Ascot Rehab

Recovery through excellence

ASCOT REHABILITATION

QUALITY REPORT 2019

CHKS
Insight for better healthcare

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THE QUEEN'S AWARDS FOR ENTERPRISE: INTERNATIONAL TRADE 2017

LaingBuisson Awards 2017 Rehabilitation WINNER

A Message from the CEO

The purpose of this Quality Report is to provide a tool for assessing the quality of the Rehabilitation services we provide and gives a summary of the main quality indicators, which are: relevance, accuracy, accessibility and clarity, timelines and punctuality, comparability, and coherence.

Our Quality Report describes our work in four important areas which are key to service quality:

1. The clinical effectiveness and outcome measures of the treatments and interventions we offer

2. The experience of those using, or supporting those who use our services;

3. The accessibility of our services (Inpatient, outpatient and outreach) for patients and other health care professionals

4. Recognition of our success

Providing our patients with high quality clinical care is our top priority and we know how important it is to patients and their families to know that when they have to come into our hospital they are going to receive the best possible care, be safe and cared for in a clean, welcoming and infection free environment. That is why we are continually implementing quality improvement initiatives that further enhance the safety, experience and clinical outcomes for all our patients.

Our Quality Report provides a brief overview of how we did and intend to go even further during the coming year and beyond to build on this solid foundation.

We will continue to promote a culture of continuous quality improvement and encourage our staff to innovate and adopt 'best practice' in order to deliver the highest standard of care to our patients.

Dr Ali Al-Memar Consultant Neurologist

Ascot Rehab
Recovery through excellence

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Introduction

It has been another busy year this year. Babies being born some good byes to colleagues who are much missed and some hellos to new team members. This year has seen an increase in patients who are case managed and we have had several very positive outcomes for these people. We are completing more post discharge follow ups with patients and this information is serving to inform how we are improving preparing people for discharge.

The complexity and variety of our case load only serves to reinforce just how important it is to see each patient as a person in their own right and how important it is that we devise rehabilitation programmes to suit that individual.

We have run our first joint ENT Fees clinics with our Speech and Language therapy team. We have worked closely with our rehabilitation consultant Dr Vijay Kolli on developing an amputee pathway and ensuring access to prosthetics from the London Prosthetic Centre are timely, working with the patients and external providers to ensure smooth journey for all patients who have had amputations.

We always work closely with the families to support them and we have had some very positive feedback about the impact this has had in preparing them for the future and understanding what has happened to their loved ones.

I look forward to further innovation , creativity and meeting patients who continue to inspire us and make this job so rewarding.

Louise Turpin General Manager and Head of Rehabilitation

A message from the Medical Director, Dr Hamid Sultan

I have great pleasure in introducing the Ascot Rehab Quality Report for the year 2019 to service users, stakeholders and the wider public. Ascot Rehab is committed to provide high quality , effective and safe service. In our Annual Report we attach great importance to accuracy, honesty and transparency.

On the 16 th October 2019 we had a surveillance visit from a leading provider of healthcare intelligence and quality improvement service (CHKS). I am delighted that the Award Panel was satisfied that high service standards are maintained, we have taken on board their observation related to updating our Procurement Policy.

Ascot Rehab still enjoy the overall ‘’Outstanding ‘’ rating awarded by CQC following rigours inspection in May 2018 . This is on the background of the 3-year accreditation we have secured in December 2017 by CARF (Committee on Accreditation of Rehabilitation Services), an international accreditor.

One of our priorities is to care for our patients in a safe and welcoming environment. I am delighted that we have not recorded any Hospital Acquired Infections (HAI) like C. Difficile infection MRSA or Noro virus outbreak. We have stringent infection control procedures to deal with Multi Drug Resistant Micro-organisms (MDRO) that some of our newly admitted patients can come with and acquired during previous hospital admissions. There was one reported SUI (serious untoward incident), no pressure ulcers or falls.

We very much value feedback from our service users, their representatives and fund holders to improve our service. we conduct regular reviews of such feed back and act positively upon constructive suggestions to improve patients experience. We endeavour to share the outcomes of feedbacks with our service user on our website.

We have a very good record of staff stability despite national shortage of applicants from various disciplines, we have expanded our clinical team by appointing an experienced Lead Nurse, Head of Physiotherapy Service and a Physiotherapist , the Administration Team was enhanced by appointing two new members of staff, a Non-Clinical Manager and an Administration Lead.

As a Medical Director, staff have my full support in continued professional development, innovation and creativity, at the same time they have annual appraisal and supervision whenever necessary.

Ascot Rehab has been successful in extending services to high dependency and patients with complex needs like Tracheostomy dependant patients by staff training and setting up the required infrastructure.

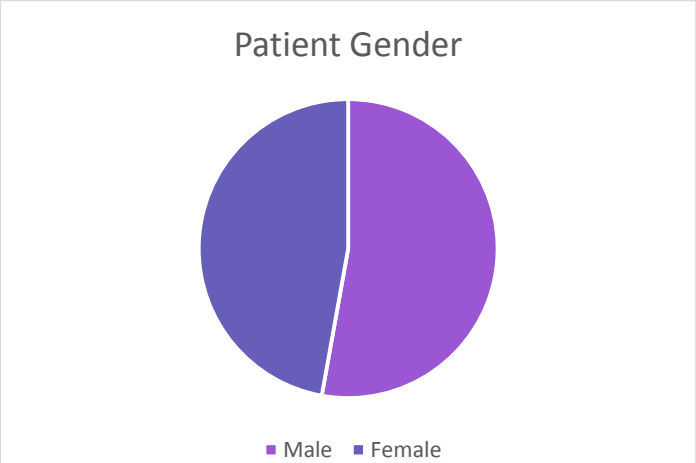
We continue to attract and maintain high calibre consultants to join our experienced team of senior medical staff, this gives patients wider choices and covers wider spectrum of clinical conditions that AR can safely care for and offer rehabilitation input.

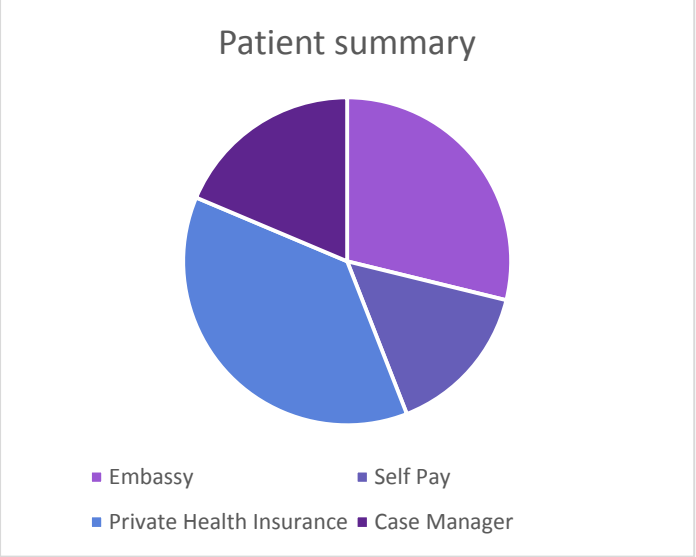
I am delighted with all our achievements in 2019 and would like to congratulate our senior management Team for their strategic vision and all staff for their hard work.

Dr Hamid Sultan FRCP London

Medical Director

Our Outcomes





- 59 new patients were admitted in 2019
- Average length of stay was 3 months
- 53% of patients were Male and 47% of patients were Female
- The majority of our inpatients were funded by private insurance or from overseas

Outcome Measure Statistics 2019

Outcome measurement is used to plot the progress of an individual through rehabilitation and/or to describe the success or otherwise of a service. These are very different tasks but the conventional approach is to choose a selection of individual measures that cover a number of domains and to use the means of the calculated scores for all patients to assess the service.

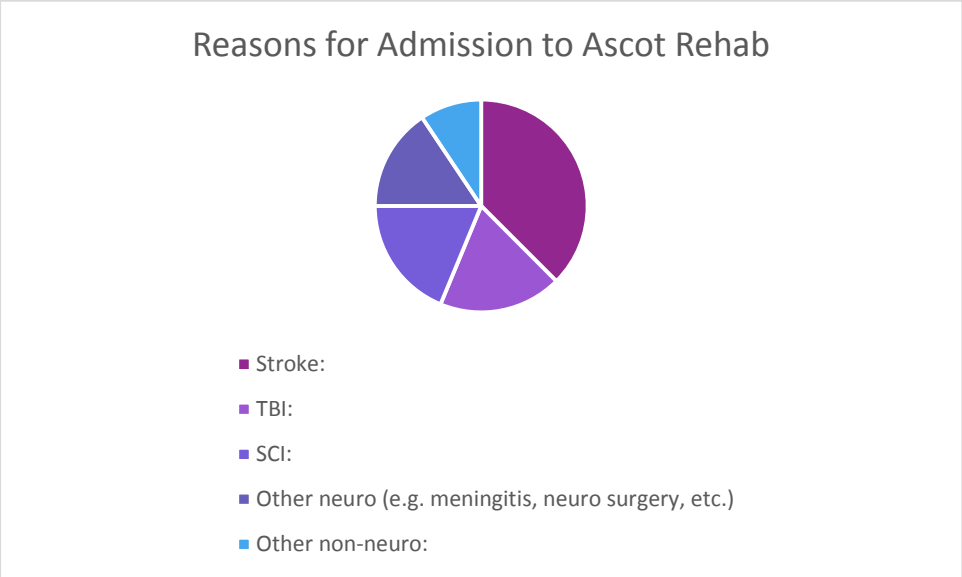
Having considered the range of measures we selected measures which we hoped would cover a broad range of domains and which were measures that could cope with a heterogeneous group of patients. As a small service with a very broad remit, this is particularly challenging for Ascot Rehabilitation. Our service accepts people in low awareness states through to people returning to work. In addition we work with groups with acquired brain injuries including TBI, stroke, tumour and other neurological illness as well as those with degenerative disorders and spinal injury patients. As a consequence the scores that we collect on any series of measures applied to all our clients have a high degree of variability.

UK FIM/FAM

The Functional Independence Measure or FIM is an 18-item, seven level ordinal scale. It is the product of an effort to resolve the long-standing problem of lack of uniform measurement and data on disability and rehabilitation outcomes. It was intended to be sensitive to change in an individual over the course of a comprehensive inpatient medical rehabilitation program. It was designed to assess areas of dysfunction in activities which commonly occur in individuals with any progressive, reversible or fixed neurologic, musculoskeletal and other disorders. One limitation relative to using the FIM in evaluating survivors of TBI is that it is not diagnosis specific. Although found to be reliable and valid, the scale has few cognitive, behavioural, and communication related functional items relevant to assessing persons with TBI.

The Functional Assessment Measure or FAM was developed as an adjunct to the FIM to specifically address the major functional areas that are relatively less emphasized in the FIM, including cognitive, behavioural, communication and community functioning measures. The FAM consists of 12 items. These items do not stand alone, but are intended to be added to the 18 items of the FIM. The total 30 item scale combination is referred to as the FIM+FAM. In the UK version further work was done to provide clearer definitions of the FAM scale. The FIM has good psychometric properties but the FAM remains weak in psychometric terms and many rehabilitation professionals do not agree with the scaling. Despite these misgivings we chose to include the FIM/FAM as one of our measures at Ascot because it is so widely used and as such may allow for some comparison between Ascot and other rehabilitation settings.

Over the course of 2019 thirty-five people were discharged from Ascot rehab following a period of rehabilitation. The reasons for admission are illustrated in the pie chart below.



The non-neurological patients were patients attending for rehabilitation following amputation.

Seven were excluded from the outcome measures for one of the following reasons:

- They stayed less than two weeks
- Inappropriate referral
- Self-discharge prior to potential being met
- Patient was for one discipline only
- Patient with no plan for change
- Admitted as an inpatient but then attended as an outpatient.

Over the course of the past year Ascot Rehab has had more referrals for amputee and spinal cord rehabilitation. We have discussed and set in place different rehabilitation measures to monitor the nature of these referral and the progress that patients make following our rehabilitation programme.

Spinal Cord Injury outcome/monitoring measures: SCIM, ASIA, PHQ9 GAD7

Amputee outcome/monitoring measures: AMPnoPro, PHQ9, GAD7

As yet we have not collected enough data with these measures to analyse whether they are the most appropriate measures or the success of our patients' rehabilitation against these measures. Next year's report will discuss this in more detail. On an individual basis our patients did make great progress.

We continue to use the FIM/FAM and Care and Needs Scale (CANS) as outcome measures for our patients with acquired brain injury. These measures show positive change over the course of our bespoke rehabilitation programmes.

The FIM/FAM is a measure of dysfunction in activities that are often addressed in the context of a rehabilitation setting. The FIM is focussed largely on motor function and specific activities of daily living and the FAM covers more cognitive, behavioural and communication elements of a functional rehabilitation programme. The mean change on the FIM/FAM subscales at discharge shows positive gains in motor function and with communication, cognitive and psychosocial domains.

The CANS is designed to measure the level of support needs of adults with traumatic brain injury. Over the course of 2019 we admitted a great range of patients in terms of their care needs. These ranged from individual's who were almost entirely self-caring through to locked-in patients whose care needs we would not expect to change but whose communication and psychological needs changed greatly over the course of rehabilitation. Despite this variability, 43% or our patients reduced their care needs, as measured by the CANS, during their stay at Ascot Rehabilitation.

Our Patient Experience

In 2019 we continued to build on our reputation for excellence, both in our rehabilitation programmes and in the quality of our care and hospitality. We gather feedback from our patients and their families and we listened, responded and improved.

- With the input of our dietitian, chef and hospitality team we introduced our new menu cycle. Our new menu gives the patients a wider variety of options, with healthier options and dishes which appeal to all tastes and cultures.

- We continue to work with our Speech and Language Therapists, Hospitality and our chefs to develop a menu of appetising choices for patients who require modified textures.

- Our range of group therapy and leisure activities has extended, to include Tai Chi, art, Music Therapy, social interaction groups, outdoor mobility group, gardening group, lunch club, and an upper limb group.

- We have begun the process of renewing the flooring in all patient bedrooms to a more modern and hygienic wood effect, which is safer and more comfortable for our patients with reduced mobility.

Patient Feedback

'Coming to Ascot Rehab was the best decision I ever made.'At Ascot Rehab we are committed to improving and developing our services. We actively encourage patients and their family to give us

feedback on what we do well, and on things we can do better. In 2019 19 patients provided feedback based on their stay at Ascot Rehab.

On Arrival

We recognise that arriving in a new environment can be a daunting experience for patients and their families and it is our priority to ensure that our patients feel welcomed and cared for from the outset. We strive to ensure every patient arrival is as smooth and as welcoming as possible.

All patients who took part in the survey have told us we do well at welcoming them upon their arrival and with the introductory session they receive.

Nursing and Care

How we care for our patients is key to what we do. We put the patients and their families at the heart of everything we do. It was therefore no surprise that the vast majority of our patients reported feeling that the nurses had a caring attitude towards them. Through continuous training and supervision we equip our nursing and caring team with the skills to provide optimum care. All of the patients in our survey felt that the the nurses and carers were well trained at what they do. We asked patients whether we answered the call-bell in a timely way, whether medication was administered on time; and whether treatment plans and interventions were explained in a way they understood. All patients who took part in the survey felt that the nursing service met their needs.

Therapy

The therapy programme at Ascot Rehab is at the core of what we do. Our patients decide what's important to them and set personalised goals. All of our patients in the survey felt that they had improved with their therapy sessions throughout their stay. All patients in the survey said that their therapists have a caring attitude, and all were happy that sessions were punctual.

To aid recovery we provide non-conventional therapies which research has shown to assist in patient's rehabilitation such as Tai Chi, Music Therapy and Art Therapy. We listened to patient's feedback on the types of therapies we were delivering and as a result we have made some changes for 2020, including tailoring some sessions dependent on the needs of the patients. The art classes have proven to be a popular session and so for 2020 we will be expanding this activity to include using the outside space and planning short trips for our patients.

Hospitality

Being able to access a variety of foods which meet the dietary and cultural needs and preferences of our patients is essential. We pride ourselves on listening to what our patients tell us about what they like, and on providing nutritious and appetising meals and snacks. Following feedback from 2017 and

with input from our chef and dietician we introduced our new menu which enable the patient to have a wider choice, more variety and with freshly cooked and healthier meals. Following on from our CQC,

CHKS and CARF inspections, they all reported a good and well-run kitchen service. Our chef works hard to ensure the preferences of the patients are catered for adequately. This is indicated in the results of our survey where the majority of patients reported that they were satisfied with the food presentation and taste.

Interpreting & Transport

Interpreting and transport services are available around the clock for patients and their families to help make the patients stay as easy and seamless as possible. All patients who had made use of the interpreting and transport services reported being satisfied to very satisfied at the services offered and the safety and attitude of the drivers and interpreters. All 19 the patients surveyed would return to Ascot Rehab and would recommend the service to others.

Recognition of our Success

It is without doubt that 2019 was another exciting year for Ascot Rehab. With inspections, accreditations, specialist training and exhibitions both the staff and our patients have continued with us on our journey of success.

In 2019 our regulatory body the Care Quality Commission (CQC) conducted a 3 day comprehensive inspection, involving our staff and our patients. We were delighted to be awarded an outstanding rating. This recognition was a huge achievement and is indicative of the staff's hard work and dedication. We followed this by inviting the Comparative Health Knowledge System (CHKS) back to Ascot Rehab for a full assessment. As leading providers of healthcare intelligence and quality improvement services in the UK we were thrilled to once again be awarded a 3 year accreditation, the highest accreditation available. We are proud that our re-accreditation recognises our commitment to excellence.

This year we concentrated on integrating our new technology into our therapy programmes and saw outstanding results in the Armeo upper limb robotic machinery as well the Lokomat – our new robotic gait machine. See our case studies later on in this report. We gained patient involvement in gardening group over the summer months, working towards enabling patients to become more independent.

We continued to build and maintain excellent working relationships with providers, referrers and other key stakeholders including the London Prosthetic Clinic for both lower and upper limb prostheses.

We were the proud sponsors of the Leigh Day (personal injury & medical negligence lawyers) conference where we opened the event with talks on what we do at Ascot Rehab and the exceptional progress of our patients. We heard from experts in their fields relating to head Injury and recovery.

In 2018 we reviewed and implemented clinical pathways for stroke, amputees and spinal cord injuries and conducted full audits of stroke standards in line with national guidelines for best practice, ensuring we offer the highest evidence based standard of care in a timely manner.

Occupational Therapy

In 2019 we completed a large piece of work where we audited the Ascot Rehab Stroke pathway based on best practise in rehab standards as laid out in the National Stroke Guidelines (2016) and the NICE stroke guidelines. The pathway lays out what should be done and at what point of the patients admission to ensure high quality care. We audited 10 stroke patients who went through the service against the pathway standards in order to identify what we do well and where we need to improve services. The outcome of the audit was feedback to the Team and to individual disciplines to help guide service development projects. The audit and feedback has helped increased awareness of best practise in stroke and has helped guide our service improvements. We continue to audit patients care against the pathway to ensure a gold standard of care and continue to improve patient care (see appendix A: Stroke Audit Documentation)**.**

CASE STUDY

Upper limb Rehabilitation - The use of Hocoma Armeo devise in conjunction with traditional therapy – Occupational Therapy

Introduction:

Exoskeletons for lower and upper extremities have been introduced in neurorehabilitation because they can guide the patient's limb following its anatomy, covering many degrees of freedom and most of its natural workspace.

This emerging technology enables independent and repetitive movement practice in a motivating, enriched and interactive virtual learning environment.Robotic therapy high intensity training is one of the key determinants of motor recovery. When combined with conventional therapy, robotic therapy yields largely favourable outcomes in terms of improving motor control, reducing motor deficits, and increasing ability to carry out activities of daily living

CASE PRESENTATION

Jon is a 66 year old chef. He used to cycle to work in a daily basis. Jon suffered a road traffic accident while cycling to work on Oct 2015. From the accident resulted polytrauma with maxillofacial, costal and spinal fractures, injury to right thigh, right rotator cuff injury, no evidence of head injury.

Jon was admitted at Ascot Rehab in July 2017 for a 3 week intense rehab period prior to his reverse shoulder replacement. The therapy input during his stay was focused on:

- Facial exercises to promote symmetry,
- Anxiety management,
- Hydrotherapy, exercise group and outdoor mobility, getting up off the floor,
- Bath transfers and equipment provision, dressing practise,
- Cooking and use of his right upper limb,
- Armeo for AROM,
- Home exercise programme

Jon was referred as an outpatient to Ascot Rehabilitation for Occupational Therapy and Physiotherapy input following a reverse right shoulder surgery. He attended twice a week over 4 months.

At admission the Jon's functional assessment revels that:

- He needs assistance to manage socks and shoes

-Requires supervision during shower

-Not able to undertake domestic tasks

-Increased fear of falling which limits his outdoor mobility

-Pain increased after surgery

-Less positive mood as feeling more dependent on his wife

Jon's goals:

-To be able to return to driving

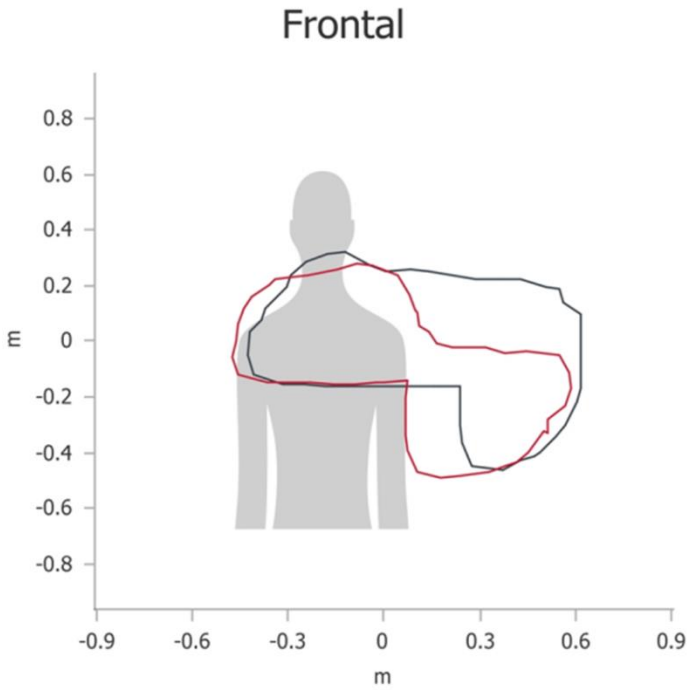
-To be able to eat peas holding a spoon in his right hand

Jon's intervention included:

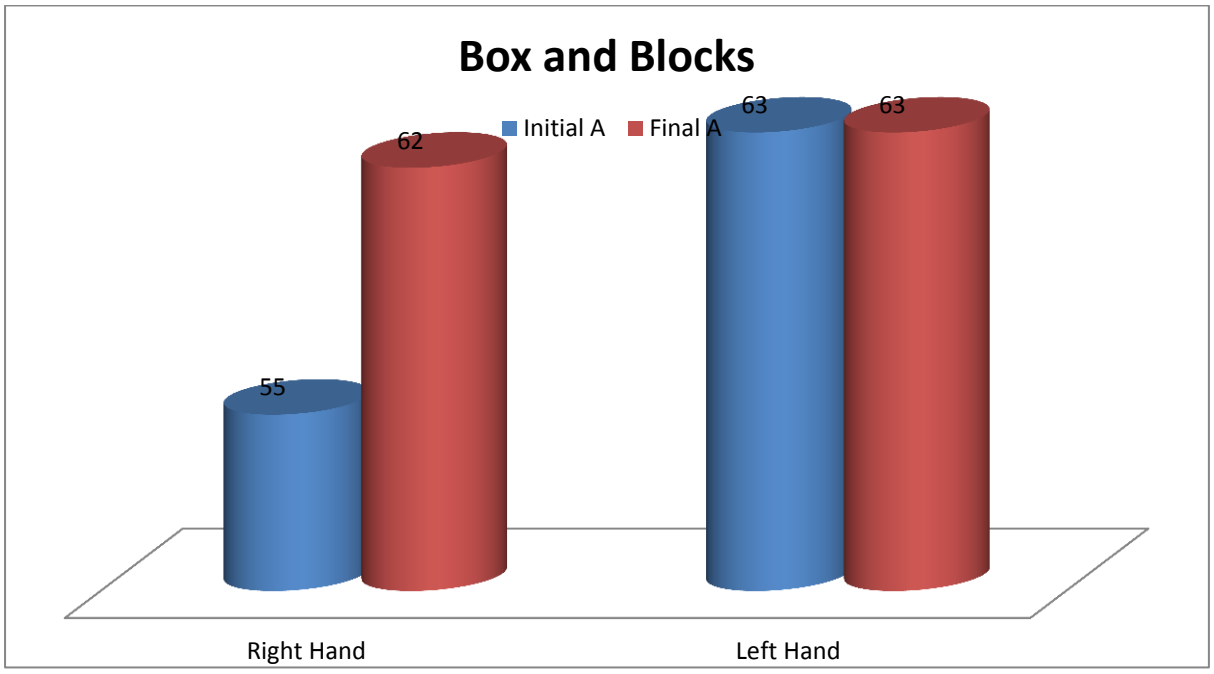
- Hocoma Armeo Spring ®
- Muscle strengthening
- Managing pain
- Prevent loss of range
- Improve range of movement
- Manage pain
- Promote alignment and optimal positioning
- ADL practice – chopping and carrying pans, dressing

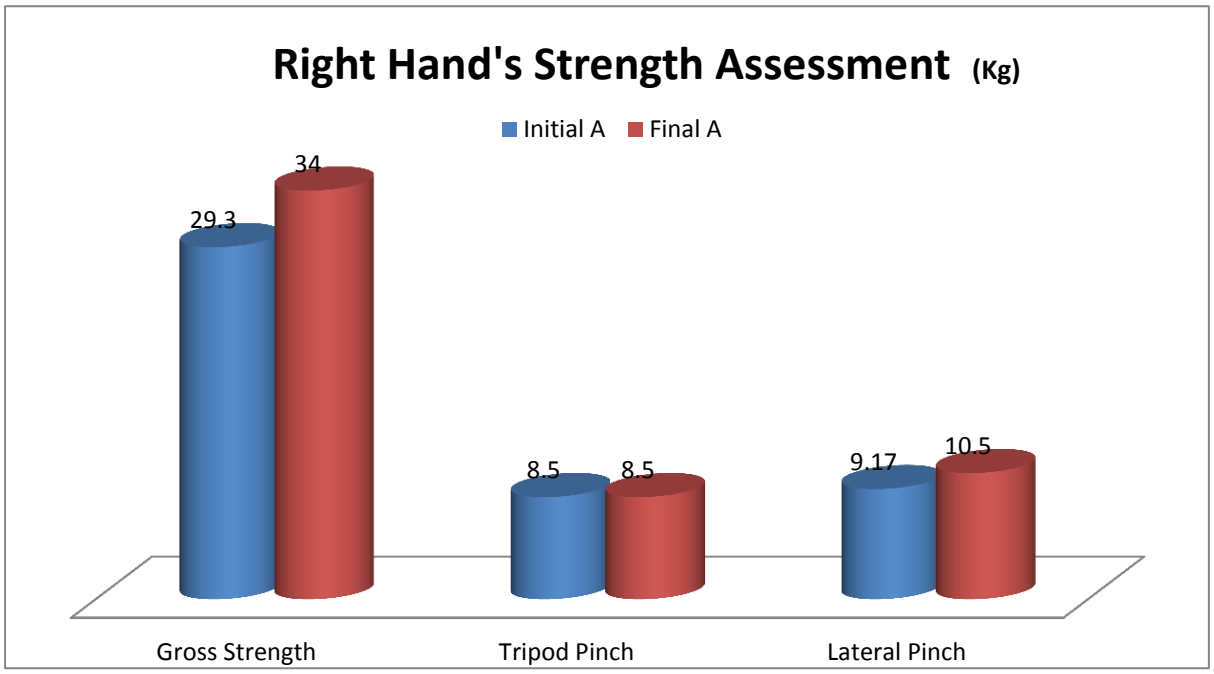
RESULTS

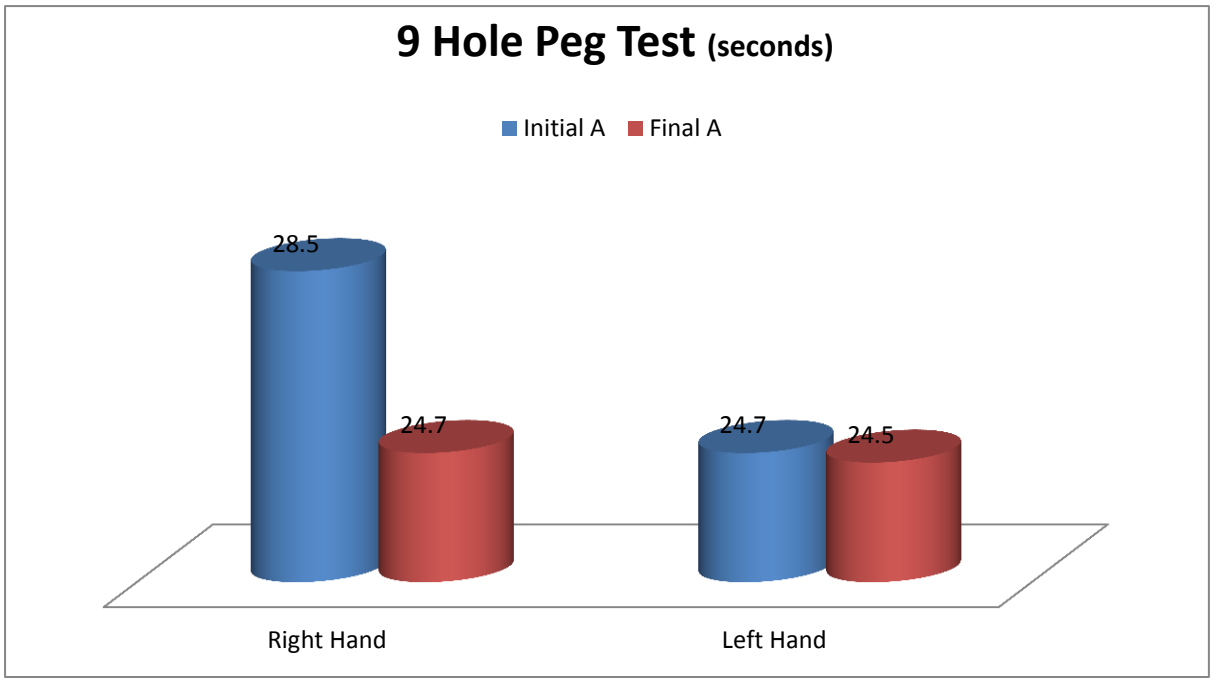
Right UL	Initial Assessment		Final Assessment		Left UL
Shoulder movement	Active ROM	Passive ROM	Active ROM	Passive ROM	**Active ROM**
Flexion	35	90 (aarom)	100	130	**135**
Abduction	40	50(aarom)	85	95	**95**
Extension	10	15	20	35	**35**
External rotation	-10	0	0	35	**35**



Red: Initial range Black: final range




Right Hand's Strength Assessment (Kg)
Initial A
Final A
29.3
34
8.5
8.5
9.17
10.5
Gross Strength
Tripod Pinch
Lateral Pinch



At discharge Jon no longer feared falling and damaging his shoulder, he is currently mobilising independently and is aware that he needs to plan his outdoor mobility to incorporate rest breaks.

Jon's main goal was to return to driving. He had already investigated which vehicle to purchase and was keen to drive again.

Following his outpatient rehabilitation Jon is now independent again with dressing tasks but finds tucking the shirt into the back of his trousers a challenge due to reduced right shoulder external rotation. Jon has returned to cooking his family meals and feels his ability to chop is improving. This has had a positive effect on his mood and independence.

CONCLUSION

The results of present pilot study suggest that upper limb functionality can be positively influenced by robotic therapy combined with traditional therapy program.

Art Session Report 2020

Tutor: Reem Hamdi

Ascot Rehab encourages activities that promote health and wellbeing patients can engage between and after therapy sessions. Art sessions are one of those activities that have proven their popularity and effectiveness in Ascot.

There are many ways in art can work in health settings, at ascot it involves:

1- Mental wellbeing: in recent years there are a lot understanding of the impact of taking part in an art activity and improving mental health, being able to achieve something through art give a sense of achievement, pride and often patients leave Ascot with a new found talent.

2- Ascot art class is open for members of the organisation including guest, staff and patients as it is noted their involvement has a positive effect on relationships between patients and staff and between staff members and it gives families an opportunity to join in a social activity together.

3- Being engaged in an art activity has its cognitive benefits as patients need to make choices and plan their project.

4- Introducing a variety of art media enables participants to engage more and try different ways of producing art, also it enables patients who can't use art in the traditional way due to their disability to experience other options and gives other sensory input.

5- Research in recent years done about the positive effect of art display in health facilities and hospitals. In Ascot Rehab art work of patients is proudly displayed in cabinets and on walls.

6- Ascot will hold an art exhibition for art work done by patients in the summer.

Images of art work done by patients.

Nursing and Care

At Ascot Rehab patients receive 24-hour rehabilitation and care from the Nursing team. The Nursing team consists of Staff Nurses, Healthcare Assistants and the Clinical Lead Nurse who has extensive neuro rehabilitation experience. The role of the Nursing team is to carry over what patients are learning in their therapy sessions into their 24-hour routine, assessment and assistance with care needs, assessment of bladder, bowels, skin integrity and medication needs encouraging patients to be as independent as possible. The Nursing team offer patients and their families support and education through caring and listening to help them through a life changing experience. We are an integral member of the transdisciplinary team and are involved in all aspects of a patients rehabilitation journey. We have recently introduced regular auditing of our work to ensure we always work and achieve a high standard of care. We are open and honest to patients and families to enable a good working relationship and to instil confident and trust in our work. As the Nursing team we listen to feedback and use it as an opportunity to reflect on our practice and learn how we can improve.

A learning culture: Discharge Audits 2019

At Ascot Rehab, we aim to learn from each admission in order to improve on our performance, achieve even better outcomes and provide better value in everything we do. Although we aim to learn and improve throughout the admission, through incident forms, complaints and compliments, risk assessments and audits, we also aim to reflect on each admission at its end. At discharge we complete a team reflection (and will be auditing these this year), but we also contact each patient (or a family member if appropriate) 3 months after discharge in order to learn what the impact of the admission has been on the patient's life, what has worked and what we might do differently to achieve even better outcomes.

Not every patient wishes to keep in touch after discharge, some patients have ongoing health issues which affect their progress after discharge, and it can be difficult to contact some patients (especially those from overseas) once they leave us. In 2019, 7 patients were kind enough to give us their feedback. We get to know our patients and their families very well during their admission, so it is lovely to speak to them and hear their news. But we also ask a series of questions to help us to understand what aspects of our service have worked particularly well and where we might make changes to improve our outcomes.

We ask how our patients have been feeling since going home. All 7 respondents reported positive change following discharge home – getting back to a normal routine, trying new activities and challenges, attending new groups in the community. One respondent had had ongoing health issues that had impacted on her progress, but overall felt positive about the changes she'd made at Ascot Rehab. Another relative reported having underestimated his spouse's fatigue, and the impact on him of taking on new roles in the household. This is significant for us, as we aim to provide education for families and to source ongoing support if needed.

We send each patient home with a rehab folder with comprehensive written guidelines, exercises etc. Some patients, especially those being discharged overseas where we are not able to do a full face to face handover to carers, also take a video of their guidelines with them. All patients/family reported they had left Ascot Rehab with a rehab folder of guidelines and that they had found these clear and easy to understand and follow. 2 respondents specifically reported that they had had very positive feedback from care staff and community therapy staff about the high quality and comprehensiveness of these guidelines, and that they had shared the information with family and friends. Most respondents were aware that they had been given a copy of their discharge report, although 2 respondents did not recall and noted that the amount of new information at discharge

can feel overwhelming. All respondents reported that they had had no difficulties managing medications at discharge. Another respondent reported that she takes her rehab folder with her to appointments and uses it to file important reports and letters relating to her health. Others referred to it in order to complete their exercise regime.

Another key part of our discharge planning is making links with local therapy, care and support agencies in the patient's local community. All respondents reported they had had ongoing input following discharge, with referrrals facilitated by the Ascot Rehab team. Some had NHS therapy input, whereas one respondent reported she did not meet NHS criteria so had needed to engage private therapy. Several respondents had received private therapy input through personal choice, or while awaiting NHS community therapy input. Several reported that their level of support (therapy and carer) had reduced significantly following discharge as their functional skills had improved. Reported achievements post discharge included moving from a ground floor bedroom back to their bedroom upstairs, managing escalators, independence in toileting, going on holiday, return to driving, graded return to work, return to hobbies like fishing and swimming, and accessing the community.

Respondents were asked about the best things about their experience at Ascot Rehab. All respondents praised staff (therapy staff, carers and nurses, and admin staff) for their helpfulness and expertise. They also highlighted the intensity of the therapy programmes, our specialist facilities, and our strong focus on preparation for return home and community access. Respondents emphasised that staff were very flexible, and that patients therefore felt a high degree of freedom

during their stay, with timetables tailored to allow for this. They were appreciative of the choice and quality of food, the comfort of the rooms and the helpfulness of hospitality staff.

As a learning organisation, we were particularly interested in what we can do even better. Although our focus on discharge planning is a real strength, feedback has shown us that patients and families still struggle with the transition from the very supported environment of a rehabilitation unit back to living at home in the community. Some of these issues are practical, such as using a readily available planning system like google calendar that can be easily transferred into a home setting, but also emotional, as patients and families adjust to routines that may be different from those they had before. This is something we will consider in order to ensure that we are giving our patients the best possible support to make this challenging transition back to home and the community. One of our specific goals for 2020 is to find a more effective way to contact and get feedback from our overseas patients once they have left us, as they face very particular challenges as they return home to countries which may have very different community resources, health beliefs and expectations.

Cough Reflex Testing at Ascot Rehab

In 2019, the SLT team at Ascot Rehab were delighted to introduce the use of Cough Reflex Testing (CRT) routinely as part of their initial swallow assessment, following training in this procedure. This test involves introducing citric acid via a nebuliser into the upper airway, and recording the patient's response, using a standardised protocol. It is a quick and easy test, and carries no significant risk to the patient, but the benefits are substantial. The purpose of CRT is to assess sensation in the larynx (throat). The procedure has been used in respiratory medicine for over 50 years, but has only more recently been used in neuro-rehab settings with patients with swallowing difficulty.

A strong pass on the test (where the patient demonstrates a strong cough on at least 2 out of 3 trials) assures us that the patient has intact sensation in the larynx, and that the patient's cough is likely to be effective at protecting the airway should any food or fluid go down the wrong way. A weak pass or fail (where the patient's cough is weak or absent despite the presence of the irritant) indicates impaired laryngeal sensation, and is a risk factor that the patient may be silently aspirating. Silent aspiration, where food or fluid going down the wrong way into the airway does not elicit a cough, can lead to chest infection/pneumonia, so we need to be vigilant with these patients to ensure that they remain well.

We are fortunate at Ascot Rehab that, where patients fail the Cough Reflex Test and are at risk of silent aspiration, we are able to refer them swiftly for an instrumental assessment of their swallow, either externally at a local videofluoroscopy clinic, or in house in our joint SLT/ENT clinic, using fibreoptic endoscopic evaluation of swallowing (FEES).

Since the introduction of the CRT at Ascot Rehab it has become an integral part of the SLTs' initial assessment inventory. It has helped us identify quickly and definitively where patients are at risk of silent aspiration, and to make more timely and effective recommendations for further assessment and treatment programmes.

ENT and SLT at Ascot Rehab: a new interdisciplinary initiative

At Ascot, we have been fortunate enough to have our own on-site FEES (fibreoptic endoscopic evaluation of swallowing) Clinic for a number of years. This clinic has been SLT-led, and has allowed us to conduct a timely objective instrumental assessment of swallow function, to trial the effectiveness of specific swallow strategies, and also to give the patient real-time biofeedback about their swallow.

In 2019, we were able to develop the service further by identifying a consultant ENT surgeon who has been able to run a joint SLT/ENT clinic with us, based on our existing FEES service. This has allowed us to extend the services we offer, giving us access to expert ENT opinion on patients' voice and swallow, as well as a process for accessing timely ENT interventions to ensure that we are using the patient's episode of care optimally. For example, we were working with a gentleman with brain injury who presented with a vocal cord palsy, and who was not able to produce voice. We were able to carry out a vocal cord medialisation procedure onsite which 'bulked out' the affected vocal cord to enable the gentleman to achieve voice consistently for the first time since his injury. The SLT team were then able to carry on their therapy programme to strengthen his voice and to generalise this to his day to day use.

For 2020, we are exploring how we might extend our work together to benefit our current patient group and to identify other patient groups who might benefit from this joint clinic, both at Ascot Rehab and across our other sites.

Outpatient Services

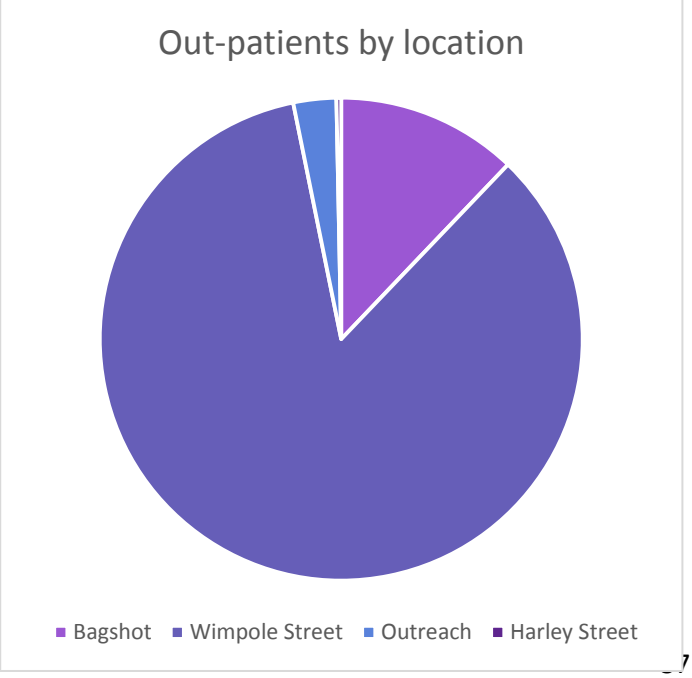
Ascot Rehab provides a number of general and intensive outpatient/outreach rehabilitation services.

In 2019, Ascot Rehab successfully expanded these services to provide professional paediatric rehabilitation for children and young adults from a state of the art London clinic, offering the latest in modern rehabilitation equipment such as the Hocoma Armeo Spring and the Giger MD.

In 2019, we extended our outpatient opening hours for patients. This will include evenings and weekends to provide more flexible outpatient services. In addition to this, we will be continuing to expand on women's well-being, pelvic flooring therapy and will include specialist Paediatric services for patients with special educational needs.

Outpatients/Outreach Services 2019:

- Treated a total of 313 patients
- 53% of patients we treated were Female & 47% were Male
- There were 294 Adult patients and 19 paediatric patients



Our Highlights and Achievements

- Awarded a CQC rating of Oustanding following a comprehensive inspection
- Accredited with CARF (Commission on Accreditation of Rehabilitation Facilities) for a period of 3 years representing the highest level of accreditation that an organisation can be awarded. This demonstrates our substantial conformance to the CARF international standards and the completion of a rigorous peer review process.
- Accreditation by Comparative Health Knowledge Systems. CHKS is a leading provider of healthcare intelligence and quality improvement which benchmarks against large providers of healthcare.
- Positive patients and stakeholders feedback.

Our future

Sadly, there is no shortage of patients requiring this service. We have plans to continue growing, and to continue investing in the latest and best medical equipment – transforming

lives through excellent care. We will keep investing in our staff to ensure they have access to best training opportunities and equip them with the skills to provide our patients with the best possible care. We will continue listening to the feedback from our patients and their families as part of our continuous improvement.

To be the leading centre of excellence in rehabilitation services, providing the highest quality of rehabilitation and care to our patients.

APPENDIX

Appendix A: Stroke Audit Documentation

Ascot Rehab Care Pathway for Inpatient Stroke Rehabilitation

The purpose of the care pathway is to:

1. Ensure best practice in the management and rehabilitation of stroke patients

2. Ensure that the patient/carer is aware and involved in all aspects of care and rehabilitation as appropriate

3. Clarify key areas of responsibility within the multidisciplinary team

KEY: PC =Personnel codes

RA=Rehab Advisor, KW=Kew Worker, OT=Occupational Therapist, RN=Nurse, SLT = Speech and Language Therapist, NP = Neuropsychologist, PT = Physiotherapist, RMO = Resident Medical Officer, DT=Dietician

ICP for Inpatient Stroke Rehabilitation

Variance Codes

1. **Overseas admission**
2. **Patient undergoing investigations**
3. **Patient Medically Unstable**
4. **Pressure areas**
5. **Postural hypotension**
6. **Autonomic dysreflexia**
7. **Appropriate seating immediately unavailable**
8. **No tone issues**
9. **No respiratory issues**
10. **Referral letter / BAAF received post admission**
11. **Unplanned/unscheduled admission**
12. **Not applicable**
13. **No surgery or changes on MRC scale**
14. **Incomplete**
15. **Patient declines**
16. **Diarrhoea**

AGENCY STAFF MEMBER

25. **No access to practice manager**
26. **More than one day**
27. **More than two days**
28. **More than one week**
29. **More than two weeks**
30. **More than three weeks**

17. **Irritable bowel syndrome**
18. **Urinary tract infection**
19. **Not funded**
20. **Equipment shipped directly to patient**
21. **Equipment to be purchased independently**
22. **Weekend admission**
23. **Admission After 5pm**
24. **Staffing**

Please note the page references are linked to the Royal College of Physicians Stroke guidelines. NICE stroke guidelines 2017

Ascot Rehabilitation Unit Integrated Care Pathway for Discharge

Date of Admission: **Keyworker:**
Date of Discharge:

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
Prior to admission	Transfer information or baseline admissions assessment form received (page 18)	Baseline Assessment form Medical Record Admission letter from Consultant						Person completing Baseline Assessment, Consultant
Day 1	RMO Medical assessment completed pre-initial team meeting	Medical record						RMO
Day 1	Swallow screen by trained profession prior	Medical Record						SLT/Nursing handover

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
	to having food, drink or medication							
Day 1	Initial Team liaison (page 88)	Therapy notes Keyworker Record sheet Functional chart						MDT
Day 1	Capacity to consent to basic nursing care and medication assessed	Medical notes Relevant handovers						RN
Day 1	Nursing Assessment completed	Nursing Notes						RN
Day 1	Waterlow score recorded	Nursing Notes						RN

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
Day 1	Functional transfers assessment completed	Therapy Notes Patient information folders Functional chart						PT /OT/RN
Day 1	Equipment and wheelchair provision from stock	Therapy notes and functional chart						OT/PT/RN
Day 2	Initial urinary continence plan established	Nursing Notes						RN
Day 2	Initial bowel management plan established	Nursing Notes						RN
Day 2	Keyworker introduction and role explained. Timetable	Therapy Notes						MDT

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
	issued							
Day 2	Nutrition and hydration assessment, guidance issued and adaptive aids issued. MUST screen tool complete on admission Referral to dietician if indicated (NICE Guidelines)	Food and fluid charts Therapy notes Functional chart MUST screen tool Nursing notes						OT/SLT/RN /DT
Day 2	Positioning (bed and chair) and	Therapy notes						OT/PT/RN/ RMO

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
	positioning of the hemiparetic arm guidelines in place and precautions.	Guidelines Functional Chart Practice manager timetable						
Day 2	Mobilisation guidelines in place. DVT management in place (page 50 and 51)	Therapy notes Guidelines Practice manager timetable						OT/PT/Nursing/ RMO
Day 3	SLT communication screen if required	Therapy notes						SLT
Day 3	Need for visual menu and/or visual timetable identified	Therapy notes						SLT
Day 3	Specialist seating, posture including	Posture and seating assessment form and therapy						OT/ PT /RN

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
	referral for specialist wheelchair assessment/provision (page 72,73)	notes Wheelchair section of OT initial assessment						
Day 3	Assessment and consideration to management of pain	Visual analogue scale for pain ratings Medical notes						RMO/RN/OT/ PT/Consultant
Day 3	Falls risk assessment (page 74)	Risk assessment Therapy notes						MDT and RN
Day 2 – 3	Visual screen if indicated and onward referral for persistent double vision (page 87)	Medical notes						RMO and consultant

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
1 week	OT Baseline assessments (page 54)	OT Initial Ax Therapy notes						OT
1 week	PT Baseline assessments (page 73, 75)	PT Baseline Ax Therapy notes						PT
1 week	SLT screen completed	Medical notes Therapy notes						SLT
1 week	Neuro-psychology screen completed including mental capacity (page 76)	Medical notes Therapy notes						NP
1 week	24h Fatigue management program in place	Practice manager timetable Therapy and						MDT

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
	(page 69)	keyworking notes Discussion in MDT						
1-2 weeks	Identification of any further referrals required (eg. dietetics, orthotics, ophthalmology and continence specialist nurse)	Medical notes						MDT
1 week	Guidelines for feeding regime implemented	Meal-mat and therapy notes						OT/SLT
1-2 weeks	Wheelchair/ seating regime established	Therapy notes Guidelines Daily timetable						

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
		Functional Chart						
1-2 weeks	Positioning of the Hemiparetic upper limb and precautions	Guidelines Therapy notes						OT/PT/RN
2 weeks	FIM/FAM outcome measure completed	FIM/FAM record sheet and MDT notes						MDT and FIM/FAM record sheets
2 weeks	GAS goals set (Page 23)	Therapy notes and goal setting meeting						MDT
2 weeks	Upper limb assessment and outcome measures documented (page 57)	OT/PT Upper Limb Ax Therapy notes						Joint OT/PT
2 weeks	Review of need for hand splint if indicated and	OT splinting documentation						OT

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
	custom fabrication	Upper limb Ax Therapy notes						
2 weeks	Spasticity management and review of indication for Botox, Bioness, Saebo flex or constraint induced movement therapy and inclusion in GRASP upper limb group and armeo spring. (page 83)	Therapy notes Medical notes						OT/PT/consultant
2 weeks	Identification of equipment needs and initial request letter sent	Embassy Initial Equipment Request letter						MDT Discharge checklist

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
2 weeks	Referral to local community stroke team and/or social services (page 114)	Therapy notes Referral form						MDT/keyworker Discharge checklist
2 weeks	Referral to social services Occupational Therapy or local community team for equipment and/or minor/major adaptations. (page20)	Therapy notes Referral form						OT Discharge checklist
2 weeks	Referral to wheelchair services or Better mobility if indicated	Therapy notes Referral form						OT/PT Discharge checklist
2 weeks	Referral to district nursing for specialist	Medical notes						Nursing

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
	equipment	Nursing notes						
Every two weeks	Goal planning- completed fortnightly	Medical record MDT goal planning documentation GAS goal review						MDT
3 weeks	Patient urinary continence plan established	Care plan Nursing Notes Discussion in MDT						RN
3 weeks	Bowel management rehabilitation plan established	Care plan Nursing Notes						RN

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
Week 3-4	Family meeting	Therapy notes						MDT
Week 3-4	Diagnosis and Prognosis discussed with patient and family by Medical Team	Medical records and in family meeting minutes						Consultant
During admission	Equipment trials and prescription	Therapy notes Quotes from suppliers						OT/PT/RN Discharge checklist
During admission	outcome measures scored at time of discharge.	Outcome measures record sheet Therapy notes Medical notes						MDT
During admission	Education session: Anatomy and Physiology and the types and effect of stroke	Therapy Notes Rehab Folder Print relevant stroke association						RMO/consultant/NP

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
	Education session: Bladder and Bowel Management	leaflets and place in rehab folder						RN
	Education session: Positioning and Skin Management							OT/PT/RN
	Education session: Driving and informing the DVLA (page 55)							OT/NP/ Consultant
	Education session: Life after stroke							NP Keyworker
	Education session: Seating and							OT

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
	Wheelchair Maintenance							
	Use of and application of orthotics							OT/PT
	Education session: Community Access a (page 56)							MDT
	Discussion on Vocational Rehabilitation as applicable							MDT
During admission	Home or access visit completed and equipment and adaptations recommended	Therapy notes Home visit report Onward referrals						OT/PT/RN
1 week prior to discharge	Equipment received and fitted	Therapy Notes						OT/PT/RN

Timeframe	Objective	Documentation/ Equipment	Yes Tick	No Cross	Variance Code	Date / Time	Initial	Primary Clinician
1 day prior to discharge	Discharge report completed	MDT discharge report						MDT
1 week post discharge	OCM completed (FIM/FAM)	Therapy notes OCM folder						MDT