

WESTMORLAND AND FURNESS COUNCIL

Cabinet

Report Title	CONSULTATION ON THE FUTURE OF GRISEDAL CROFT, RESIDENTIAL HOME IN ALSTON
Date of Meeting	24/03/2026
Report Author	[REDACTED]
Director	Cath Whalley Director of Adult Social Care
Lead Cabinet Member	Councillor Patricia Bell, Cabinet Member for Adult Social Care
Why is this a key decision?	<ol style="list-style-type: none">1. 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. For these purposes, savings and expenditure are "significant" if they are equal to or greater than £500,000 and/or2. Is likely to be significant in terms of its effects on communities living or working in an area comprising one or more wards in the area of the Council - 2
Wards Affected	Alston
Identify exempt information and exemption category¹	
Reasons for urgency (only where applicable)	
Appendices (if any)	[REDACTED]

¹ See permitted categories of exempt information Access to information Rules in Part 4 of the Constitution, found ([insert link](#))

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1. Executive Summary

- 1.1 Grisedale Croft is a 13-bed residential home in Alston. It was awarded a 'Good' rating at its last CQC inspection on 3rd December 2020. Grisedale Croft is no longer fit for purpose due to failing to meet modern regulatory standards, declining occupancy, high staffing costs, significant refurbishment and decarbonisation expenses, and unsustainable long-term financial performance.

The building's structural limitations—including undersized rooms, lack of en-suite 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.

The report therefore proposes exploring local alternative provision within Alston 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 a consultation with the residents and staff of Grisedale Croft on the options detailed in this report.

Once a preferred option emerges a wider consultation with the community should commence.

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.

3.2 Adult Social Care Vision for Westmorland & Furness

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

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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.

3.3 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.

3.3 Medium Term Financial Plan (MTFP)

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 delivery in quarter 1 of 2026/27.

3.4 Promoting Independence & Wellbeing Programme (PIWP)

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.

3.5 Westmorland and Furness Adult Social Care Market Position Statement

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.

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- 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

Grisedale Croft is a residential home in the centre of Alston that provides personal care and accommodation for up to 13 people. Accommodation is over two floors, with people living in units each with a communal lounge and kitchen/dining area.

The residential home is on a joint site with a number of unutilised bedsits, which are joined with the residential home. The bedsits were managed by Eden Housing, under a 'peppercorn' lease from Cumbria County Council. However, Eden Housing handed these back in 2020 due to a lack of use and unviability of the building.

There is a shared car park which has capacity for approximately 6 cars. This is the only access point for vehicles accessing the building. There has been discussion with the local communities about options of how to utilise the empty building with the bedsits, this is currently more difficult due to the two buildings sharing some ingress points.

The organisation responsible for regulating residential care, the Care Quality Commission, has changed and renewed its inspection standards. Our care environments must keep pace with these standards and where possible exceed them.

The introduction of The Care Homes Regulations in 2001, updated in 2022, established a minimum room size of 12.5m². A room of this size also enables the bed to be accommodated with sufficient space for a carer to stand on each side. Although at the point of construction it met appropriate building regulations, of the 13 rooms at Grisedale Croft only 4 have a bedroom size over 12.5m², none of which have an ensuite bathroom.

Any refurbishment should strive to meet the standards of our newest residential care home Parkview Gardens. It has ceiling track hoists and ensuite bathing facilities in every room, of which most are around 17m². Due to the size of the rooms in Grisedale Croft this would not be achievable.

To determine how Grisedale Croft could be re-shaped to meet the needs of the market, a high-level assessment has been undertaken to calculate the estimated cost of refurbishment. The costs have been calculated using the rehabilitation/conversion costs for care homes for the elderly from the Building Cost Information Service (BCIS). A rate of £2119 per square metre (including preliminaries) has been used. The estimates exclude furniture but include contingency of 30% and fees based upon 12% professional fees and a 3%

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client fee. Total expected cost would be £2.38m. Rebuilding on the footprint of Grisedale would cost over £2.5m.

Compared to other Care Services Residential Homes, the refurbishment of Grisedale Croft would represent the highest cost, per bed, of £183,738, second to Appleshwaite Green at a cost of £150,416 (Appendix 1)

Compared to other Care Services Residential Homes, the rebuild cost of Grisedale Croft would represent the highest cost, per bed of £198,912, after Appleshwaite Green £162,839 (Appendix 1)

3.6.1 Mechanical & Electrical

In addition to the estimated refurbishment cost, a Mechanical and Electrical Survey, completed in December 2023, identified significant expenditure of £217,400. (Appendix 2)

Key findings included:

- Much of the electrical infrastructure has exceeded its lifespan and requires complete renewal.
- Flats are in poor condition, particularly radiators, wiring, and lighting.
- Lighting is outdated and inefficient, requiring full LED conversion.
- Heating controls are sub-optimal, contributing to complaints about room temperatures.
- Air quality and ventilation require improvement, including CO₂ detectors and W/C extract fans.
- Some plant is functioning but will require large capital reinvestment in 5+ years.

3.7 Decarbonisation

Westmorland and Furness Council is committed to achieving net zero carbon emissions by 2037 through comprehensive strategies outlined in its Climate Action Plan and Carbon Management Strategy. A Decarbonisation plan undertaken in May 2024 outlined a series of energy-saving measures, low-carbon heating options, and associated costs for reducing carbon emissions and improving efficiency at Grisedale Croft Residential Home. The total cost required £180,030 of investment, which would reduce carbon emissions from 63 to 33 tonnes CO₂/yr, but not achieve zero carbon emissions (Appendix 3).

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Financial Position

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



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 (your budget) and what you actually spent (your actuals).* Consequently, Grisedale Croft has a total forecast cost per available bed of £113,709.

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

3.10 Room Availability & Occupancy Rates

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

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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

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 unit cost per resident at Grisedale Croft compared to the external market.

Unit cost per room per week based on Q3 Forecast & Q3 occupancy	£4,072
Unit cost per room per week independent market	£1,003

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

Local Provision

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
- 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

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.

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

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)

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 proposal:

- 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

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

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 proposal aligns with this by:

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- 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.

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 proposal 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.

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 proposal 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.

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:

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- 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.

4 Consultation Outcomes

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.

For a care home closure consultation, 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,
- limited English proficiency.

Failure to meet the AIS could make the consultation unlawful because affected individuals would not be able to meaningfully participate in the process.

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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 Alternative Options Considered

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
- Staffing and operational sustainability are no longer viable
- Declining demand shows the current model is not fit for future needs
- The location and building limit quality of life for residents
- The option contradicts the Council's strategic priorities
- The home cannot be made future-proof

Option 2) Refurbishment – this is not recommended because:

- The building cannot meet modern regulatory standards
- Refurbishment costs are extremely high and still do not achieve compliance
- Occupancy is low and demand does not justify capital investment
- Unit costs are significantly higher than the external market
- Workforce challenges cannot be resolved by refurbishment
- 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 13-bed care home
- Workforce limitations mean a new home would still struggle to operate safely
- Unit costs would remain significantly higher than the market
- A rebuild does not align with the council's long-term strategy

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

- Harm to residents' well-being 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.

6 Reasons for the Recommendations

It is recommended that Grisedale Croft is closed once local alternative provision in Alston is available.

This option is recommended 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 enormous 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.

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7 Climate and Biodiversity Implications

7.8

8 Legal and Governance Implications

9.1 **CARE HOMES A AND B – DRAFT LEGAL ADVICE PENDING COMPLETION OF FULL REPORTS – LEGAL TO BE CONSULTED PRIOR TO FINAL REPORT SUBMISSION TO CABINET**

Subject to Legal Advice Privilege

Note Legal advice pertaining to Consultation will have equal applicability to care homes A and B.

(I) 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.

It should be noted that at common law, the courts have held that a public authority has a duty to act “fairly”, which can also include a “duty to consult” in situations where a person has a “legitimate expectation” of being consulted. While cases are very much fact specific, previous case law has consistently held that a resident of a care home proposed to be closed does have a legitimate expectation to be consulted (e.g. *R v Devon CC, ex p. Baker* [1995] 1 All ER 73). Consequently, given that this decision involves the possible closure of

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care homes where residents are present it would seem that the duty of fairness requires that the Local Authority consult with the affected residents.

The concept of “procedural fairness” would trigger a Local Authority’s duty to undertake a consultation. Circumstances which may trigger this duty could include:

- Where a Local Authority has promised to consult;
- There has been past practice of consultation in similar situations (i.e. that it is a common or well-established practice that a consultation will take place as part of the closure of a care home);
- Where there is likely to be a “frustration of expectations” (e.g. where individuals legitimately expect that they will continue to enjoy some service but this is taken away from them).

In the Devon case (above) the Judge held that:

“...before an administrative decision is made there should be consultation in some form, with those who will clearly be adversely affected by the decision”

It is worth noting that the courts have acknowledged that there may be situations where a Local Authority chooses to consult, despite not having an obligation to do so in the interests of best practice. If the Council does choose consult (even if it has no obligation to do so) it must undertake a proper consultation in accordance with the below criteria (R (Capenhurst) v Leicester City Council [2004] EWHC 2124 (Admin)) or it could be subject to legal challenge.

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 proposal is still at a formative stage;
- b) Sufficient reasons must be put forward for the proposal to allow for intelligent consideration, 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 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 respond (e.g. because of a disability) then it is likely that more time will need to be afforded to the consultation

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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 care home closure it is important that the Council considers the care and support needs of every resident afresh prior to the closure 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 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 well being 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

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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 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.

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 proposed closure of Care Home A and Care Home B - given that the proposed closure would likely impact persons with “protected characteristics” within

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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.

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.

Challenge

In making any decision about closure 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 proposed closure of Homes A & B (whether for refurbishment, replacement or permanent closure) are 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 (particularly Home A);
- 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;
- along with the need to allocate staff resources to the process of needs re-assessment and consultation before any 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.

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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.

Governance

The proposal is for members to consider the closure of two care homes and to make provision in other ways for the residents affected.

Cabinet will be asked to begin consultation on the options set out in the reports. 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 the proposal at Cabinet.

If a report is presented to Cabinet in April proposing a consultation on potential closure then a decision on the outcome of the consultation could be delegated to the Director – which would most likely then be taken around the end of July/August. Depending upon the outcome of the consultation we would expect to see a plan for the next steps (relocation/closure etc) at the time of that decision.

[REDACTED]

13.03.26

For further information see the ADASS/LGA etc publication:

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

9 Human Resources Health Wellbeing and Safety Implications

9.8

10 Financial Implications

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- 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.

██████████ 17/3/2026

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

- 12** 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.

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.

13. Background Documents