westmorland and Furness Council's commitment to achieving Net-zero by 2037.

Biodiversity

- 8.3 There are no biodiversity implications linked to the decision to begin a consultation. Should they be ultimately chosen as the result of a consultation, Options 2, 3 and 4 have biodiversity implications. Care homes are often associated with bat roosts due to their steady temperatures, often mature grounds and setting alongside other similar substantial buildings. Grisedale Croft has some of these features and its connection to suitable foraging and commuting habitats increases the risk of bat presence. Should the consultation go ahead, further assessments for bats may be needed to understand the biodiversity implications of the chosen option. If option 3 is chosen a planning application will likely be required and, depending on the design, biodiversity net gain regulations may need to be complied with.

9. **Legal and Governance Implications**

9.1 **Consultation – a detailed outline of duties and expectations**

The approach to Consultation insofar as it pertains to WAF is detailed in [Appendix 1 - Consultation and Engagement Strategy.pdf](#)

There is no statutory provision setting a minimum consultation period regarding the option of potential closure of care homes but there is nevertheless an obligation to carry out a specific and meaningful consultation on the proposed closure itself, regardless of whether the closure is proposed in the context of financial savings, is unplanned, or for any other reason. Any

consultation must clearly identify all options including the alternatives to closure.

In terms of length of consultation, the rule of thumb to apply is that the bigger the potential impact of the decision and the greater the number of people who would stand to be affected by the proposed decision, the greater the length of consultation that should be considered in order to ensure that the process has been meaningful in its effect. A standard length of consultation in terms of accepted practice would usually be around 12 weeks.

It is not mandated that the consultation has to be conducted over a 12-week period but, there should be clearly articulated and defined reasons for seeking to adopt a shorter period.

As to what that consultation looks like, the case law often applies what is called the “Gunning” criteria which requires that for a consultation to be adequate:

- a. The consultation must take place when the proposals are still at a formative stage;
- b. Sufficient reasons must be put forward to allow for intelligent consideration of the options, enabling respondents to provide informed feedback on the matters in question;
- c. Adequate time must be given for consideration and response;
- d. The product of consultation must be conscientiously taken into account by decision-makers; and
- e. The consultation and decision-making processes relating to the options for closure of a home and relocation of residents must be designed to ensure that these principles are honoured.

It is important to note that how the Gunning criteria should be applied depends on the decision to be made, so for example, if the consultees are less able to respond (e.g. because of a disability) then it is likely that more time will need to be afforded to the consultation to allow this to happen. Ultimately, in the event of any challenge, the court would be looking as to whether consultation was procedurally fair in the circumstances.

Case law suggests that a court is only likely to intervene in situations where “*something has gone clearly and radically wrong*” in other words where it is clear that there was something fundamentally unfair with respect of the consultation. (See High Court January 2026 Andrew Burns KC, sitting as a deputy judge of the High Court, [held that 31\(2A\) of the Senior Courts Act 1981 applied to the case](#) who decided the outcome for a claimant would have been the same even had the London Borough of Bromley correctly consulted service users before deciding to close an adult education centre, some of whose attendees have learning difficulties.)

There is also a need to consider the application of s3 of the LGA 1999 relating to the “Best Value Duty” where significant with the Council considering whether the Best Value Duty is engaged

3(1) A best value authority must make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

(2) For the purpose of deciding how to fulfil the duty arising under subsection (1) an authority must consult [representatives of different groups] and satisfy itself that consultation has been carried out where required. Where consultation is carried out, this should be undertaken in accordance with the Gunning Principles as set out above.

In the case of options for a care home closure, it is important that the Council considers the care and support needs of every resident afresh prior to the decision to ensure that any future placement is suitable for their needs and alternative care is arranged safely. The consultation must be with the residents and their families to understand what impact the options, including potential closure and relocation may have on the resident and the wider family, with moves tailored towards consideration of:

- Medical,
- Emotional, and
- Personal needs, including friendship groups, cultural and religious preferences.

The Council needs to know what other placements are available in the public, private and voluntary sector and, after having assessed individual needs, should be in a position to suggest suitable alternatives for each resident and their family to consider.

Closing care homes and relocating residents is a sensitive issue as it is widely recognised that if not properly dealt with, it can have an adverse effect on the health and wellbeing of the residents involved. It is best practice to keep the number of moves between homes to a minimum. In planning moves particular attention should be paid to those residents identified as most vulnerable or at risk – medical advice may be required for some residents before being moved. Safeguarding, deprivation of liberty and mental capacity issues may mean that some residents need much more support to transfer.

Residents and their relatives should be offered the opportunity to visit other homes and given time to make an informed decision. Under the principles of the Mental Capacity Act some residents may need support to make decisions. The Council should also consider whether some advocacy services should be made available to residents and their families.

The Consultation plan should prioritise residents and families and their staff, but also then:

Other stakeholders for a potential care home closure and relocation project are likely to include:

- Trade unions
- Medics - GPs (existing and future) and local services e.g. community nurses
- Local community

- Other Care Home providers
- Advocacy services
- MPs
- Action Groups/Interest Groups
- Local media.

9.2 **Equality Act 2010 considerations**

Section 149 Equality Act 2010 states that (emphasis added):

“(1) A public authority must, in the exercise of its functions, have due regard to the need to—

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”

In the context of social care, this requires that Local Authority decision makers have due regard to the need to advance the equality of opportunity of disabled or otherwise vulnerable service users and promote good relations between them and others.

In the context of options for Care Home B - given that the potential for closure would likely impact persons with “protected characteristics” within the meaning of the Equality Act 2010 (i.e. in respect of: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation) it would be appropriate that an Equality Impact Assessment is undertaken to ensure this duty is complied with.

9.3 **Human Rights Act**

The Human Rights Act sets out a number of rights the most relevant of which in relation to the closure of a care home are:

- Article 2 – the right to life.
- Article 3 – the prohibition of torture or inhuman or degrading treatment.
- Article 8 – the right to privacy.

In supporting residents to consider alternatives there is a need to have regard to the above, particularly as the care home is the resident’s home.

9.4 **Challenge**

In making any decision about options the Council needs to take into account all relevant considerations and ignore irrelevant considerations. It should not come to a decision that no reasonable authority would come to (i.e. be irrational).

The potential for closure of Home B (whether for refurbishment, replacement or permanent closure) is supported on a number of grounds including:

- Continuing unsuitability of the homes which no longer meet CQC Standards re space and private facilities;
- The age and maintenance needs of the properties (which do not favour refurbishment);
- Difficulties in recruiting and retaining staff and high agency costs;
- Affordability (which is a reason that can be taken into account).

Whilst the timing of this decision could be questioned (due to an expected review of all care homes in winter 2026); the case can also be made to progress the future of certain homes individually in advance of the wider review, due to the need to:

- reduce projected overspends/meet budget savings targets;
- to avoid decisions on all care homes being taken at the same time since this could create some 'panic' amongst residents' families and much more competition for the places that would be available at that time;
- allocate staff resources to the process of needs re-assessment and consultation before any potential option for closure takes place (which would be difficult if the future of all homes were considered at the same time) – this is likely to be resource intensive.

Whilst residents cannot usually prevent a closure, they can challenge how it is handled, for example if:

- Insufficient notice is given;
- The move caused avoidable harm or distress;
- Proper support was not provided;
- A new placement is unsuitable e.g. a new needs assessment suggests that nursing care is provided, or the family will have no access to the new home as it is inaccessible to them.

Complaints can be made to the Council, or the Local Government and Social Care Ombudsman.

9.5 **Governance**

The consultation is for members to consider the options for the future of care home B and to make provision in other ways for the residents affected, preferably through local re-provision.

Whilst a potentially suitable property has been identified, the Council has not had a conditional offer accepted. Should a non-binding conditional contract be secured to acquire a property then the details of this property would be introduced to the consultation at that time.

Cabinet will be asked to begin consultation on the options set out in this report. It is acceptable for a consultation to set out a preferred course of action, provided the Council does not have a closed mind to the other options

and properly considers each alternative, along with conscientious consideration of the responses to the consultation.

Due consideration needs to be given to the above issues in considering this report at Cabinet.

Depending upon the outcome of the consultation we would expect to see a plan for the next steps (relocation/closure/re-provision etc) at the time of the decision delegated to the Director.

For further information see the ADASS/LGA etc publication:

[Quick guide: Managing Care Home Closures](#)

9.6 **Local Authority social care duties**

Part 1 of the Care Act 2014 (CA 2014) sets out the framework of local authority duties in relation to the arrangement and funding of social care. It contains a number of general duties which have a substantial impact on local authorities' general obligations in relation to the commissioning of health and social care provision.

Market development; promoting diversity and quality in provision of services

CA 2014, s 5 sets out the duty on local authorities with regard to the market for adult social care and support in its area. The requirement is to 'promote the efficient and effective operation of a market in services for meeting care and support needs', and this duty has to be fulfilled 'with a view to ensuring' that people wishing to access care services in the authority's area have:

- the ability to choose from a variety of:
- providers, and
- different, high-quality services, and
- sufficient information to make an informed decision about how to meet the relevant needs

This duty covers provision to meet the care and support needs of individuals (both adults with needs for care and support and carers) and provision of preventative services, etc under CA 2014, s 2.

CA 2014, s 5 (2)–(3) set out a number of factors to which the authority must have regard in fulfilling its duty under CA 2014, s 5. These include:

The need to ensure that:

- the authority has, and makes available, information about the providers of services for meeting care and support needs and the types of services they provide
- the authority is aware of current and likely future demand for services
- the authority considers how providers might meet that demand the importance of:

- enabling adults with needs for care and support, and carers with needs for support, who wish to do so to participate in work, education or training
- ensuring the sustainability of the market (in circumstances where it is operating effectively as well as in circumstances where it is not)
- fostering continuous improvement in the quality of such services and the efficiency and effectiveness with which such services are provided
- encouraging innovation in the provision of such services
- fostering a workforce whose members are able to ensure the delivery of high-quality services (because, for example, they have relevant skills and appropriate working conditions)
- the need to ensure that sufficient services are available for meeting the needs for care and support of adults in its area and the needs for support of carers in its area.

10. Human Resources Health Wellbeing and Safety Implications

10.1 The proposal will directly affect [REDACTED] members of staff currently employed within the provision. As part of the change assessment, the organisation proposes exploring local alternative provision within Alston in order to maintain continuity of relationships, healthcare access, and community connection for residents in this rural area where transport links are limited.

10.2

[REDACTED]

10.3 The organisation will be required to undertake full statutory consultation in line with UK employment legislation, internal Change Management procedures, and collective agreements. Affected employees will be offered priority access to the redeployment pool once vacancies are confirmed [REDACTED]

10.4 There is a potential risk of compulsory redundancies if redeployment is not possible and a local alternative provision not being identified. This may also impact wider workforce capacity and the ability to retain skills and experience that contribute to service stability.

11. Financial Implications

11.1 There are no financial implications linked to the decision to begin a consultation. Once the outcome of the consultation is known further financial assessments will be carried out in line with agreed options.

12. Equality and Diversity Implications (please ensure these are compliant with the EIA Guidance)

- 12.1 An Equality Impact Assessment (EIA) is essential because closing a care home disproportionately affects groups with *protected characteristics*—including older adults, disabled people, people with dementia, those with sensory or cognitive impairments, and their carers. These groups are legally protected under the Equality Act 2010, and the Council has a statutory Public Sector Equality Duty (PSED) to identify, understand and minimise any negative impacts on them before taking action.
- 12.2 A care home closure can affect residents' health, wellbeing, stability, safety, and access to essential care, meaning the risk of adverse impact is higher than in most service changes. Completing an EIA ensures the Council demonstrates due regard to eliminating discrimination, advancing equality of opportunity, and fostering good relations, and that the consultation process itself is inclusive, accessible and aligned with the Council's Consultation & Engagement Strategy—which requires reaching seldom heard groups, making information accessible, and enabling meaningful involvement. An EIA also provides an essential safeguard against legal challenge, ensuring the consultation and final decision are robust, fair, transparent, and compliant with statutory duties.
- 12.3 An initial Equality Impact Assessment (EIA) will be developed to support the options and to ensure that potential impacts on the residents affected are identified at an early stage. The EIA will be treated as a live document and will be reviewed, updated and evaluated throughout the consultation period as feedback is received from those affected, their families, medical advisors and others. This iterative approach will ensure that any emerging impacts are fully considered and that appropriate mitigating actions are identified and implemented, consistent with the Council's commitment to fair and inclusive decision-making.

13. Background Documents

- 13.1 None.