Indigo Care Services (2) Limited

Grimsby Grange and Manor

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive rated inspection took place on 18 December 2018 and was unannounced. It was the first rated inspection of the service under the provider Indigo Care Services (2) Limited, which registered Grimsby Grange and Manor as a new location in December 2017. The service had previously been registered as two separate locations.

Grimsby Grange and Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Grimsby Grange and Manor is a large service set over three floors in two buildings and can support a maximum of 94 people with a range of health care needs. Some people who used the service were living with dementia and parts of the service were more equipped to meet their needs. All the bedrooms are for single use and all have en-suite facilities. There are communal rooms, bathrooms and toilets on each floor suitable for people's diverse needs. At the time of the inspection, there were 34 people accommodated in Grimsby Manor and 24 people in Grimsby Grange.

There was not a registered manager for the service. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left the service in October 2018 and a new manager had been recruited before that time to work with them and receive an effective handover. The new manager was experienced and had applied to register with CQC.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This included support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

People told us they felt safe and staff knew how to keep them safe from harm and abuse. Staff completed safeguarding training and could describe the action they would take if they had concerns. Staff completed assessments to help minimise risks to people. There were sufficient staff deployed to meet people's needs and they were recruited in a safe way. Medicines were managed safely and people received them as prescribed. Improvements had been made with the standards of hygiene and the planned refurbishment further maintained this.

People's health and nutritional needs were met. Staff ensured people had access, in a timely way, to a range of health care professionals for advice and treatment when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training, support and supervision

to enable them to feel skilled and confident when supporting people. The environment had been adjusted to take account of people's differing needs. This included prominent signage and colour-contrasting equipment to increase visibility for people living with dementia.

People told us staff had a kind and caring approach. We observed this throughout the inspection and it was confirmed in discussions with relatives and professional visitors to the service. Staff provided people with explanations and information in accessible formats such as pictorial signs and symbols. People's privacy and dignity were respected and supported.

People received personalised care and support they needed in the way they preferred. Staff took the time to get to know people and their life and social histories so they could understand their experiences. Their needs and preferences were consistently assessed and planned for. People and their representatives were actively involved in developing and contributing to their care plans. They told us staff were responsive to their needs and listened to them if they had concerns or complaints. People could remain at the service for end of life care. Staff involved health professionals and relatives to ensure people's needs were met. There were activities for people to participate in. Church services were in the process of being rearranged.

The service was well-led. There was an emphasis on striving for improvement through quality assurance systems, audits and reflective practice. The manager and senior management team reflected on accidents, incidents, complaints, safeguarding investigations, audits, feedback and surveys to consider how practice could be improved. Staff told us the manager and senior management were approachable and accessible; they said they were supported in their role. The manager and staff team had developed good working relationships with other professionals involved in people's care and welfare.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had received training in how to safeguard people from abuse and harm, and knew how to raise concerns. People had assessments to identify areas of risk and staff supported people in ways that helped minimise risk.

People received their medicines as prescribed. Staff were recruited safely and deployed in sufficient numbers to meet people's needs.

The service was maintained, clean and tidy. A refurbishment programme was scheduled to commence.

Is the service effective?

Good

The service was effective.

People's health and nutritional needs were met. Staff contacted health professionals in a timely way when required.

Staff supported people to make their own decisions. When they lacked capacity to do this, the provider and manager included relevant people in decisions made in their best interest.

Staff had access to training, supervision and support, which enabled them to have the skills, knowledge and confidence required to effectively support people's needs.

The environment had been adapted, in line with evidenced-based guidelines, to meet people's needs.

Is the service caring?

Good

The service was caring.

There were positive comments from people who used the service and their relatives about staff approach.

Staff supported people to maintain their privacy and dignity in a kind and caring way. They assisted people to be as independent

as possible and made sure they had information to make decisions.

People's personal information was held securely. Staff knew how to maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans produced. People and their relatives were involved in this process which helped staff to deliver support tailored to their needs and preferences.

There was a range of activities within the service for people to participate in. Staff also supported people to access community facilities and to maintain contact with friends and relatives.

The provider had a complaints procedure on display and people felt able to raise concerns.

Is the service well-led?

Good

The service was well-led

Quality monitoring systems were in place which ensured the manager and provider had a good oversight of the service.

The provider had appointed a new manager who had applied for registration with CQC. The home was led by a management team that was approachable and respected by the people, relatives and staff.

The home was continuously working to learn and improve the delivery of the service to people.

Grimsby Grange and Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook this comprehensive inspection on the 18 December 2018. The inspection team consisted of three inspectors and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A dental inspector was also present who looked in detail at how well the service supported people with their oral health.

Before the inspection we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the CQC know about.

We contacted the local authority safeguarding and commissioning teams. We also contacted the local Healthwatch England. Healthwatch is the local consumer champion for health and social care services. Information provided by these professionals was used to inform the inspection.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who used the service.

We spoke with 18 people who used the service, five of their relatives and two health care professionals. We also spoke with the head of regional operations, the manager and a selection of staff; these included the deputy manager, unit manager, four care workers, the cook, the activity coordinator, housekeeper and the laundry assistant.

We looked at 15 people's care records, three staff recruitment files and reviewed records relating to the management of medicines, maintenance of the premises and equipment, complaints and staff training and

development. We checked how the manager and provider monitored the quality of the service; we also looked around the environment.

Good

Is the service safe?

Our findings

People and their relatives thought the service was a safe place to live. Comments included, "I had a few falls when I was at home on my own, but not since I've been here. I'm much safer here. The staff are careful not to let me fall", "I do feel safe here, everyone is very kind", "I've checked the log book and the staff check on [Name of family member] regularly."

There were sufficient care staff deployed to meet people's needs safely during the day and at night. The manager reviewed the dependency levels each week and staffing levels had been reviewed and increased in recent weeks. There was a range of staff at different levels and skill mix. When people were asked about call bell response times they said, "The staff come quite quickly. They don't keep me waiting", "During the day, they are always around so if you want anything you can just tell them. At night I don't often need any help, but they come quickly if I do." One person felt they sometimes had to wait for support. Most relatives considered staffing levels were sufficient, although one thought the staff had too much to do at times. Professional visitors told us they felt the service was safe and staff were available to support their visits.

We saw staff responded as soon as people requested assistance or were seen to need support. Staff had time to sit and talk with people and engage with activities. There was a staff presence in the communal areas most of the time. Staff told us they thought there were sufficient staff to meet people's needs. Comments included, "The staffing levels have increased in recent weeks and this has made such an improvement. We can leave the floor for our breaks now and have more time to spend with people" and "Yes, there's enough staff on shift now. The senior staff provide additional support. We all work well together."

People received their medicines safely. The service had safe arrangements for the ordering, storage, administration and disposal of medicines. Staff responsible for the administration of medicines, were all trained and had had their competency assessed regularly. There was a new electronic medicines system in the service, which helped to prevent errors from occurring. People told us they received their medicines on time and were not left waiting for them. We observed staff giving people their medicines in a patient and sensitive way. People told us they were happy with the support they received with their medicines. Comments included, "Staff always ask and bring me some pain relief when I need it" and "The staff are very good. They bring my tablets and a drink of water and wait until I've taken them."

Staff had received training in how to safeguard people from the risk of harm and abuse. They knew the different types of abuse, the signs and symptoms to look out for and the procedures for referring to appropriate agencies. The manager had contacted the local safeguarding team for advice when required. We observed staff interactions with people and these were completed in a kind and patient way.

Risks to people's safety had been assessed and records of these assessments were reviewed regularly. Risk assessments and management plans covered areas such as falls, nutrition, choking, pressure ulcer prevention, moving and handling and the use of equipment. This gave staff the guidance they needed to help people to keep safe. Staff were aware of the risks and knew how to support people to minimise them.

Some people were identified to be at risk from pressure ulcers and provided with pressure relieving air flow mattresses. We found two people had mattresses that were not set correctly for their weight. This placed them at risk of skin damage. The manager reviewed the monitoring and recording systems in place during the inspection to correct this. A health professional said they were confident staff followed their recommendations to keep people safe.

Detailed care plans provided guidance to staff on how people might respond if they became anxious or upset. They included information about what might cause this and strategies on how staff should respond to distract the person and defuse the situation. This enabled staff to provide consistent support to help keep people safe and promote their wellbeing.

The provider recruited staff safely and ensured full checks were in place before they employed them. Staff completed application forms to enable gaps in work history to be assessed, they provided two references and attended for an interview. The provider completed a check with the disclosure and barring service (DBS) to ensure potential candidates were suitable to work with people who used the service.

Earlier in the year, the community nurse for infection prevention and control (IPC) had completed an audit and rated the service inadequate. They had found concerns with standards of hygiene. The shortfalls had been included in the home improvement plan and these areas had been monitored more closely since then. We found the hygiene standards had improved overall. One person's carpet had an offensive odour and arrangements had been made for this to be replaced. Some carpets in Grimsby Grange were noted to have a stale odour, the manager confirmed these were scheduled to be replaced in the renewal programme in January and March 2019. The second floor at Grimsby Grange was not currently in use. Staff had identified all the furniture which required disposal and we were informed after the inspection this had taken place. People who used the service and their relatives told us they had no concerns about cleanliness in the service.

Accidents and incidents were recorded by staff and responded to appropriately to ensure outcomes could be achieved and lessons learned. The premises were safe and well-maintained. Equipment used such as bedrails, the lift, the call bell system, fire safety and moving and handling items was checked and serviced appropriately.

Good

Is the service effective?

Our findings

People told us staff looked after them well and contacted health professionals when required. They also said they could make their own decisions. Comments included, "They are always asking me. I'd soon tell them if I didn't like anything", "I like to come in here [the lounge/dining area] because I like to watch what is going on. It's nice in here", "I go to bed whenever I'm ready" and "The staff will contact the GP if I'm unwell." A relative said, "Communication is really good with us and they tell us straight away if [Name of family member] is off colour or anything."

People were supported to maintain good health and had access to a variety of healthcare professionals. People said staff were prompt in getting a doctor for them. A relative told us their family member's health had improved since moving into the service. People's records showed people had visited or had received visits from the district nurse, optician, chiropodist and their doctor. The staff said they had good links with the doctors and community nursing service. A health professional told us the staff were very responsive to people's health needs. They said people were referred in a timely manner and staff followed any health advice and instructions given to improve people's health and well-being.

People's nutritional needs were met. Nutritional risk was identified and referrals made to health care professionals when required. People's nutritional and fluid intake was monitored closely. New electronic recording systems were in place and we noted people's individual fluid intake targets were not identified on the new system, which the head of regional operations confirmed they would follow up. Most people were weighed in line with their risk status, either weekly or monthly; the recording of some weekly weights was less consistent, which the management were aware of and addressing. We observed staff offered drinks and snacks to people throughout the day. People told us they liked the meals provided for them. Comments included, "I like the food. It's alright", "Lovely meals, the cook is very good here" and "I think there are a few different things at lunchtime. Staff always ask what you want."

We observed the lunch time meal experience was positive in all the dining rooms; the atmosphere was relaxed and sociable. Staff asked people what they wanted to eat and people living with dementia were shown the meals to help them make a choice. The meals looked nicely presented. Staff encouraged people and provided assistance where it was needed.

The mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were clear about how they gained consent from people before carrying out care tasks. Assessments of people's capacity had been completed and best interest documentation was in place. This showed decisions made for people who lacked capacity were made in their best interests and included consultation with relevant people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People who met the criteria for DoLS had their capacity assessed and 35 applications had been made to the local authority supervising body;13 of these had been authorised and the remainder were awaiting assessment. Records showed any conditions on the authorisations were being met.

Staff had access to training, supervision and support. Training records identified courses considered essential by the provider and additional ones such as end of life care, dignity, equality and diversity and person-centred care. The provider had developed a competency based training programme and staff had access to practical and on-line courses. Completion rates for training were currently at 92%, with all outstanding training planned. Staff confirmed the training programme was good; they had sufficient training and this enabled them to feel confident when supporting people. Records showed staff supervision and appraisal programmes were up to date.

The environment was suitable for people's needs and attention had been paid to best practice guidance for people living with dementia. For example, toilet seats were a contrasting colour and there were large pictorial signs to help people find their way around. People had memory boxes and pictures on their doors, which also aided orientation. The corridors had pictures of local areas, film stars, singers and interesting objects for visual and sensory stimulation. There were grab rails in corridors and equipment to help staff move and handle people safely. There was attractive and safe outdoor space to enable people access to fresh air.

Good

Is the service caring?

Our findings

Everyone we spoke with described a caring, kind, friendly and respectful staff team. They told us they were always treated very well. People's comments included; "The staff are all very nice with us", "They [the staff] are all smashing" and "All the staff are very good. They help me to get dressed and they are very gentle and kind."

People's relatives were very complimentary of the staff. One relative said, "The staff are fantastic. I come most days and I've seen nothing but kindness towards people here." Another relative said, "Everyone is so nice and friendly. We are delighted with the care."

Staff showed us they knew people well and had developed caring relationships with them. There was a relaxed atmosphere at the service and people were happy and comfortable in the company of staff. Staff were patient when speaking with people and took time to make sure people understood what was said. They also showed compassion when people were upset or distressed; they were skilled in managing people's anxiety and provided support such as assisting the person to move to another area, providing a drink and snack, encouraging them to participate in an activity or spent time sitting with the person talking about their interests.

The provider had a policy and procedure for promoting equality and diversity within the service and ensured all staff had been trained in equality and diversity on induction. People told us they were treated equally. Our observations of care, review of records and discussions with staff, people and relatives showed that people's rights were protected and discrimination was not a feature of the service.

Staff were mindful of people's appearance and understood the impact on their well-being. We observed people being supported to return to their rooms to change their clothing when needed. Staff had a sensitive and respectful approach when assisting people. For example, they offered personal care discreetly and ensured all personal care was delivered in private. A person who used the service said, "Staff are very considerate about my dignity, they always close the curtains and cover me up with a towel in the bathroom." We noted people's supplies of continence products were visible in their rooms, although stored tidily. The manager confirmed they would review the storage arrangements, to better protect people's dignity.

People were supported to maintain their independence as far as possible and encouraged to make decisions on a day to day basis. People had the equipment, such as walking aids, they needed and were encouraged to use them.

The Accessible Information Standard (AIS) came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they understand, plus any communication support they need when receiving healthcare services. The management team were aware of the AIS. Care plans contained information about people's preferred method of communication, whether they could communicate their needs and the support they required. Information such as activities and meals were

provided in pictorial format. The provider could provide information to people in large print, easy to read, braille and different languages if this was required.

Staff spoke with people in a kind and patient way. They made sure they were on the right level to make eye contact with them and had a friendly approach. We observed some people hugging the staff, holding their hands and seeking comfort from them. The staff knew people's needs well and chatted easily with them and encouraged them to join in conversations.

People's relatives and friends were welcome to visit without restrictions. They said they were welcomed by staff and offered refreshments no matter what time of day they visited. We saw people's relatives sat with their family member and others which created opportunities for socialisation. One relative said, "I visit at different times and on different days, the staff have always been friendly and welcoming."

The manager was aware of how to assist people to obtain the services of an advocate if needed. There was information on display in the home regarding local advocacy services that people could access.

People's personal information was kept private and secure. Computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People told us they were satisfied with the quality of care they received. They appeared happy and comfortable in their surroundings, and when interacting with staff and the management team. Comments included, "I am happy here", "I get everything I need" and "The staff are very attentive and responsive if I've been unwell."

Staff delivered personalised care that was responsive to people's needs. A new electronic care recording system had been introduced in April 2018, which staff confirmed was working very well. People had assessments and risk assessments completed, which identified their needs. The new assessment documentation also gathered information about people's preferences such as gender of carer, routines regarding times of rising and retiring and last wishes for end of life care.

Personal profiles informed staff about people's background, work and family history and interests. The assessments were used to develop plans of care to guide staff in how to meet people's needs. People had detailed, person-centred care plans in place to support most areas of need and these had been updated to reflect any change. We found some minor shortfalls which were addressed during the inspection.

We observed care was provided in an individual way. When reviewing people's presentation staff checked their care planning details to inform decisions about how their care should be provided. For example, one person chose not to have a shower. The member of staff checked the records for when they last showered and encouraged the person to accept one after lunch. We observed they asked them again at lunchtime about having a shower later before tea.

The provider had a policy and procedure for end of life care. The manager told us people could remain at Grimsby Grange and Manor for end of life care with support from health care professionals. Most of the care staff had completed end of life care training. One relative told us they had spoken with staff about their family member's end of life wishes and how they wanted to stay at the home.

Each person who used the service had a 'keyworker' who took the lead on supporting that person and completing reviews. This system helped ensure people received individualised care. Records showed people's care and support was regularly reviewed and this process included the person, their family and professionals, including the local authority who commissioned the service.

People were involved where possible in making decisions about their care and treatment on an ongoing basis. Staff explained how they could involve people more with updating their records using the new hand-held recording devices; one member of staff said, "We tell people what we are recording as we do it, they are involved and reminded that we keep records about them, which is important for their dignity." Relatives praised the standards of communication and told us they were consulted and involved in planning and reviewing the care and support provided. One relative said, "I have been involved from the word go in the care plan."

People had opportunities to take part in activities they enjoyed and which met their abilities and interests. They told us they had enough to do and could participate if they wished. The provider employed two activity coordinators who arranged a monthly activity programme which ensured external entertainers visited the home and people accessed regular trips out to local pubs, shops and places of interest. Other activities were organised and we saw there was something arranged each day. This included quizzes, Bingo, games, arts and crafts and films. We saw staff encouraged and motivated people to become involved, but also respected people's choice to decline their involvement. Special events and occasions were celebrated, such as birthdays. Parties, music and dancing had been arranged for Christmas.

The activity coordinators had spoken to each person to obtain their views about the type of activities they preferred to participate in. They told us they ensured people who preferred to remain in their bedroom had one to one time such as sitting and talking to them or completing manicures. Although some people visited their own places of worship, we noted there were no church services organised at the home. Staff told us ecumenical services were held in the past but these had lapsed when the preacher had left the area. The manager confirmed they would look into this provision. People said, "I like making cards and going out on the trips. They are always arranging something for us to do." A relative said, "[Name of family member] loves the singers and when the local children come in to visit."

The provider had a complaints procedure setting out how they would handle any complaints about the service. The manager maintained a log of complaints which showed how these were addressed. The minutes of 'resident's and relative's' meetings showed people were encouraged to raise any concerns so they could be addressed. People who used the service and their relatives told us they felt able to make complaints and said they would be listened to. They said, "I haven't any concerns but would feel happy talking with the staff if necessary" and "They have sorted out a few niggles, but nothing too serious. It was all handled very well."

Good

Is the service well-led?

Our findings

People and relatives told us the service had a pleasant, family orientated atmosphere and was well-managed. They said, "It's a friendly place and staff care for the relatives as well as the residents" and "[Name of family member] has lived here for a long time and the staff are like extended family. I think the home is well-run and don't have any concerns."

There was a new manager in post, who had started working at the home in October 2018. They were experienced and had submitted their application for registration with CQC. There had also been changes at senior management level. The management team were visible throughout the inspection and their management style was open, inclusive and approachable. They led the culture of the service, which was caring and welcoming. Staff told us they expressed concerns or ideas freely to the management team and felt these were fairly considered. A relative told us, "We are just getting to know the new manager and they seem to know their job very well." A member of staff said, "The new manager is very knowledgeable and approachable. They make time for us and deal with issues there and then."

Staff were provided with the leadership they needed to develop good team working. We saw there were regular team meetings in which staff could share views and discuss ways to improve the services provided. Staff said staff morale had improved and the service was a pleasant place to work, where everyone got on well together and worked as a team.

Staff were positive about the improvements at the service such as the new electronic care recording and medicines systems, the recent increase in staffing levels, new staffing rotas and the refurbishment programme. Comments included, "The chief executive and senior managers are more visible and visit the home regularly. Head office act quickly now on issues and requests. We got a new carpet cleaner after the recent health and safety meeting" and "Everything is more positive. There have been some good changes; there is better team working with the new staff and we feel the senior managers listen to us more."

The provider had introduced staff recognition schemes. One of the deputy managers had been nominated for a national 'Heart' award for innovation and attended the awards ceremony in Leeds. New staff incentives were in place and linked to staff sickness rates. The manager had arranged for a company to come in to administer flu vaccinations for any staff who wished to avail themselves of this free of charge. This was carried out using a 'drop in clinic' type session held in each side of the home. Staff told us they felt more valued.

There were staff 'champion' roles where they had areas of delegated responsibility such as sensory loss, dignity and continence. Staff were proud of the work they did and felt they made a difference to people's experience through their assessment and improvement work.

The service worked closely with other professionals from outside agencies and sought interventions when required. The management team attended local network meetings and links with the community mental health team were strong. We saw the provider and registered manager were aware of their responsibilities in

notifying the CQC and other agencies when incidents occurred that affected the safety and wellbeing of people who used the service.

Quality monitoring systems were in place which supported the continuous improvement of the service. There was a monthly audit programme completed by the manager and senior staff team. These audits consisted of areas such as medicines management, care documents, infection control, accidents, nutrition and weight loss, staff training and the environment. The provider's quality team also completed regular audits which were mapped to the CQC's key question outcomes. Shortfalls from checks and audits were collated into a 'home action plan', held and progressed by the manager. The provider and senior management team monitored the 'home action plan' to review progress and ensure actions were completed.

The service also used a 'Five-point toolkit'. This was a quality assurance approach by the provider which included a daily flash meeting with all heads of department, the manager's walk around, information cascade, resident of the day and team member of the day. Staff considered the quality monitoring system was more thorough and issues were better identified and addressed.

We saw analysis of incidents, accidents and concerns was undertaken and improvements had been made as a result of thorough investigation. One recent concern about two staff's moving and handling practice highlighted a lack of knowledge and competence in using specific equipment to meet an individual's needs. As a result, additional training had been provided to staff and practical assessments of their competency completed. The provision of this type of equipment and its use had been reviewed and further equipment purchased.

People and their relatives were consulted about the service through surveys and meetings. We saw the results of this consultation were published on the notice board in the entrance area, entitled 'You said-we did.' A new large screen TV had been purchased for one of the sitting rooms following comments received by a person's relative.