

Grisedale Croft Care Home, Alston

Consultation Feedback Report

July–August 2026



Contents

Introduction	3
Executive summary	4
Themes	5 - 9
Conclusions	10
Recommendations	11-12

Cover image source: <https://westmorland-watch.co.uk>

Introduction

Healthwatch Westmorland and Furness (HWW&F) undertook independent engagement with residents of Alston Moor, community members, former service users, relatives and other stakeholders regarding Westmorland and Furness Council's consultation on the future of Grisedale Croft Care Home.

Feedback was gathered through:

- Thursday 9th July – Alston Community Garden drop-in (7 people gave feedback)
- Thursday 9th July – Conversations with people in the town centre (5)
- Thursday 9th July – Engagement at Grisedale Croft Care Home (6)
- Saturday 25th July – Listening event with local residents at The Chat Room, Alston (10)
- Friday 14th August – Listening event at The Hive, Nenthead (14)
- Communicated with one person by phone and email.
- We also held a listening event at the Masonic Hall, Alston, on the evening of Tuesday 21st July, which did not have any visitors.

The overwhelming message from participants was that local care provision is vital to the future of Alston Moor and must be protected. While views differed on whether refurbishment, rebuilding or relocation would provide the best solution, there was broad agreement that any future model should provide sufficient capacity, meet the needs of local people and retain care within the community.

40
people engaged
with



Caveat

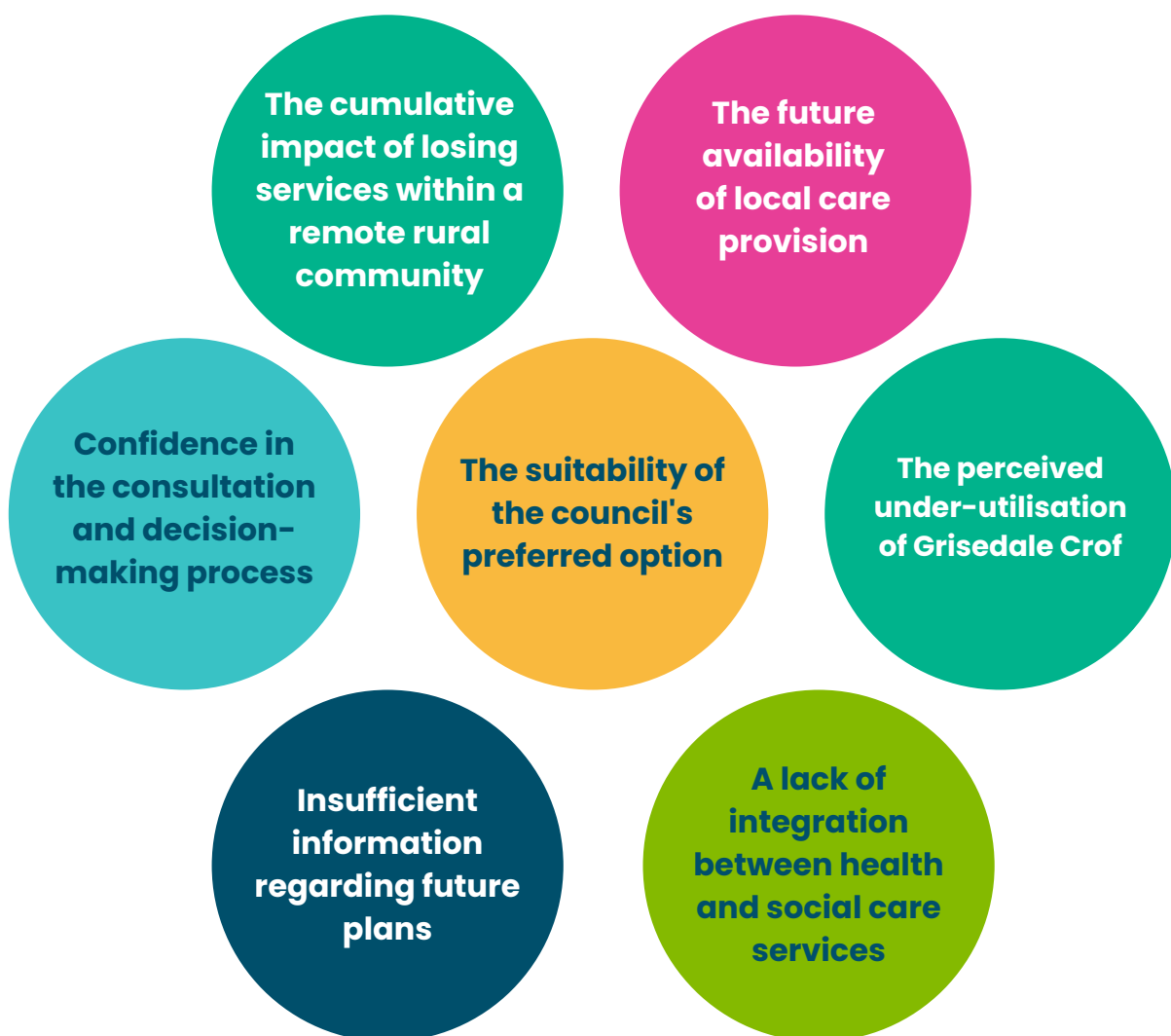
Engagement participants were self-selecting and many had strong existing views on the future of Grisedale Croft. While the sample size is small, people we spoke with again and again returned to the same themes, unprompted. The value of our engagement and report lies in capturing residents' lived experience and identifying themes.

Many participants viewed its future within the wider context of previous service changes on Alston Moor. People frequently referred to the loss of healthcare, banking and other community services, and expressed concern that these changes have contributed to a sense of rural communities being gradually 'hollowed out'. For some participants, this broader context strongly influenced their views on the future of local care provision.

Executive summary

Residents consistently described Grisedale Croft as more than simply a care home. It was viewed as a vital community asset, an important local employer, a source of reassurance for older people and families, and part of the wider health and care infrastructure of Alston Moor. People we spoke with overwhelmingly favoured keeping the care home in its current location and either refurbishing or rebuilding.

Across all engagement activity, participants expressed concerns about:



Many people felt strongly that the discussion should focus not only on the future of one building, but on the future care needs of Alston Moor for decades to come.

Theme 1: The importance of local care provision in a remote rural community

The strongest theme throughout all conversations was the importance of retaining local care provision within Alston Moor.

Participants repeatedly described the area's geographical isolation and the challenges associated with travelling to healthcare services outside the community. Many stated that accessibility, family support, community connections and quality of life were all dependent upon services remaining local.

What the public were saying:

- "This IS neighbourhood health."
- "I don't want to move from here. This is the life I've chosen."
- "People want to stay local."
- "I'm worried about the future, about getting old here."
- "We're worried about the future."

Several participants described Grisedale Croft as a "safety net" for local people and feared that without local provision they may need to move away from their communities and support networks.



Theme 2: Strong support for maintaining and investing in local care services

While people recognised that Grisedale Croft requires investment and modernisation, most believed that local care services should be maintained and enhanced rather than reduced.

Many participants supported refurbishment, rebuilding or redevelopment but questioned whether the proposed future model would provide sufficient capacity to meet local needs. Concerns were frequently raised regarding references to a minimum four-bed replacement service, and felt that any new facility should have eight or more beds.



What the public were saying:

- "We don't want it to close, but it needs a major refurbishment."
- "Renovation would be money well spent."
- "Care here needs to be future proofed."
- "Four or five beds aren't practical."
- "Alston needs a proper integrated care facility with several beds, not just four."

Many people also questioned whether previous opportunities to invest in the home had been missed and suggested that under-investment had contributed to the current situation.

Theme 3: Concerns that the outcome has already been decided

A recurring concern was the perception that decisions had already been made before the consultation began.

Many participants stated that they felt the Council had already chosen its preferred option and that community views were unlikely to alter the outcome. Previous experiences involving the loss of local services appeared to have influenced trust in the consultation process.

What the public were saying:

- "It's a done deal."
- "The council has made up its mind already."
- "We've had it with consultations generally."
- "I don't feel it's a genuine consultation."
- "We're in limbo. Not knowing."

Many participants referred to the closure of the former cottage hospital and other local services as examples that had reduced confidence in future consultations.

Theme 4: Lack of detail about future plans

While some people understood the council's preferred option in principle, there was considerable uncertainty regarding what this would look like in practice.

Questions were raised about:

- The location of any alternative building.
- How many beds would be provided.
- What services would operate there.
- Whether the building could support future demand.
- What would happen if a suitable building could not be secured.



What the public were saying:

- "Put meat on the bones."
- "Grisedale Croft is meant to be getting relocated, but where?"
- "The council should let us see the proposed option, so it is a true consultation."
- "No-one seems sure, including the council."
- "Is [the new home] going to be in a big, damp farmhouse?"

There was a lot of speculation and rumours about where the proposed new home could be, including that the council had bought a former pub on Front Street, and another building near the station.

Theme 5: Concerns about under-utilisation of existing facilities

Many participants challenged the narrative that low occupancy reflected low demand. People described occasions where they or their relatives had been unable to access placements, respite care or step-down support.

Questions were raised about admission 5 criteria, commissioning arrangements and whether Grisedale Croft had been allowed to become under-used over time.

What the public were saying:

- "People want to go to Grisedale Croft but can't get in."
- "They made it very hard to get her in."
- "The number of people who have used Grisedale Croft is so low it is shameful."
- "There should be a clear route to get physiotherapy, respite care and hospital discharge close to home."

Participants also repeatedly raised concerns regarding the apparent under-use of NHS funded beds.

Theme 6: A desire for better integration between health and social care

Many participants did not view the future purely through the lens of a traditional care home.

Instead, people frequently described a vision for a local integrated care facility offering:

- Residential care.
- Respite care.
- Intermediate and step-down care.
- Rehabilitation support.
- End-of-life care.
- Community nursing.
- Physiotherapy and other healthcare services.

What the public were saying:

- "The care systems should talk to each other."
- "Services seem to work in silos."
- "There should be more nursing involvement."
- "We need proper wraparound care."
- "NHS and social care collaboration occurs successfully elsewhere."

Theme 7: Impact on families, residents and wellbeing

People consistently highlighted the importance of care remaining close to family, friends and the community. Participants described how local provision enables regular visits, supports wellbeing and reduces anxiety for both residents and relatives. Concerns were raised about the impact of moving vulnerable people away from Alston Moor.

What the public were saying:

- "I can visit her and bring her out."
- "We like coming to the garden."
- "You need somewhere like Grisedale Croft for later on."
- "My husband had cancer and it would be a blessing to know he could have respite care there and see him every day."

Personal experience

One participant described supporting his wife, who has Lewy Body dementia. After difficulties accessing local care, she was eventually placed at Grisedale Croft, allowing him to visit regularly and maintain familiar routines. He expressed concern that future decisions could make local care less accessible for other families facing similar circumstances.

Theme 8: The wider impact on Alston Moor's future

Many participants saw Grisedale Croft as part of a wider discussion about the future sustainability of Alston Moor.

People spoke about previous service losses and fears that the removal of further services would undermine confidence in the area's future. Others highlighted recent housing developments, population growth and demographic change as reasons why future care provision should be strengthened rather than reduced.

What the public were saying:

- "They're taking everything from us."
- "Alston has had this and that taken away from us."
- "More people need provision that lasts for 10 to 20 years."
- "Care on Alston Moor isn't futureproofed."

Theme 9: Protecting community assets and connections

A distinct theme was concern about the future of the Community Garden and wider community assets associated with the Grisedale Croft site. Participants described the Community Garden as an important shared space used by residents, families and the wider public. Concerns were raised about future access, particularly if land ownership or site layouts change.

What the public were saying:

- "Lots of people come and sit in the garden."
- "The impact on the garden would be both practical and emotional."
- "We're concerned that this hasn't been considered."

Conclusions

The clear message from residents and community members was that local care provision is vital to the future of Alston Moor.

People consistently expressed a desire to retain care services within the community and raised concerns that future provision should not result in a reduction in capacity, accessibility or quality.

While there was some variation of opinion regarding the best solution for the Grisedale Croft building itself, there was strong agreement that future provision should:

- Remain within Alston Moor.
- Meet current and future demand.
- Support residents to remain close to their families and communities.
- Be designed around local needs.
- Include greater integration between social care and health services.
- Be developed in partnership with the community.

There was limited support for the council's preferred option of a new building on a different site. This was in part because there was no detail on the plan ("it doesn't feel real"), but also that many useful amenities and services were on the same level as the current home, rather than up or down the steep main street.

Eight people we spoke with overwhelmingly favoured either refurbishing Grisedale Croft, or rebuilding. Several people told us that the flats next door should be included in any plan, and even that they should be used as a temporary home while the work takes place.

Some people we spoke with favoured reopening the hospital as either a temporary home, or using the large plot of unused land in front of it for the new home. We were told this was discussed at the time of the hospital's closure.

All participants felt there was a need for greater transparency, clearer communication and stronger evidence that community voices are influencing the decision-making process.



Recommendations

1. Demonstrate how consultation feedback has influenced decision-making

Westmorland and Furness Council should publish a detailed 'You said, we did' response explaining how community feedback has been considered and how it has influenced future proposals. At the same time, the council needs to be transparent about why 'You said, we didn't' – the reasons for not taking a course of action.

2. Involve residents, families and the community in the next phase

Regardless of the final decision, the council should continue to involve residents, relatives, staff and community representatives in planning and implementation. Meaningful engagement and opportunities for questions and discussion should not end when the consultation closes. This is an opportunity to help rebuild trust and reduce uncertainty.

3. Provide greater transparency about future proposals

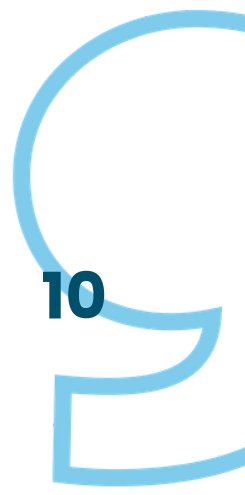
If the preferred option remains alternative accommodation within Alston, the council needs to provide as much information as possible about timescales, location, capacity, services and contingency arrangements.

4. Undertake a future demand assessment

Any decision should be informed by a robust assessment of future demographic trends, housing growth, ageing population projections and anticipated care needs across Alston Moor.

If this has already been done, then share the findings with community stakeholders. Should alternative accommodation be pursued, its size, capacity and service model should be informed by current and future community needs rather than current occupancy levels alone.

Participants consistently expressed concern that future provision should be sufficiently flexible and sustainable to meet demand for many years to come.





5. Publish evidence regarding occupancy and service utilisation

Given the strength of feeling regarding access to beds and low occupancy, the Council should provide clear information about admissions, occupancy trends, referral pathways and use of NHS-funded beds.

6. Work with NHS partners to develop integrated rural care provision

The council should work with NHS partners to explore opportunities for a more integrated local model incorporating residential care, respite care, step-down support, rehabilitation and end-of-life care where appropriate. This action should be communicated to the community.

7. Protect continuity of care and community connections

Any future changes should prioritise residents' wellbeing, continuity of care, access to family support and the preservation of community relationships.

8. Protect the Community Garden and public access

The council should recognise the importance of the Community Garden as a valued community asset.

Any future refurbishment, redevelopment or relocation plans should:

- Protect the long-term future of the garden.
- Maintain safe public access throughout any building works wherever possible.
- Consider alternative access arrangements, including relocating the pathway if necessary.
- Engage directly with garden users and community representatives regarding any proposed changes.

Feedback suggests the garden contributes significantly to community wellbeing and forms an important connection between residents and the wider community.

Response from Westmorland and Furness Council to recommendations

Recommendation	Action from provider	Comments
1. Demonstrate how consultation feedback has influenced decision-making	Consultation feedback continues to inform decision-making and future communications will provide evidence of how community views influence outcomes.	See Appendix A (page 13)
2. Involve residents, families and the community in the next phase	Members of the public will be able to raise questions directly at future public meetings and raise questions directly.	See Appendix A (page 13)
3. Provide greater transparency about future proposals	A detailed timeline is being developed and will be published on the consultation website once dates are confirmed.	See Appendix A (page 13)
4. Undertake a future demand assessment		See Appendix A (page 13)

Response from Westmorland and Furness Council to recommendations

Recommendation	Action from provider	Comments
5. Publish evidence regarding occupancy and service utilisation		See Appendix A (page 13)
6. Work with NHS partners to develop integrated rural care provision		See Appendix A (page 13)
7. Protect continuity of care and community connections		See Appendix A (page 13)
8. Protect the Community Garden and public access		

Appendix A

Response from Westmorland and Furness Council

In response references to 'changing information' during the consultation process.

Westmorland and Furness Council did make important updates at the end of June 2026 by:

- Providing the information packs online and in print.
- Extended the consultation by two weeks.
- Contacted every respondent (by email, phone or letter) up to that date for those who had left contact details.
- Publicised the changes widely in the media and alerted the main campaigning organisation for both homes in advance.

During the second period, the council continued to receive paper submissions on the old form that had been circulated, and all these respondents were also contacted in the same way throughout the consultation.

For both Grisdale Croft and Applethwaite Green, the council clarified that the extent of refurbishment and structural remodelling meant the homes would need to close for 12-24 months, and, for completeness, the council added that for a rebuild, they would need to close for 2 to 4 years.

For Alston, in response to community requests, the council also clarified that the option for new provision 'in the local area' meant Alston town.

The council also provided a Q&A on both homes midway through the consultation, which answered common points and questions received.

The feedback from Healthwatch's engagement reports will be considered as part of future recommendations, and feed into future decision-making and communications.

healthwatch
Westmorland
and Furness

0300 373 2820

info@healthwatchwestfurn.co.uk

<https://wearepeoplefirst.co.uk/healthwatch-westmorland-and-furness/>