FORMAL CONSULTATION RESPONSE

The future of Grisedale Croft Care Home, Alston

Response of Alston Moor Parish Council to the Westmorland and Furness Council consultation

Adopted by Alston Moor Parish Council on 3 August 2026 · Submitted to Westmorland and Furness Council before the consultation closes on 19 August 2026

AT A GLANCE

What this is. The formal response of Alston Moor Parish Council ('the Parish Council') to the consultation by Westmorland and Furness Council ('the Council') on the future of Grisedale Croft Care Home, the only residential care home on Alston Moor. This Council cannot select any of the five options offered; this is a substantive response, not an abstention, and section 1 explains why.

Three things that must be weighed.

- **A good home.** Grisedale Croft is rated Good by the Care Quality Commission — the Council says so itself — and has not had a full inspection under the Council's ownership.
- **A promise made.** In 2017–18 Grisedale Croft was promised to Alston Moor as the place where people with health needs would be cared for close to home, in return for the community accepting the loss of the hospital in-patient beds.
- **A decline through neglect — by both the Council and the NHS.**
  (a) After the NHS took over from the Clinical Commissioning Group, the arrangement promised was not honoured: the two step-down / intermediate-care beds designated for NHS use at Grisedale Croft — shown in the Council's own answers of 15 June 2026 — were never properly commissioned, and hospital teams could not even reach them.
  (b) Westmorland and Furness Council, having taken over from Cumbria County Council, continued to exclude local people with more complex needs from Grisedale Croft's care beds, so vulnerable residents had to travel far from home to find care — for permanent care, respite care, emergency short-break care and, since the closure of the hospital's in-patient beds in 2018, palliative care. This under-use created the unnecessary 'low occupancy' and caused real distress in the community.
  To close the home because of this neglect would compound the failure, not remedy it.

What we ask. Do not close Grisedale Croft; with the NHS, restore the medical and nursing support the home was promised. If closure is not ruled out now, take no decision until four safeguards are in place (section 1).

1 What we are asking, and why no option can be selected

Alston Moor Parish Council has considered the consultation material, the Council's published Questions and Answers of 15 June 2026, and the documents released under the Freedom of Information Act 2000. **This Council is unable to select any of the five options.** That is not a refusal to engage; it is the only honest response the material permits. The preferred option rests on a property the Council has confirmed is no longer available and a replacement it has not identified or costed; the refurbishment and rebuild options changed meaning during the consultation; and information this Council needs in order to respond has been refused, part-answered, or is due only after the close. The option this community actually asked for — retain the home and implement its role — is not on the list.

WE ARE ASKING WESTMORLAND AND FURNESS COUNCIL TO

- **Retain Grisedale Croft** as the residential care home for Alston Moor, and not to proceed to closure or to relocation into an unidentified building.
- **Restore the promised support.** With the North East and North Cumbria Integrated Care Board and North Cumbria Integrated Care NHS Foundation Trust, implement the community nursing, therapy and intermediate-care ("step-down") support Grisedale Croft was promised in 2017–18, open the referral route to hospital discharge teams, and assess occupancy again after twelve months of a working pathway.

IF CLOSURE IS NOT RULED OUT NOW, WE ASK THAT NO DECISION IS TAKEN UNTIL

- **(a) a current Care Quality Commission inspection** of Grisedale Croft, under the Westmorland and Furness Council registration, has been carried out and published;
- **(b) a lawful, published Equality Impact Assessment and a rural-proofing assessment** specific to Alston Moor are completed and open to comment;
- **(c) a properly costed, building-specific appraisal of refurbishment in place** has been produced, separating works required for regulatory compliance from discretionary improvement, and comparing options on a whole-life basis; and
- **(d) the Council has stated in writing,** jointly with its NHS partners, whether it considers itself bound — as successor authority to Cumbria County Council — by the 2017–18 Alston commitments.

We also ask that the outcome be referred to the Health and Adults Scrutiny Committee before any decision, treated as a key decision subject to call-in (which the Council accepts it is), and that the outstanding information requests and internal review be determined with time allowed for consultees to respond to what they disclose.

2 Grisedale Croft is the home Alston Moor was promised

The only home on the Moor. Grisedale Croft is the only residential care home serving Alston Moor — a parish of around 2,000 people centred on England's highest market town, and one of the most geographically isolated communities in mainland England. The nearest alternative homes rated Good by the Care Quality Commission are between 17 and 30 miles away, over roads that close in winter. For a family in Alston, a placement at that distance is the difference between visiting daily and visiting rarely.

Its reach extends beyond the parish. The Parish Council understands that older people from the Fellside parishes to the west — among them Melmerby, Langwathby, Ainstable, Croglin and Lazonby — have also used Grisedale Croft, and that families there would wish to keep that option. For some of those communities Alston is the nearer choice, and the alternatives open to them are themselves distant. We do not yet hold data on how many people from beyond the parish have used the home, or been turned away from it, and we ask the Council to take this wider catchment into account. We record the point because it means the need Grisedale Croft meets is wider than its own parish, and wider than the occupancy figures suggest.

The 2017–18 settlement. When the in-patient beds at the Ruth Lancaster James Cottage Hospital were permanently closed, the community accepted that loss in return for a documented package of alternatives — the Alston Alliance Plan, agreed between the former Cumbria County Council, the NHS and the Alston Moor community, to which the Parish Council was a party. At the centre of that package, Grisedale Croft would provide health beds, supported by community nursing and therapy, so that people who would otherwise be sent to acute hospitals or placed far from home could be cared for on the Moor.

> THE PUBLIC RECORD — THE REGULATOR'S OWN WORDS, 2018
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> *"Grisedale Croft will continue to be part of The Alston Plan 'Working in Partnership' with the development of the Integrated Care Communities and NHS by providing health beds for the elderly residents of Alston Moor who otherwise would be admitted to acute hospitals."*
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> Care Quality Commission, full inspection report for Grisedale Croft, inspected 10 October 2018, page 13.

A home rated Good, that has not been looked at. That 2018 inspection rated Grisedale Croft Good overall and Good in every domain, and the Council's own consultation page still describes the home as "rated Good by the Care Quality Commission." There has been no full inspection since. The home transferred to Westmorland and Furness Council on 1 April 2023, and in more than three years as the registered provider the Council has never had a full inspection carried out. The consultation asks the public to accept the Council's characterisation of a service the regulator has not assessed under its ownership.

3 The low-occupancy case does not stand up

What was promised was comprehensive support, not two beds on paper. The 2017–18 settlement was that Grisedale Croft would be supported by the NHS — community nursing, therapy and intermediate care — so that people with health needs could be looked after on the Moor. The Council's own published answers of 15 June 2026 now show how little of that was delivered, and how the shortfall produced the low occupancy on which the case for closure rests.

THE DECLINE, IN THE COUNCIL'S OWN 15 JUNE ANSWERS

- **The beds were never properly commissioned.** The two NHS beds are funded "on a per-day basis and… not permanently commissioned by the NHS." In 2025/26 "a total of 104 potential bed weeks were available, of which 20 weeks were occupied" — roughly four-fifths unused.
- **The people who most need the beds cannot reach them, and may have difficulty unless the local doctor is involved.** The Council's own Questions and Answers of 15 June 2026 state that "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. In other words, the hospital staff responsible for placing people leaving acute care are shut out of the route because of lack of knowledge of it — and even where the local GP is involved, access can still be difficult in practice.
- **People are turned away for want of the support the settlement should have provided.** The Council states that referrals are declined where the service is "not being able to meet the particular care needs of the individual," and that the home is "unable to accommodate" those who need two carers on discharge because the rooms are "too small."
- **The Council commissioned the very thing elsewhere.** It has "introduced intermediate care beds at council-run care homes in Barrow and Kendal, in partnership with the NHS" — but not in Alston — while some Alston patients may be placed in beds commissioned by Cumberland Council, nearer the hospital and further from home.

Need is being turned away and diverted, not falling. On the Council's own account, occupancy is low because the pathway agreed in 2017–18 was never built, the beds were never properly commissioned, and the people best placed to make referrals were excluded from the route. The Parish Council is gathering first-hand accounts from families whose relatives needed care and were not placed at Grisedale Croft.

This was neglect, and both the Council and the NHS share responsibility for it. This is not a home that was actively "managed down." After the North East and North Cumbria Integrated Care Board took over the commissioning role from the Clinical Commissioning Group, the arrangement promised in 2017–18 was not honoured: the two step-down beds were never properly commissioned and, on the Council's own account, hospital teams cannot reach them. And Westmorland and Furness Council, having inherited the home from Cumbria County Council, continued to exclude local people with more complex needs from its care beds — so residents needing permanent, respite and emergency short-break care, and, since the loss of the hospital's in-patient beds in 2018, palliative care, have had to travel far from

home to find it. That under-use is what produced the low occupancy now relied on, at real cost to this community. To propose closing the home because of the consequences of that neglect is not a responsible basis for a decision of this gravity; it would compound the failure, not remedy it. The future of Grisedale Croft cannot properly be settled by the Council alone, and both bodies should be at the table.

The finances confirm it. The figures the Council disclosed show a home that is cheap to run and starved of referrals, not a home that is expensive by nature.

What the Council's own figures show	Detail
Occupancy (at 31 March)	Eight residents in 2024, four in 2025, four in 2026; the home now has four permanent residents, having fallen as low as three. It has 13 registered beds, 12 available.
Total running cost	About £910,000 a year — the **lowest of all eight council-run homes**.
Cost "per resident"	About £4,072 per resident per week — high only because so few of the beds are filled. This is an artefact of low occupancy, not the cost of running the home.
NHS income for beds	About £25,000 in 2023/24, falling to nothing in 2025/26 — the financial trace of the promised arrangement being wound down.

Source: response to FOI-208440-2026 (disclosed 22 May 2026); the Council's Questions and Answers of 15 June 2026; and its published consultation material.

On workforce and agency cost. The Council gives "workforce pressures" and "high operating costs" among its reasons, but its own figures are hard to reconcile. The response to FOI-208440-2026 recorded no staff vacancies at 31 March 2026; the 15 June answers state "13.5 FTE staff with 3.5 FTE vacancies." The same answers put the cost at "more than £1 million a year," while the disclosed data gives about £910,000, the lowest of the eight council-run homes. We ask the Council to reconcile these figures; to provide the recorded agency-staffing spend at Grisedale Croft for each year; and to set out what it did, as the home's employer, to recruit on Alston Moor — where and when posts were advertised, and whether the community's own employment networks and organisations were involved. A staffing shortfall that has not been met by local recruitment is a reason to recruit differently, not a reason to close the home.

> **IN THE COUNCIL'S OWN WORDS**
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> The Council's own statement of 21 April 2026 records that, for Grisedale Croft, "in Alston and the surrounding area there is little alternative provision available." The same Council has adopted a vision of people living "in a place they call home, with the people and things they love… doing the things that matter to them." Closing the only home on the Moor and moving residents 20 to 30 miles away is the opposite of that vision, not an expression of it.

4 The refurbishment figure, and a preferred option with nothing behind it

A generic estimate, not a costing of this building. The Council's 15 June answers explain the £2.5–3 million range as a historic average: "approximately £1.5 million per home" from pre-Covid modernisation programmes, plus "an additional £0.5 million… backlog maintenance," uplifted to "potentially exceeding £2.5 million to £3.0 million per home." That is a per-home figure lifted from an average — not the output of a condition survey and a schedule of works for Grisedale Croft.

Building	Beds	Published range	Implied cost per bed
Grisedale Croft, Alston	13	£2.5m–£3.0m	£192,000–£231,000
Applethwaite Green, Windermere	27	£2.5m–£3.0m	£93,000–£111,000
New-build benchmark (13 beds)	13	£1.56m–£2.34m	£120,000–£180,000

Per-bed figures are the published range divided by registered beds. New-build benchmark from standard 2025 construction costs of £120,000–£180,000 per registered bed.

The same range is applied to a 13-bed home and a 27-bed home, implying roughly double the cost per bed at Grisedale Croft with no published explanation; and on standard benchmarks a complete 13-bed new build would cost less than the Council's claimed ceiling for refurbishing the existing one. The Council also confirms that refurbishment would require the home to close for "an estimated 12 to 24 months," with residents moved temporarily or permanently — a material fact its materials did not make clear at the outset.

THE PREFERRED OPTION RESTS ON A BUILDING THAT IS GONE

The Cabinet report of 21 April 2026 stated that "a potentially suitable property has been identified." The Council's response to FOI-211895-2026 shows that an officer "visited the property on 17th April 2026" — four days before Cabinet — but that the property "has now been sold subject to contract," that any location will be introduced into the consultation only once a contract or option is entered, and that there is "no set date scheduled for a decision," with suitable accommodation still to be "identified and costed." Consultees are being asked to prefer relocation to a building that does not exist as an option, at a cost not yet calculated, to be settled after their views have been taken.

5 How the consultation has been run

CONCERNS ABOUT THE PROCESS

- **A preferred option chosen at the outset.** The Council says it indicated its preferred option for Grisedale Croft "from the outset." A consultation carries weight only if the decision-maker's mind is genuinely open when it begins.
- **Two homes treated back to front.** Applethwaite Green, where the Council counts 12 alternative Good-rated homes within 16 miles, was consulted on with four neutral options. Grisedale Croft, where the Council accepts there is "little alternative provision," was given a preferred option pointing towards closure.
- **Responses taken on an incomplete picture, and not amendable.** The Council extended the consultation on 25 June 2026 because its materials had not made clear that refurbishment meant 12–24 months' closure and displacement. Its own page confirms a submitted response "cannot be amended," so the responses given in the first weeks cannot be revised. We ask the Council to state how many responses it received before 25 June 2026 and how they have been treated.
- **Information needed to respond is missing or late.** The internal review of FOI-208440-2026 is outstanding; several further requests fall due after the consultation closes; and the Council's disclosures contradict each other — it said it held no building condition survey, yet its own report refers to a December 2023 mechanical and electrical survey.
- **The decision, and scrutiny.** The decision is delegated to the Director of Adult Social Care, and the Council is only "exploring" involving scrutiny before it. We ask that the outcome go to the Health and Adults Scrutiny Committee before any decision, and be confirmed as a key decision subject to call-in.

6 The wider duties this decision engages

We ask the Council to satisfy itself — and to show the community — how it has had regard to the following before any decision is made. The fuller framework is at Annex A.

- **The Care Act 2014.** The proposal appears to engage the well-being duty (section 1); the prevention duty (section 2), to prevent or delay people deteriorating into needing ongoing care; the market-shaping and sufficiency duty (section 5), in a parish where Grisedale Croft is the only provider; the duty to integrate care with health (section 3); and the duties to assess each resident's needs (section 9) and to ensure continuity of care (sections 46–50).
- **The Public Sector Equality Duty.** Every resident is an older person, and most live with disability, including dementia. Women are also disproportionately affected: women make up the majority of care home residents, the majority of unpaid carers whose capacity to continue caring depends on respite and short-break beds, and the majority of the care workforce. A closure that removes the only local bed base falls hardest on women. Section 149 of the Equality Act 2010 requires the Council to

have due regard to the impact on them, with rigour and an open mind, *before* deciding. An Equality Impact Assessment that is incomplete, or that does not engage with Alston Moor's geography, would not meet that standard.

- **Consultation fairness.** The proposal raises questions under the well-established Gunning principles, endorsed by the Supreme Court in *R (Moseley) v Haringey London Borough Council* [2014] UKSC 56 — a genuinely open mind at the formative stage, enough information to respond intelligently, and sufficient information about alternatives the authority has discarded.
- **Legitimate expectation.** The 2017–18 commitments are the kind of clear, documented promise the courts considered in *R v North and East Devon Health Authority, ex parte Coughlan* [2001] QB 213. We note, in fairness, that the 2017 challenge was resolved before any court judgment, so the expectation rests on the force of the documented promises rather than on a court order.
- **Integration, and Article 8.** The integration duties in the Health and Care Act 2022 are engaged by the central question here — whether a home whose role was defined by a joint health-and-care settlement can be closed by one partner acting alone. Article 8 of the European Convention on Human Rights is engaged by displacing residents far from family, and requires a proper weighing of that impact against whatever case the Council advances.

7 What Alston Moor needs, and what we are not asking for

We are not asking for nothing to change. The Parish Council would welcome a properly evidenced, properly consulted plan for adult social care on Alston Moor — provided it keeps care available on the Moor and honours the 2017–18 commitments. The Council's own answers accept that "intermediate care should be a key part of a future model" for Alston and that Neighbourhood Health Plans with the NHS are "early in the development stage." That is precisely the joint review we asked for, and it should have preceded this consultation, not followed it.

What the community needs is a small, flexible bed base — not its removal. A modern service on the Moor should provide five kinds of bed:

- ✓ **A permanent care bed** for people with more complex needs who cannot be supported safely at home.
- ✓ **A respite bed** for planned short breaks — which sustains the family carers who keep people out of permanent care, and is prevention, not a discretionary extra.
- ✓ **An emergency short-term bed** for when a crisis arises at home, such as a main carer being suddenly taken to hospital.
- ✓ **A local palliative care bed,** needed all the more since the Ruth Lancaster James Cottage Hospital beds closed in 2018, so that people can be cared for near family in their last days.
- ✓ **NHS step-down and intermediate-care beds** to bring people home from hospital.

> **‘HOME FIRST’ IS SENSIBLE — BUT IT DOES NOT REMOVE THE NEED FOR BEDS**
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> The Parish Council does not dispute the Council’s “Home First” direction; roving care teams, technology and community support are normal and welcome. But however much is invested in mobile staff and technology, it does not make the need for care beds in the community disappear. People who cannot be kept safe at home, even with a full package and a carer present around the clock, will still need a bed. A strategy that shifts support towards home is a reason to keep a small, flexible bed base on the Moor, not to close the only one.

A much smaller replacement would be far from adequate. The Council accepts a replacement could have “fewer beds than Grisedale Croft,” and a figure as low as four has been discussed — roughly a two-thirds cut from the thirteen beds registered today. Four beds cannot meet the five distinct needs set out above at the same time, still less take back the demand that has been sent away from the Moor for years. Nor does it reckon with an ageing population: the Council’s own answers accept that Westmorland and Furness has “an above average proportion of older residents,” yet its plan for Alston Moor is fewer beds, not more. A home run down to low occupancy by exclusion is not evidence that four beds will do; it is evidence of demand suppressed.

Our objection is to closure by default: on thin evidence, with a preferred option that has no building behind it, and without the safeguards a decision of this kind requires.

8 Conclusion

Alston Moor accepted the loss of its hospital beds because it was promised something in return: that its care home would take health beds so its older people would not have to leave the Moor to be looked after. That promise was recorded by the regulator and then allowed to lapse. The home emptied because the referrals stopped, and the empty home is now the reason given for closing it. This Council is not asking the Council to spend £3 million on a building. It is asking it to stop treating the consequences of inaction — inaction that it and its NHS partners share — as evidence of falling need, to sit down with the NHS and this community as it agreed to do in 2017, and to decide the future of care on Alston Moor, together, on the basis of what Alston Moor actually needs. We would welcome the opportunity to discuss this response, and ask that it be reproduced in full in the report to the Director of Adult Social Care.

ADOPTION AND SUBMISSION

This response was considered and adopted by Alston Moor Parish Council at its meeting on 3 August 2026, and is submitted to Westmorland and Furness Council, in response to the consultation on the future of Grisedale Croft Care Home, before the consultation closes on 19 August 2026. It is sent to care.consultation@westmorlandandfurness.gov.uk.

Claire Thomson
Clerk to Alston Moor Parish Council

Date:

Raymond Miller
Chair of Alston Moor Parish Council

Date:

A Annex A — Legal and regulatory framework

A reference summary of the duties and principles the Parish Council asks the Council to have regard to. It is not itself legal advice.

Duty or principle	Source	Why it is engaged here
Well-being duty	Care Act 2014, s.1	Dignity, family relationships and suitable accommodation are part of well-being; displacement 20–30 miles from family cuts across them.
Integration with health	Care Act 2014, s.3; Health and Care Act 2022	Grisedale Croft is a jointly-promised NHS-and-Council service; its future is being decided without the NHS co-commissioner.
Market shaping and sufficiency	Care Act 2014, s.5	Grisedale Croft is the only provider on Alston Moor; the Council accepts there is "little alternative provision" locally.
Needs assessment; continuity of care	Care Act 2014, s.9; ss.46–50	Each resident's needs must be assessed and continuity ensured before any move.
Public Sector Equality Duty	Equality Act 2010, s. 149; *R (Hotak) v Southwark LBC* [2015] UKSC 30	Residents share the protected characteristics of age and disability; women are disproportionately affected as residents, unpaid carers and workforce; the duty must be met with rigour, and before the decision.
Consultation fairness	Gunning principles; *R (Moseley) v Haringey LBC* [2014] UKSC 56	Formative-stage openness, sufficient information, and information about discarded alternatives.

Legitimate expectation	*R v North and East Devon HA, ex p Coughlan* [2001] QB 213	A clear, documented promise of a home; note there is no court judgment, so the claim rests on the promises themselves.
Private and family life	Human Rights Act 1998; Article 8 ECHR	Relocation at distance engages Article 8 and requires a proper proportionality assessment.
Regulated-provider duties	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	Visiting (reg. 9A), suitability of premises (reg. 15) — the Council cannot rely on deterioration it allowed as the reason to close.

B Annex B — Chronology and the state of engagement

Date	Event
2008	Cumbria County Council commits to replace Grisedale Croft with a new facility by 2013. Never built; the building's condition today is the consequence.
2016–17	Following the Healthcare for the Future consultation, the closure of the Ruth Lancaster James Cottage Hospital in-patient beds is decided (NHS Cumbria Clinical Commissioning Group, 8 March 2017).
2017	Legal challenge by the community, represented by Leigh Day, resolved before court on the basis of NHS commitments about alternative provision.
2017–18	The Alston Alliance Plan sets out the replacement package, including health beds at Grisedale Croft with community nursing and therapy.
10 Oct 2018	Last full Care Quality Commission inspection: Good in every domain; the report records the "health beds" commitment (page 13).
Dec 2020	Cumbria County Council Health Scrutiny Committee records concern at the lack of progress on the Alston commitments.
1 Apr 2023	Grisedale Croft transfers to Westmorland and Furness Council. No full inspection has taken place since.
17 Apr 2026	A Council officer visits the "potentially suitable property" — four days before Cabinet (per FOI-211895-2026).
21 Apr 2026	Cabinet agrees, in closed session, to consult — with a preferred option of relocation for Grisedale Croft.

14 May 2026	Consultation opens.
22 May 2026	The Council's response to FOI-208440-2026 discloses the occupancy, cost and staffing figures relied on above.
15 Jun 2026	The Council publishes its Questions and Answers no. 1, containing the admissions quoted above.
17 Jun 2026	The Council publishes its response to FOI-211895-2026 on the consultation process.
25 Jun 2026	Consultation extended by two weeks, to 19 August 2026, because the materials had not made clear that refurbishment would mean 12–24 months' closure and displacement.
16 Jul 2026	Public meeting at Alston Town Hall.
3 Aug 2026	Alston Moor Parish Council considers and approves this response.
19 Aug 2026	Consultation closes.

THE STATE OF THE COUNCIL'S ENGAGEMENT

- Letters from the Parish Council to the Council remain without substantive reply.
- An internal review of the Council's information response (FOI-208440-2026) is outstanding, and several further requests carry statutory deadlines that fall after the consultation closes.
- Key documents behind the cost figure — the per-bed cost comparison, the December 2023 mechanical and electrical survey, the May 2024 decarbonisation plan — have been referred to by the Council but not disclosed.

C Annex C — Evidence relied on

Most of the documents below are the Council's own, published on its consultation page or released under the Freedom of Information Act 2000 and available on the WhatDoTheyKnow website. Individual claims in the response above are cited to these documents at the point they are made.

Document	Date	What it evidences here
Cabinet decision and press statement	21 Apr 2026	The decision to consult; the preferred option; the Council's vision; the Applethwaite Green comparison; "little alternative provision."
Cabinet report, paragraph 9.5	21 Apr 2026	"A potentially suitable property has been identified… the Council has not had a conditional offer accepted."

Response to FOI-208440-2026	22 May 2026	Occupancy, staffing and running-cost data; the Equality Impact Assessment; the March 2026 internal options appraisal.
Questions and Answers no. 1	15 Jun 2026	104 bed-weeks available and 20 used; hospital teams have no pathway access; the reasons referrals are declined; Barrow and Kendal beds; the "per home" refurbishment estimate; 3.5 FTE vacancies.
Response to FOI-211895-2026	17 Jun 2026	The 17 April property visit; "sold subject to contract"; no scheduled decision date; scrutiny only "explored"; call-in available.
Consultation page (Citizen Space)	2026	"Rated Good"; the preferred option stated "from the outset"; a submitted response "cannot be amended."
Care Quality Commission full inspection report	10 Oct 2018	Good in every domain; the "health beds" commitment recorded at page 13.
Care Quality Commission infection-control review	5 Nov 2020	The only later CQC visit; not a full inspection.
Cumbria County Council Health Scrutiny Committee	2018; Dec 2020	Delivery of enhanced nursing support into the beds; later, concern at the lack of progress on the Alston commitments.
Parish Council correspondence to the Council	19 Apr – 5 Jun 2026	The requests for a joint review with NHS partners, unanswered.
The Parish Council's Freedom of Information programme	2026	The wider set of requests to the Council, the NHS and the regulator, on the public record via WhatDoTheyKnow.

Alston Moor Parish Council — consultation response on Grisedale Croft Care Home — adopted on 3 August 2026. Figures and quotations are drawn from Westmorland and Furness Council's own published material: its consultation page and Cabinet statement, its Questions and Answers of 15 June 2026, and its responses to FOI-208440-2026 (22 May 2026) and FOI-211895-2026 (17 June 2026). The forward-looking provision framework at section 7 is the Parish Council's own. Passages describing recollection are offered in good faith and marked as such.