

Grisedale Croft consultation

Questions and Answers: number 1

Monday 15 June 2026

Thank you for your questions, comments and suggestions received so far as part of the public consultation on the future of Grisedale Croft Care Home in Alston, which runs from 15 May to 5 August.

The following questions and answers have been prepared from consultation survey responses received so far, and from questions and points raised at the first information drop-in event on 3 June.

We have combined common questions and themes together into composite questions. If you do not think your questions have been answered or you wish to ask a question about the consultation or consultation information provided, please email care.consultation@westmorlandandfurness.gov.uk.

Remoteness and isolation

Q: Alston is a uniquely isolated community; some people don't drive; public transport is poor; we are often cut off by winter weather; we have lost many other services in recent years. Has this been taken into consideration?

A: Yes. Alston's isolation is exactly why, at a time of severe financial pressures, the council Cabinet clearly indicated its preference to retain residential care provision in the local area – which for the avoidance of doubt means in Alston town.

In the consultation the council is required to present all possible options for the future of the home that have been considered but may state its preference. This was intended to reassure residents from the outset that there is no wish to remove care from Alston (provided a suitable and financially viable solution can be found), and to promote constructive engagement about what a new improved service in modern facilities could look like.

Because of Alston's isolation, it is vitally important that a replacement service is modern, flexible, and efficient, so as to maximise long-term sustainability of the service.

Employment and skills

Q: Grisedale Croft is a significant local employer in an isolated community. What about the possible loss of local jobs and skills?

A: The home has been a longstanding and valued community asset and employer. It currently employs 13.5 FTE staff with 3.5 FTE vacancies to care for four long-term residents at a total cost to the council of more than £1 million a year. This is not financially sustainable, which is why we are looking for a modern, flexible solution which will have fewer staff but offer a range of long-term care, step-up and step-down intermediate care, short-term care supported by community health services, and respite care.

For all potential changes, including refurbishment or rebuilding of Grisedale Croft, there would be a staff consultation according to Westmorland and Furness Council's people management and change management policies and guidance, and involving trade union partners.

Wherever possible we would want to retain care worker skills within the council, and if possible, within the community.

Demand, occupancy, and admission processes and criteria

Q: We have an ageing population, won't we need more care homes and care home places in the future not less?

A: The UK has an ageing population and Westmorland and Furness has an above average proportion of older residents. Building more and more care homes for every community, whether council-run or private sector, is not economically viable and does not reflect the direction of Government and local government policy, service user organisations and the preference of older people to remain independent for as long as possible.

Investing more in home-based support, adaptations and technology, community support, supported housing, and Extra Care Housing, aligns with people's preferences, is much more cost effective for families, councils and taxpayers, and is better for people's health and wellbeing. We know that focussing on these factors and promoting independence allows more people to return to their own homes with an increased frequency and this allows us to focus on increasing community support and stabilising the numbers of residential placements required to support people.

There will always be the need for some residential care homes for the very frail and people living with advanced dementia, but building more general care homes is not the answer to the substantial challenges of an ageing population. As people currently in their 50, 60s and 70s, grow older, an institutional setting will be increasingly avoided if there are alternative options to be supported at home or in specialist housing with care and support.

Q: You say demand and occupancy has been falling but why are potential residents being turned away and sent elsewhere? (Many similar questions and points received, citing local cases and anecdotes)

A: We would like to reassure residents that given the very high fixed costs of operating a care home, and the minimum staffing requirements involved, it is not in the council's interest to decline admissions where individuals can be appropriately cared for at Grisedale Croft and there are empty beds. Where suitable, a local placement in Alston is recognised as being beneficial for both patients and their families.

The referral process for Grisedale Croft ensures a person-centred assessment under the Care Act, is undertaken.

There are two reasons for these referrals being declined:

- 1) Due to the service not being able to meet the particular care needs of the individual requiring support
- 2) The person who has been referred can decline a placement offered. When the service is notified of reasons for declining a placement, it is usually due to the accommodation being offered, or the location of the service. People have the right to choose and we are unable to direct people into placements.

In addition, the number of people requiring the support from two people on discharge from hospital is increasing, and the service is unable to accommodate these needs in a number of the rooms we have available, due to the sizes of the rooms, which are too small for a bed to have space on each side for two care workers.

NHS beds, intermediate care and rehabilitation There are two NHS-funded short-term beds at Grisedale Croft, available to residents of Alston Moor who are registered with Alston Medical Practice and whose needs can be supported by local community health services. These beds are funded on a per-day basis and are not permanently commissioned by the NHS. In 2025/26, a total of 104 potential bed weeks were available, of which 20 weeks were occupied.

Clear referral pathways are in place to access these beds via the local GP. Transfer of care teams at the Cumberland Infirmary, Hexham General Hospital or any other hospital do not have access to this pathway, which is GP-led, with support from the district nurses to supplement the levels of support that exceed the residential personal care provided by the council.

These beds have clear physical health-need criteria and are not classed as "intermediate care" beds, which typically provide personal care alongside therapy and rehabilitation. Nor are they general short-term beds available for any form of "rehabilitation", "recuperation" or "reablement".

We recognise the vital importance of intermediate care and rehabilitation for patient outcomes, preventing people being discharged from hospital going straight to long-term residential care when they can often be supported to remain at home. This is why we have introduced intermediate care beds at council-run care homes in Barrow and Kendal, in partnership with the NHS, and believe that intermediate care should be a key part of a future model for residential care provision in Alston, as well as short-term beds supported by community health services, and respite care.

We are aware that some Alston patients discharged from hospitals may be being referred to intermediate care beds commissioned by Cumberland Council, as these are closest to the hospital site that people are being discharged from.

The benefit of intermediate care is to enable the people to be as independent as possible and to return home wherever possible. This is achieving best outcomes for people but also allows the demand for permanent residential care beds to be considered in a different way.

At the end of intermediate care, people have the right to make choices about the place they want to call home, this includes considering the services offered and the location being chosen.

Q: What are the dementia criteria for Grisedale Croft. Could some people with dementia be not accepted by Grisedale Croft?

A: Every person undergoes a personalised assessment to see if their needs can be met within the service, this may vary depending on the requirements of other people in the service as well as the needs of the person being referred. There is no secure dementia unit within Grisedale Croft as a standalone unit, so people need to be able to be compatible and live together in a shared living space.

Q: What are the respite care criteria for Grisedale Croft? I know of people turned away due to lack of appropriate facilities.

A: As above, every person undergoes a personalised assessment to see if their care needs can be met within the service. This may vary depending on the requirements of other people in the service as well as the needs of the person being referred.

Refurbishment or rebuild of Grisedale Croft

Q: Won't alternative buildings also have a similar cost of renovation? Grisedale Croft needs significant work but it remains one of the youngest buildings in Alston. Most other buildings in the town are significantly older, and would therefore provide many more challenges in terms of being converted.

A: Many local authority buildings constructed in the 1950s to 1970s are demonstrating that they are no longer fit for purpose across the country.

The building was designed for institutional residential care in the 1960s and is only allowed to continue as a home regulated by the Care Quality Commission under “historic rights” dispensation. A new care home with the same layout and room sizes would not be allowed to open.

The council is not seeking to acquire an old building requiring significant refurbishment and structural remodelling, but an alternative solution which will be much more cost effective, and by utilising an alternative provision, people currently within Grisedale Croft would have the option to transfer from one service into another without moving out of area.

Q: It will cost a lot of money to rebuild. Have our local builders do the job. The building looks in good condition apart from being brought up to date in the bathroom department?

A: The building will need increasing maintenance costs if it is to remain open. The main problem with the building is that the layout and room sizes no longer meet modern standards of care and regulations – and the building is too big and inefficient for current and future demand.

It is important to stress that Refurbishment to modern standards will mean a complete remodelling of the structure that would require temporary closure of the home for an estimated 12 to 24 months, and the temporary or permanent relocation of current residents.

The work required to create a home fit for future decades is not something that can be practically or safely done piecemeal around residents who are living there.

Any refurbishment contract would need to be competitively tendered due to national procurement rules.

Q: Could the hospital be used for the current residents in the home while refurbishment takes place?

A: Residents would not be able to remain in Grisedale Croft if the refurbishment option was chosen, which would be highly disruptive to residents. Creating a temporary registered care home in an out-of-service hospital building would be unlikely to be a homely, safe, practical or cost-effective solution

Q: Where do the refurbishment cost figures come from? A total refurbishment would not cost anywhere near the council’s estimate it appears to be an inflated figure to scare people from selecting this option.

Refurbishment means complete structural remodelling and modernisation that would require the temporary closure of the home.

Comparable former Cumbria County Council care home modernisation programmes (pre-Covid) have required capital investment of approximately £1.5 million per home, 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.

Applying conservative uplift assumptions, and BCIS (Building Cost Information Service) estimates, the current cost of modernising Grisedale Croft is likely to be substantially higher, potentially exceeding £2.5 million to £3.0 million per home, depending on scope and specification.

There is additional cost risk arising from the complexities of the constrained site and associated surplus buildings (the former flats). In addition, this range of indicative costs is subject to change due to geopolitical uncertainty and building costs rising by more than has already been allowed for.

Renovation would need to include moving walls to create en-suite facilities, new plumbing, wiring, mechanical and electrical works etc. The works would need to be substantial to make the property fit for the coming decades to justify the investment.

The Grisedale Croft building, and flats

Q: What is the council's view on what should happen to a vacant Grisedale Croft site? (*suggestions received include: a car park with EV charging; flats renovated to provide income and meet housing needs of elderly; flats should be developed for social housing/Extra Care Housing; site should be homes for local people*)

Should the site become available, the council would consult with the community on future options.

Q: Why can you not use the flats at Grisedale Croft, can you not knock two into one, so they have their own bathrooms and are big enough for moving and handling?

Q: Why can't the flats be given a 'lick of paint' and used to house current residents while the home is refurbished?

A: The empty bedsit flats are in a very poor condition and, like the care home, would require complete structural remodelling and refurbishment to function as a care home or temporary care home, which would add even more to the potential costs and complexity of the Refurbishment option for Grisedale Croft.

Possible new model of provision

Q: Would the preferred option of new provision be in Alston town itself?

A: Yes, this is the aim, providing suitable property is available, which would be confirmed once a decision to conditionally acquire a suitable property can be taken.

Q: Will there be dementia care facilities/capacity in a new facility?

A: The plan will be to utilise design principles which support people with dementia, however, every person undergoes a personalised assessment to see if their needs can be met within the service. This may vary depending on the requirements of other people in the service, as well as the needs of the person being referred.

There would not be a secure dementia unit within the proposed alternative provision as a standalone unit, so people need to be able to be compatible and live together in a shared living space.

As part of the proposed option is to focus on short-term admissions for respite and intermediate care, the change of people within the service may cause anxiety to people living with dementia, and this will need to be a consideration.

Q: With an ageing population and claims that Grisedale Croft occupancy does not reflect real demand, how do you know a minimum of 4 beds will be enough in a new facility? How can the new facility be efficient?

The proposal to use the service to offer intermediate care and respite care allows the service to support the principle of promoting independence and allowing people to stay within their own homes for longer. This is part of a prevention strategy to manage demand for long-term residential care. There could be fewer beds than Grisedale Croft, but effective use of short-term care would mean we would be supporting more local residents per year.

A new smaller facility and a flexible service model will be more efficient than the current underoccupied facility, with lower fixed costs.

Q: We cannot have our residential care provision reduced or removed, without anything to replace it. How does the council know there will be enough home care capacity in the area? And how will wraparound services be improved ?

A: It has been the case for a significant period that we have had a vibrant homecare market where we receive multiple offers from multiple providers for all packages of care that we commission, which includes the most rural areas, including Alston.

The majority of our homecare providers do look to recruit locally; however, it is not always possible to recruit sufficient numbers in some locations, so we cannot guarantee all staff will be locally based.

Not all services are available or based in all locations, and this is the same across many areas. There is input from Adult Social Care across all areas within Westmorland and Furness, this includes social workers and occupational therapists. Our Community teams work within communities to identify additional needs and help develop how these can be met.

The NHS and “joined-up working”

Q: How can we decide on the best option without knowing the big picture about the how the NHS and social care will work together in a joined-up way in the Alston area. Are you joint working on the future of neighbourhood health?

Yes, Westmorland and Furness Council does work closely with NHS partners in a number of ways, which also includes the development of Neighbourhood Health Plans. This is early in the development stage.

Q: Can the residential care home registration be scaled up to accommodate nursing care in the proposed new facility? Employ a nurse so that nursing care can be offered.

A: Westmorland and Furness Council, along with most councils, does not operate any registered nursing homes and currently has no plans to do so. Where there is support required for any health care conditions this would need to be managed jointly by the residential staff and the district nursing team with GP input or oversight. This would continue within the alternative provision or if Grisedale Croft remains operational.

Recruitment

Q: Placing an advert on Indeed for support workers is not a recruitment drive. Commissioning outside care agencies is a sticking plaster that rarely sticks. Will you undertake active recruitment in the area to support any future residential care option?

Yes, there are an extensive number of strategies and recruitment campaigns which are supported by the dedicated recruitment team within Adult Social Care.

Recruitment in Eden generally takes longer due to the distribution of the population and the low unemployment within the area. The recruitment through Indeed has been a recent addition to support the social media campaigns, the recruitment

drives, the placement of adverts in local papers, the visits to local schools and colleges to promote care as a career.

It is supported and underpinned by work to support career development through care pathways, including apprenticeships and internal opportunities for development.

Suggested buildings for new provision

A: A number of suggestions have been received, including the hospital, former primary school, the chapel, and a hotel. These will be reviewed and considered as part of the consultation process.

Consultation process

Will you hold a Public Meeting in addition to the drop-ins so everyone can air their views at the same time?

A: Yes, we have agreed to a request to hold a public meeting in July. Further details will be publicised as soon as they are agreed.

ENDS