

Phoenix Learning and Care Limited

No. 1 Hermosa Lodge

Inspection report

Flat 1
Hermosa Lodge, Landscore Road
Teignmouth
TQ14 9JX

Tel: 01626868124

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

No 1 Hermosa Lodge provides care and support to people living in their own homes, so that they can live as independently as possible. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were currently ten people receiving a service.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right care, Right culture.

Right Support: Model of care and setting maximises people's choice, control and Independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. There were comprehensive risk assessments in place covering all aspects of the service and support provided.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People's interaction with staff was relaxed and positive, which indicated they felt safe. Staff supported them to recognise when they might be vulnerable to abuse or exploitation and understand how to protect themselves.

People were supported to manage their medicines and could self-administer if they could do so safely. Infection control measures were in place.

Care files were personalised to reflect people's personal preferences, needs and goals. Their views and suggestions were taken into account to improve the service. People were supported to maintain a healthy diet. Health and social care professionals were regularly involved in people's care to ensure they received

the care and treatment which was right for them.

There were safe and effective staff recruitment and selection processes in place.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate and clearly focussed on ensuring people led the best life they could. Relatives commented, "It was absolutely magnificent how staff supported [person's name] (during the pandemic) ... [Family member] took them out last week with their carer, and said they were a different person."

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of putting the individual at the centre of everything they do, allowing them to flourish within their community; and become and remain as independent as possible. Our inspection found that the organisation's philosophy was embedded in No 1 Hermosa Lodge. For example, people were encouraged and supported to lead rich and meaningful lives, try new activities, develop new skills and have greater control over their lives.

People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and issues people with a learning disability and or autistic people may have, mental health needs, communication tools and positive behaviour support.

The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

Staff felt respected, supported and valued by the provider and management team, which supported a positive and improvement driven culture. They told us, "I feel I'm able to raise concerns that I have to staff and managers with confidence, as they're lovely members of the team. Managers make you feel comfortable and feel like you're able to bring any concerns you may have up."

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 10 May 2019 and this is the first rated inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well led.

No. 1 Hermosa Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short notice of the inspection. This is because the service is small in relation to personal care provision and people are often out. We wanted to be sure people would be at home to speak with us and that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it registered with us.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four members of staff, including the registered manager, deputy manager and two care support staff. We reviewed a range of records. This included two people's care records and two medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After our visit we sought feedback from relatives, staff and health and social care professionals to obtain their views of the service provided to people. We received feedback from three relatives, two further staff via email and one health and social care professional. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first rated inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Relatives commented on how safe their family member felt at the service, and how much they looked forward to going 'home' to the service after a weekend staying with them.
- There were comprehensive risk assessments in place covering all aspects of the service, the support provided and people's individual goals.
- The service worked in partnership with people to understand and manage risks. Information was provided in an accessible format according to their individual communication needs. This meant people could participate meaningfully in assessing risks and developing support plans.
- Care plans contained clear guidance for staff about how to manage risks, for example when people became distressed.
- Where risks had been identified previously, for example related to self-harming, action had been taken to mitigate the risk.
- There were effective systems in place to ensure information about any changes in people's needs was shared across the staff team.
- Staff were trained to monitor and observe changes in behaviour, which helped them to recognise people's individual triggers, and whether they were unwell or upset.
- There was a focus on minimising restrictive practices. Staff received training in de-escalation techniques, and the service was proactive in ensuring people were not prescribed medicines to control behaviour.
- Measures were in place to manage environmental risks, such as fire. The service supported and advocated for people when required, to ensure the safe maintenance of their accommodation.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. Staff knew them very well, recognising if they were worried or unhappy and encouraging them to talk about any concerns. This meant any issues affecting people's wellbeing could be identified and followed up.
- Peoples' body language while interacting with staff was relaxed and positive, which indicated they felt safe.
- Staff supported people to recognise when they might be vulnerable to abuse or exploitation, and understand how to protect themselves, for example when using social media.
- The service worked closely with other agencies to keep people safe, including the police and local authority. They described how supportive the police service had been to people, saying, "We don't want vulnerable adults being scared of the police. It's important they feel supported by them rather than scared of them."
- Staff had training on how to recognise and report abuse. They had access to the provider's policies on safeguarding and whistleblowing.

Staffing and recruitment

- Relatives and staff commented that there had not been enough staff at times and were concerned this had impacted on people's commissioned 1 to 1 hours and activities.
- The management team acknowledged recruitment and retention had been challenging, but this had not impacted on people's safety. They had informed the local authority that people's commissioned 1 to 1 hours were being affected by recruitment issues. They had been extremely proactive in the recruitment of new staff, linking with the job centre, local universities and colleges. They were working to attract a new generation of support staff who 'thought outside the box', using social media and videos created by the people they support. These strategies had been effective and staffing levels had significantly improved.
- There were effective recruitment and selection processes in place. People were involved as much as possible in the interview and selection process. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the police national computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were systems in place to ensure people received their medicines safely and in the way prescribed for them.
- Staff made sure people received information about medicines in a way they could understand.
- People could choose whether to self-administer their medicines. They were supported to complete a medication competency assessment to ensure they could do this safely.
- Medicines administration was monitored regularly. Any errors were analysed, and action taken to minimise the risk of recurrence.

Preventing and controlling infection

- Effective infection prevention measures were in place to protect people in line with government guidance.
- Using accessible information, staff had supported people to understand about Covid, vaccinations and the importance of infection prevention.
- Staff had received training in infection control and understood what action to take to minimise the risk of cross infection, such as the use of gloves, aprons and good hand hygiene to protect people. We observed this being used as required.

Learning lessons when things go wrong

- There were clear processes in place to manage and document accidents and incidents. This included a debrief and reflection to facilitate learning and provide support to people and staff where necessary.
- Incidents were analysed by the provider in a monthly adverse incident review to ensure appropriate action had been taken to minimise the risk of recurrence and identify any patterns and trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first rated inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were very positive about the support they received, and relatives shared this view. Comments included; "It was absolutely magnificent how staff supported [persons name] (during the pandemic) ... (Family member] took them out last week with their carer, and said they were a different person."
- People's physical, mental health and social care needs were fully assessed prior to being supported by the service, to confirm they could be met by the provider. Staff worked to ensure a smooth transition. This included supporting people to express what they wanted out of the placement and assessing their compatibility when moving into shared accommodation.
- The policies and procedures used by the service showed that support was delivered in line with legislation, standards and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience

- Relatives spoke highly of the skills and knowledge of the staff team supporting their family member. They told us, "Their skills are very good, especially considering they are not professionals. They use a lot of common sense" and, "The staff that support [family members name] are overall excellent, and I do have a great relationship with them."
- Staff received comprehensive induction and training to allow them to carry out their role safely and effectively. This included the care certificate for people new to care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme]
- Staff completed the providers mandatory training, incorporating training specific to the needs of the people using the service. This included 'autism understanding', 'mental health awareness' and 'non abusive psychological and physical intervention (NAPPI)'. Staff told us, "We have extensive mandatory training. Online, through video-link, in-person and those developed and led by the registered manager. We are also encouraged to take, find and share other training that we feel is relevant to our role." Training was now going to be mostly face to face rather than online which had been the case during the pandemic.
- Staff told us they received continued ongoing support and supervision from the management team, who always made themselves available.

Supporting people to eat and drink enough to maintain a balanced diet

- The service ensured people received any support they needed with nutrition.
- People's independence around food choice and preparation was promoted. They were encouraged to make healthy food choices, shop for ingredients and prepare their meals with staff support.

- People told us how they chose and prepared meals to eat on their own, or with their flat mates, and enjoyed a takeaway.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A health professional told us the service worked effectively with them to meet people's needs.
- People had hospital and communication passports, which contained important information about their health, communication and support needs. This provided some consistency if they were admitted to hospital or visited other professionals and ensured their views could be taken into account.
- People were supported to attend annual health checks, screening and primary care services. Staff advocated for people to ensure health reviews were carried out which had been delayed by the pandemic.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff empowered people to make their own decisions about their care and support. They ensured any information was provided in an accessible format according to their individual communication needs. This meant people could make meaningful and informed decisions, for example, about how they wanted to be supported to manage their finances. Independent advocates were commissioned when required.
- Staff consistently asked people for their consent before providing any support and acted in accordance with their wishes. We saw staff involving people in their care and allowing them time to make their wishes known.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed in line with the Mental Capacity Act (MCA) (2005). Records showed people's capacity to consent had been assessed and best interests' discussions and meetings had taken place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first rated inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff were calm, focussed and attentive to people's support needs. People were relaxed and clearly enjoying their interactions with the staff team.
- Relatives told us staff were extremely kind and caring, which led to positive outcomes for people. One relative described how there had been a full lockdown the day before they were due to pick their family member up for Christmas, so the holiday had to be cancelled. The family had a routine every year where they collected their family member and had a picnic at a particular service station on the way home. Staff took the person to the service station, where the person had a picnic and face timed their family. The relative said, "This settled [person's name] and reassured us...They really take so much care."
- The management team promoted a caring and respectful culture. There was a focus on the importance of language. A compilation of 'preferred terms' for staff to use when describing behaviour was being created, which were not derogatory and did not make assumptions. For example, describing a person as 'communicating through behaviour that could be seen as challenging.'
- Equality, diversity and human rights were embraced and promoted at the service. People were supported in line with their religious and cultural beliefs and preferences.
- People had the opportunity to try new experiences, develop new skills and gain independence. One person had won the providers annual 'progression award', for the level of independence they had achieved since being supported by the service.
- Staff knew when people needed their space and privacy and respected this.
- For people living in supported living services, the provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.

Supporting people to express their views and be involved in making decisions about their care

- A focus on facilitating individual communication ensured people were empowered as partners in their care as far as possible. Communication passports were in place. This meant people could continue to express their views when working with staff who might be new to them.
- People were supported to make choices for themselves and staff ensured they had the information they needed to do so. For example, prior to the inspection staff asked people if they consented to the inspector visiting them in their flat, using pictures to support their communication.
- People participated in their review meetings, with an advocate to support them if required. The registered manager told us, "We make them aware we are their support provider and in a position of power. If they can't advocate independently for themselves, they need someone else to do it for them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first rated inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support was tailored to meet each individual's needs and wishes, which meant there were positive outcomes for people. For example, people identified the 'top four staff' they would like to support them, which was taken into account when rotas were planned. This might be staff with shared hobbies and interests, or people they got on well with. This led to positive working relationships, and we saw genuine warmth in the interaction between people and the staff supporting them.
- People had a comprehensive care and support plan. This was person centred and contained detailed information about the person's social and medical history, communication needs, triggers, sensory needs, capacity and consent, routines, important relationships, likes and dislikes and goals and aspirations.
- The staff team provided the support people needed to be active citizens in society and make informed choices about how they wanted to live their lives. 'Easy read' political manifestos and voting information enabled people to participate in elections. Accessible information about renting and tenancies was provided.
- Initiatives to help people save money and protect the environment were in place. For example, information about the different energy companies was provided to help people choose. People were learning to become more self-sufficient in growing food and upcycling furniture. The registered manager said, "We owe it to them to give them the knowledge we have in an accessible and appropriate way."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported by staff to identify and reach their individual goals and aspirations. For one person this meant going out by themselves into the local community. For other people it was a trip to Disney or a religious pilgrimage to France. Activities were fully risk assessed with the person, with measures in place to minimise the risks as far as possible. Staff told us, "It's their life and they can ask for whatever they want. We will find a way of making something happen safely."
- People were involved in a wide range of local enterprises and businesses, undertaking both paid and voluntary work. The registered manager said, "People assume people with learning disabilities can only work in charity shops, which is not the case." People also attended church groups, arts and crafts, singing, pride marches and other activities according to their interests.
- People were supported to explore their identity in a safe, constructive and non-judgemental way. An LGBTQ+ champion, and sex and relationships champion were in post to support people and staff, and lead on resources.
- The staff team were working to sensitively support people's return to 'normal life' following the Covid 19

lockdown. Life had been quiet during this period and they had built their own small communities. They were now gradually returning to activities and clubs, at a pace appropriate for them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were identified during their initial assessment and reviewed as required. This meant support plans contained clear and up to date information about people's communication needs
- Staff ensured people had access to information in formats they could understand. For example, easy read documents which were kept up to date.
- There were visual prompts and reminders which helped people know what was likely to happen during the day and who would be supporting them. This also helped them to understand responsibilities and expectations when living in shared accommodation.
- Staff were trained and skilled in using personalised communication systems.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people to raise issues and concerns, for example at monthly meetings with their key worker, or prompted by staff who recognised they were worried or unhappy.
- People were given easy read information to help them to make a formal complaint.
- Any complaints and concerns had been dealt with in line with the providers complaints policy, and action taken when required. For example, one person was unhappy because their support staff smelt of smoke. Staff were subsequently asked not to smoke within an hour of supporting the person and the smoking area was moved.

End of life care and support

- People currently receiving a service were young people where end of life care was not a priority, however people's views and wishes about death and dying were considered as part of their initial assessment.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first rated inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of putting the individual at the centre of everything they do, allowing them to flourish within their community; and become and remain as independent as possible. The registered manager told us, "Independence is whatever it needs to look like for that person. We sometimes assume independence is just people doing something by themselves."
- People were encouraged and supported to lead rich and meaningful lives, try new activities, develop new skills and have greater control over their lives. This demonstrated that the organisation's philosophy was embedded in No 1 Hermosa Lodge
- There was an open and transparent culture at the service. People were able to express their views in a variety of ways according to their individual communication methods. The provider information return (PIR) stated, "Supported individuals visit the office regularly and the registered manager visits services regularly. This ensures a positive and trusting relationship, enabling people we support to voice their concerns should they need to." Staff commented, "The [management team] always make themselves available to us. They are open to being questioned, discussion and having their minds changed."
- The accessibility of the management team allowed staff to raise any issues or concerns as they arose, so they could be addressed promptly. Staff told us, "I feel I'm able to raise concerns that I have to staff and managers with confidence, as they're lovely members of the team. Managers make you feel comfortable and feel like you're able to bring any concerns you may have up" and, "They are all approachable, helpful, supportive, compassionate, consistent, firm when required, obviously extremely knowledgeable and experienced and, on the whole, a pleasure to work for and with."
- Relatives felt communication with the staff team supporting their family member was good, but not with the management team and wider organisation. We discussed this with the registered manager. They advised the people they supported were adults, largely able to make their own decisions, and most of the communication was therefore with them. Although meetings were arranged with relatives when required, staff would be asked to ensure relatives had the opportunity to raise any concerns with them when in contact with their family member.
- Equality and diversity were promoted and celebrated in the staff team, for example at the local pride event. Initiatives were in place to ensure staff were recognised and valued for their hard work, including the providers 'Heart' awards ceremony where Hermosa were finalists for the team of the year.

- The providers employee forum enabled staff members across the organisation to have a voice in the running of the company. Staff were also able to give feedback in team meetings and supervisions. The registered manger told us, "We ask them, "If you were the manager of the service, and we were no longer here, what would you do differently?"
- A wide range of support was offered to staff to support their wellbeing. This included news about physical and mental health issues; information about food banks, community larders and clothes swaps when people were struggling; mindfulness exercises and positive stories.
- Staff worked to create and develop links with the local community, for the benefit of the people they supported. The registered manager told us how local shop keepers knew and welcomed people and had the contact number of the service if they were concerned. Police community support officers would look out for people and check they were ok.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The provider complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs, and the issues and priorities relating to the quality and future of the service.
- Governance processes were effective. They helped to hold staff to account, keep people safe, protect people's rights and ensure good quality care and support. Regular audits were carried out and where any concerns were found, action was taken to reduce reoccurrences and drive improvements.
- There was a staffing structure in place with clear roles and responsibilities and staff received regular supervision and support.
- The provider had continuous oversight of the quality and safety of the service and met monthly with the management team.
- The management team were committed to improving and sharing knowledge of best practice. They participated in a range of forums, including the local authority provider engagement network, and meetings with other managers in other areas. They attended online webinars and sought out other sources of information. Information and learning was shared with senior staff at a weekly meeting for dissemination across the staff team.
- Champions posts were being developed in line with people's needs and staff interests. This would further raise awareness and promote learning across the staff team.

Working in partnership with others

- The service worked with a range of external agencies to meet people's specific needs. This included advocacy services, the police, and health and social care professionals. This was evident in documentation and care records reviewed during the inspection.
- The registered manager described several instances of effective partnership working and the positive impact this had on people's lives. In the PIR they stated, "Through this joint working we are able to build good relationships with social workers and this has made a huge difference in the life of a young adult suffering with mental health crisis issues."