Ascot Rehab

Recovery through excellence

QUALITY REPORT 2022

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 effectiveness, 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 and case examples

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

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A message from Registered General Manger & Head of Rehabilitation

Ascot Rehabilitation Ltd has been through a transitional journey in 2022, with a change in senior management, staffing and patient cohorts. The organisation has been successfully navigated through the COVID pandemic further reinforcing its values, mission, targets and future aspirations. Ascot has been successful in the recruitment of specialist and dedicated staff to continue to drive and reevaluate the ongoing achievement for rehabilitation excellence to our service users as well as supporting family members both in the UK and internationally.

As an organisation, we have continued to receive positive feedback from all stakeholders as well as areas of improvements, which we have welcomed in order to continue to maintain and improve on standards. I am proud of Ascot Rehabilitations ongoing CQC "Outstanding" rating including the completion of our CHKs accreditation until 2024 with ISO recognition. Furthermore, Ascot remains recognised under CARF rehabilitation accreditation with an upcoming survey due in December 2023.

This quality report will provide you with an outline of the achievements made by the dedicated staff at Ascot alongside the person centred treatments provided to our patients in order to lead a better quality of life and independence.

Looking towards the future Ascot Rehabilitation continues to be the leading centre of excellence for patients recovering or requiring rehabilitation services both in the UK and internationally. The organisation continues to support, develop and encourage new beginnings with exciting expansion plans for 2023-2024.

Ben Payne – Registered General Manager

A message from the Medical Director

It is my pleasure to update our service users, stakeholders and the public on our work at Ascot throughout 2021-2022. During this period, the COVID-19 pandemic presented unprecedented challenges to healthcare providers worldwide, and our hospital was no exception. I am pleased to say we quickly adapted our care processes in line with government guidance to ensure the safety of our service users and staff and allow us to continue providing the highest possible quality of multidisciplinary care and expertise to our patients and their families.

Against the backdrop of the pandemic, we continued to care for patients with complex neurological and musculoskeletal rehabilitation needs from across the world. During this time, we remained focused on improving quality in infection control, staff training, patient experience, and quality management. We built on existing collaborations with medical and rehabilitation experts across multiple medical specialties including neurology, neurorehabilitation, orthopedics, otolaryngology and care of the elderly to continue to meet the complex needs of our inpatients as well as broadening the expertise and skills within our fantastic therapy and psychology teams.

I am immensely proud of the work undertaken by our management team, medical consultants and therapy teams to provide excellence in care to our diverse patient population which is routinely reflected in positive and encouraging feedback from patients and their families and of our commitment to continuously monitor and improve services based on feedback. We are delighted that Ascot Rehab has continued to maintain its overall 'Outstanding' rating by the Care Quality Commission (CQC), which is a testament to our commitment to providing high-quality, safe, and effective care to our patients.

Looking to the future, as Medical Director, in 2023 – 2024, I hope to continue working with colleagues at Ascot to innovate and improve delivery of care to our patients and broaden collaborations with experts across medical disciplines to meet their complex care needs.

Dr Khaled Abdel-Aziz – Consultant Neurologist

A message from International Business Director

On review of the overall of direction, strategies, teams, resources and processes, I can reflect with great enthusiasm. This year has seen continual quality improvements, as we have come out the other side of a particularly challenging period, with the COVID pandemic. We remain dedicated to our overarching mission, striving for excellence in our rehabilitation services. The whole team are passionate about offering high quality, consultant-led, rehabilitation services to all of our patients, enabling them to lead their lives as independently as possible. The feedback we receive qualifies this and we are incredibly proud of the degree of transformations that we see.

There are a number of highly skilled new team member who have joined us and there are further initiatives that have been introduced to further enhance the safety, experience and clinical outcomes for all our patients.

This year has seen an increase in patients through our international partners, a higher number are specialist case managed and also patients coming to us through insurance channels is an area of growth. Our relations continue to strengthen with international health officers and Embassy partners, as well as preferred rehabilitation centre for several insurance providers. Further successes can be recognised with areas of expansion across outreach and outpatient treatment plans. We continually evaluate patients discharge summary and the patient-led rehab framework provides deep insight. The discharge reports indicate our trans-disciplinary approach, goals and we encourage family feedback at every stage of rehab.

We will continually review our strengths and key areas to grow, with many audit processes in place to enable 360 evaluations. There is a solid foundation to further build the Ascot Rehab business, to deliver even higher quality rehabilitation services.

International Business Director - Maha Ali

Invictus Games Foundation

A longstanding partner affiliation we feel incredibly proud of is with Invictus Games.

The word 'invictus' means 'unconquered' and The Games harness the power of sport to inspire recovery, support rehabilitation and generate a wider understanding and respect for those who serve their country.

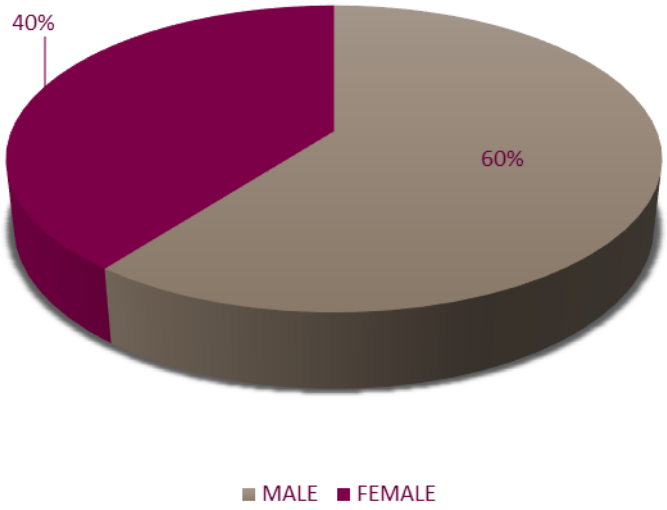
In 2022 we were honored to be able to support The Games more widely, with full sponsorship of Team IRAQ. Our continued dedication is to international patient-led rehabilitative treatment and caring for patients with cognitive and physical disabilities, and why we feel so passionate about changing lives for the better.

Invictus Games, The Hague, 2022, Dr Ali Al-Memar with Iraqi Invictus Athletes

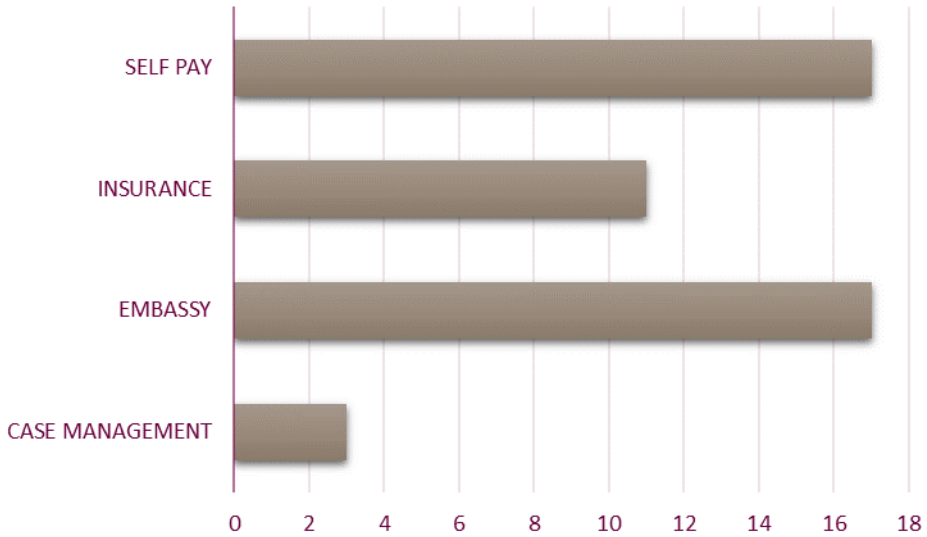
Service Demographics, Data and Summary

Patient Data analysis

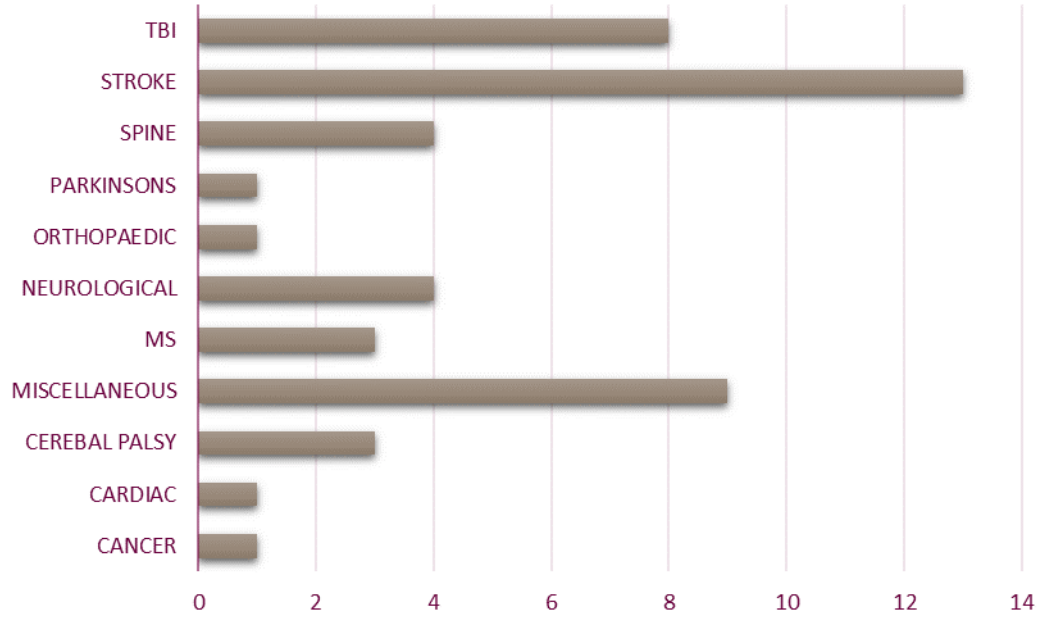
During 2022 there were a total of 48 patients admitted to Ascot Rehab. The split of those patients from a gender perspective, was 60% Male and 40% Female.



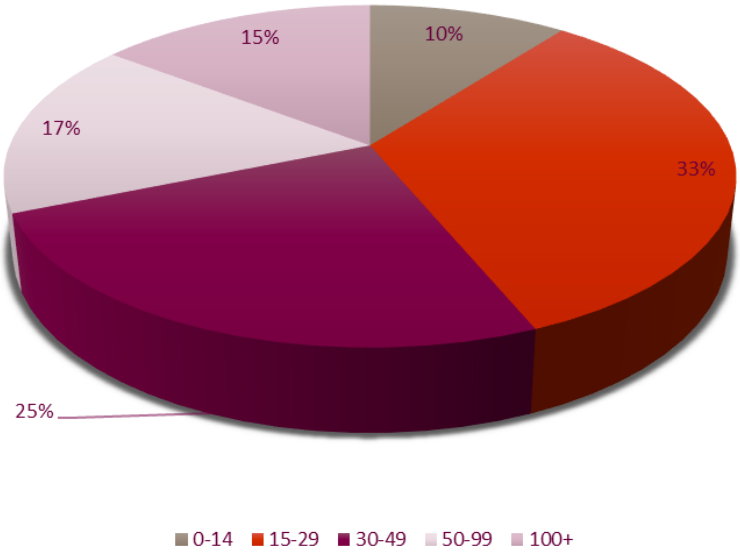
The rehabilitation funding mechanism shows that the majority of our inpatients were funded from Embassy partners or were self-paying.



Reasons for admission vary across inpatients, the most common was Stroke rehabilitation.



Rehabilitation journeys are entirely individual to each patient, evaluation of length of inpatient stays indicates 2-4 and 4-8 weeks are a common trend.



In addition to all inpatients admitted, Ascot Rehab serves Outpatient / Outreach patients:

- Treated a total of new referral 222 patients
- 190 were treated at Wimpole Street
- 32 patients were treated at/from other sites

Patient Feedback & Satisfaction

2022 patient feedback reflects a high rate of satisfied to very satisfied patients in all aspects of service with a room for improvement in some areas of each team, especially with the services provided by CHD Living.

Cleaning standards

Feedback mentioned room cleaning is not up to standards required, this was noted and audits were made on regular bases and as a result we have since changed the cleaners in charge and AR has contracted a professional cleaning company. The service has since improved, with Ascot hospitality continuing to monitor and audit the findings.

Catering and Modified meals

Catering service rating has been addressed with CHD hospitality manager and new menus have been implemented that have a variety to cater for the international pallet, religious obligations and to meet allergen requirements.

New meal mats were implemented for every patient alongside IDDSI forms for patients who require a modified diet, all modified meals go through a three-check points system before it reaches the patient.

Nursing and care

Ascot rehab continues to monitor call bell response time and we endeavor to respond within a 4 min time frame. Patients' perception of time may sometimes vary; however, we continue to inspect the response data to ensure promptness.

Rehabilitation & Care Services – Our Successes

Nursing & Care Team

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 Nurses who have extensive neuro rehabilitation and care experience. We work on a 1 carer to 3 patient ratio and a 1 RN to 8 patient ratio. 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. Our carers are trained and competent in using some therapy techniques to encourage patients to continue their rehab outside of therapy times.

Bladder and bowel difficulties are a big issue with many of our patients. Where we can we encourage patients to retrain to become continent and prevent constipation. Where this is not possible we put toileting regimes in place to try to minimise the incontinence and the impact this has on patients daily routines, mood, ability to socialise and skin integrity.

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 including goal setting. We have regular auditing of our work to ensure we always work and achieve a high standard of care. In 2022/2023 we updated our falls management protocol to a multifactorial assessment and intervention on admission and introduced a post fall management protocol to ensure we learn and change our approach to patients when an incident like a fall happens. This then ensures greater safety for patients.

In 2022 we improved our links to the local Safeguarding teams with the appointment of a Safeguarding Lead, this enables us to ensure we are following the legislation correctly and are supporting patients who lack the capacity to make informed decisions themselves in the correct way.

In 2022 we completed two root cause analysis for incidents that took place at Ascot Rehab. In both incidents the patients safety was not compromised, the RCS's were completed to enable us at Ascot Rehab to learn and change our practices as a team and therefore prevent a similar incident reoccurring. 2022 saw the commencement of a quarterly Medicines Management Committee meeting as part of our clinical governance strategy.

Below is a table representing nursing care priorities, outcome and strategy for 2022

Category	Quality Priority		Performance for the year 2022	Nursing Strategy
Safe care	1	To maintain a zero occurrence of pressure ulcers acquired during hospital admission	No pressure ulcers developed in patients during their hospital stay.	The use of Waterlow score to identify risk level. The repositioning of high risk patients every 2 to 4 hours. Examination of the skin several times a day. The prevention of shearing and friction through use of appropriate equipment.
	2	To reduce the risk of health care acquired infections	There were no acquired healthcare infection during 2022	IPC (Infection Prevention and Control) audits which reflect on 6 aspects of infection control. A collaborative approach with Infection Lead Nurse focusing on all aspects of infection control. Working with other multidisciplinary teams to ensure the environment is safe from an infection control perspective.
	3	To maintain or increase the number of reported patient safety incidents	Of the reported incidences, there were no incidents resulting in	All incidents were reviewed in line with Ascot Rehab's investigation policy and root cause analysis

		and near misses, while maintaining 0% of patient safety incidents resulting in severe harm or death.	harm or death.	(RCA) MDT discussion were undertaken where necessary. Training of staff undertaken where indicated. Rigorous medication management strategy with weekly pharmacist review and weekly medication audits.
	4	To reduce harm done from sepsis	All patients showing signs and symptoms of sepsis were screened and antibiotics administered within the first few hours.	Use of NEWS chart to identify the deteriorating patient The early administration of antibiotics when necessary The timely transfer of patient to an acute hospital
Effective Care	5	To minimise the use of urinary catheters and reduce risk of catheter associated infections.	All catheters were removed and bladder training undertaken as part of the patients rehab plan except where a catheter was clinically indicated	Obtaining continence history where possible to aid bladder plan Use of flip flow valves to retrain bladder muscle prior to catheter removal. Trail without catheter using Ascot Rehab's TWOC protocol Ensuring adequate fluid intake and monitoring output using fluid charts Performing bladder scans to identify any signs of urinary retention

	6	To recognise and prevent dehydration during patients hospital stay	No patients were transferred to an acute hospital as a result of dehydration	Food and fluid intake is assessed for all patients on admission for minimum of three days after which it is reviewed A whole MDT approach to encouraging fluid intake during and after sessions and throughout the day
	7	To ensure care is provided in line with national standards of care	Maintained CQC outstanding rating following a review in February 2023 CARF accreditation for a further 3 years	Regular clinical audits Clinical supervision Staff supervision and training Being responsive to patient feedback
Patient Experience	8	Retention of staff to promote positive patient experience	One staff member from the care team resigned during 2022 as a result of him undertaking Nurse training course	Introduction of Senior Healthcare Assistant role Staff training and support based on identified needs Flexibility in staff rosters and facilitation requests where possible
	9	Supporting patients during their rehab journey	Established individualised 24-hour care and rehab routines, particularly for those with complex needs	Training of care staff to support patient therapy treatments outside of planned therapy sessions e.g. Therabike, Mind Motion Go and Easystand

	10	Maintaining and optimising patients nutritional requirements	Early identification of nutritional needs and referral to dietician on pre-assessment and admission	Assessment of patients nutrition needs and history prior to admission Assessment of MUST to identify malnutrition risk on admission Food and fluid intake is monitored for all patients from admission for minimum of three days.

Therapies Team – Case Study

Rehabilitation is 24/7. Everyone that is involved in our patients, make up the core group of the MDT (multi-disciplinary team), and that includes the patients and their close ones. The carers are also part of this core group! They are fantastic at absorbing all the information from all professions to aid the patient over the whole of their stay. They support the therapists, by working alongside us, in order to translate the therapy completed within sessions, into the everyday lives of the patients on the ward and beyond. This also includes using the likes of equipment such as the Therabike, Easy Stand and mind-motion go, over weekends and evening, and in-between sessions (if the patients can find the time between their busy schedules).

Rehabilitation doesn't just sit in the 4 walls of Ascot Rehab; we are ever expanding our use of the community around us, to enrich the therapy we provide our patients. We have a membership with the local gym, whereby we can walk patients to the facility and facilitate their rehab at a higher level, and help them translate their rehab, ready for the wider world. We encourage a healthy lifestyle, which may include walking, for those that can, around the local area, for fitness as well as well-being purposes.

In addition, the use of the hydrotherapy pool is a popular as ever. This is a great addition to our traditional on land therapy provision. Patients enjoy many the benefits of the pool, and accessing this can provide many positives for patient, such as relaxation, buoyancy effects and resistance from the water itself.

Part of the integration, back into the community, and as an extension our use of the hydropool, we have accessed local leisure pools. Together with the patient, we trouble shoot the barriers that may appear to those with a disability, and find ways to break down those barriers, in order for our patients to successfully access the world around them with more ease.

Continuation of the expansion of the diverse physiotherapy team, bringing many skills, from far and wide. Each therapist bringing key neuro skills to the team, enabling us to provide high quality treatment to the patients who come through the doors of Ascot Rehab. We live in a forever learning environment – always thriving to improve, learning from one another to better the experience of the patients we treat. We identify key skills within the team and share these skills and knowledge with one another to further better the quality of the care and treatment with provide to our patients.

The Lokomat has just continued to prove to be an invaluable adjunct to many patients whom have suffered with a neurological impairment, such a stroke and TBI. This fantastic piece of equipment is a robotic device helping those needing support to retrain a more normal gait pattern with repetitive approach, to aid in the improvement of the patients walking ability. Over the pandemic, with reductions in patients, and where use of equipment and shared space was limited, meant this wasn't used to its optimum. The use of Lokomat has now increased significantly since then, with appropriate patients and new staff being trained in the use of this device. It is our vision, to expand the use of the equipment, and opening this up to outpatients, as well as our inpatients.

Case study

Right MCA infarct July 2022

Large right middle cerebral infarct, secondary to a right carotid occlusion. Initially went on to have thrombolysis followed by mechanical thrombectomy at King's College Hospital but unfortunately, soon after developed a large haemorrhagic transformation requiring hemicraniectomy.

NG tube for feeding – removed prior to transfer

Admitted to Ascot Rehab in September 2022

Left sided weakness – UL > LL, trunk, left foot drop (0/5 UL, 1-3/5 distal to proximal LL)

Shoulder subluxation with shoulder pain

Sensation – impaired

Inattention to the left

Reduced sitting balance – with midline shift

Required A of 2 for all ADL's with use of Sara Stedy for transfers

Slow processing

Normal fluid and diet

Social History

- Mr B is a 39-year-old man who was previously very fit and well, with no medical history.
- He leaves with two dogs and a wife.
- Loves daily walks with his dogs.
- Busy lifestyle managed his own business as a recruitment company.
- Enjoys plays golf.
- Exercises regularly on peloton.

MDT approach requiring all disciplines to be involved in this patients' care in a holistic approach:

Inc. Neuropsychology, OT, SLT

Goals:

2 weeks goals:

1. To be able to step round transfer with hand –held assistance of two.
2. To be able to stand from sit by pushing from wheelchair arm rest independently.

4 weeks goals:

1. To be able to walk with hand-held assistance of one up to 10m.
2. To be able to complete 20 independent steps in water during hydrotherapy.
3. To be able to complete step round transfer with supervision of wife into a car.

6 weeks Goals:

1. To be able to assessed on flight of stairs.
2. To be able to get on/off the floor.

Patient achieved all of the above.

Intervention:

- Practice transfers in therapy, with the carers on the ward and with the wife.
- Standing on parallel bars and weight bearing exercises encouraging use of his left lower limb.
- Working on middle line orientation.
- Working on sit to stand/stand to sit techniques.
- Strengthening exercises in various postural sets such as sitting, lying and standing, plus a home exercise programme.
- Car transfer practice.
- Gait re-education and progression to uses of Lokomat, by following National Stroke Guideline's for repetitive tasks.
- Hydro therapy.

Lokomat:

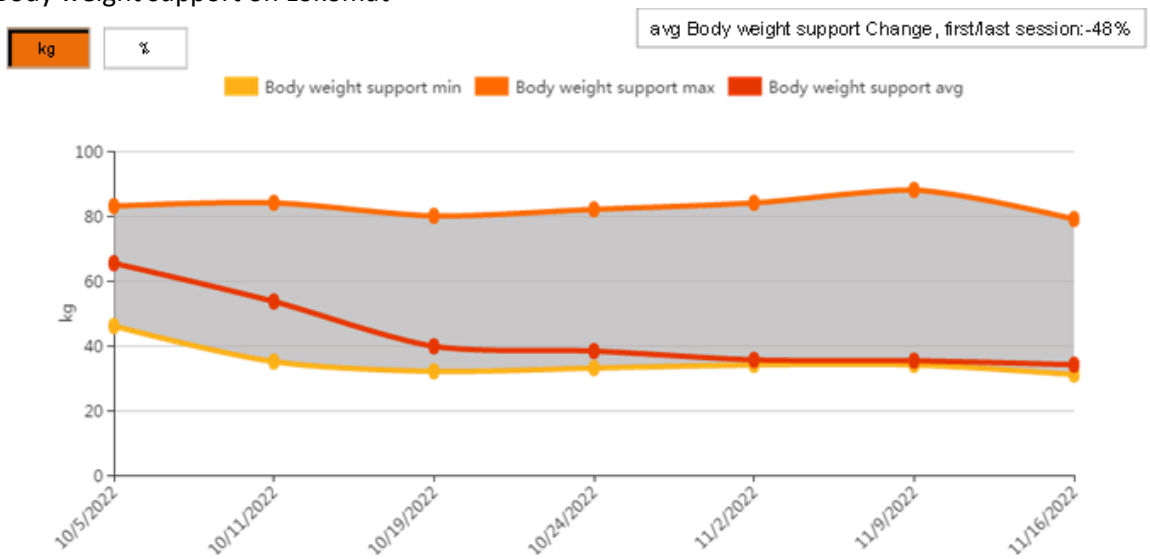
Completed 7 sessions in total, starting as an inpatient, then continuing as an outpatient.

Patient goal – to achieve 800m during one Lokomat session in October – achieved

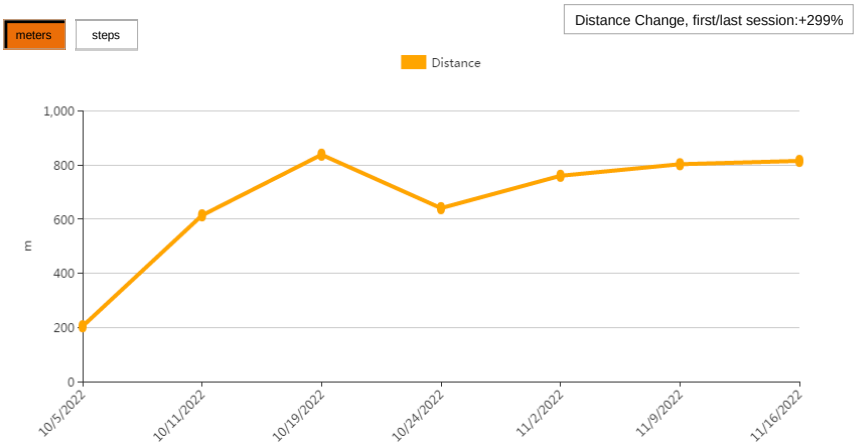
Lokomat patient specific statistics

		Distance	Steps	Speed min	Speed max	Body weight Support MIN	Body weight Support max	Guidance Force on Left max	Guidance Force on Left avg
Robotic	05/10/2022	203.92	336	1	1.9	61.76	111.89	100	100
Robotic	11/10/2022	613.14	1016	0.7	2.2	47.16	113.38	100	100
Robotic	19/10/2022	836.73	1390	1	2.8	43.78	108.78	100	100
Robotic	24/10/2022	639.65	1114	1.5	2.2	44.19	111.49	100	100
Robotic	02/11/2022	758.96	1320	0.9	2.5	45.27	113.51	100	96.67
Robotic	09/11/2022	801.63	1330	0.9	2.1	45.41	119.46	100	95.42
Robotic	16/11/2022	813.86	1350	1.1	2.3	41.89	106.76	100	85.86

Body weight support on Lokomat



Speed progress on Lokomat



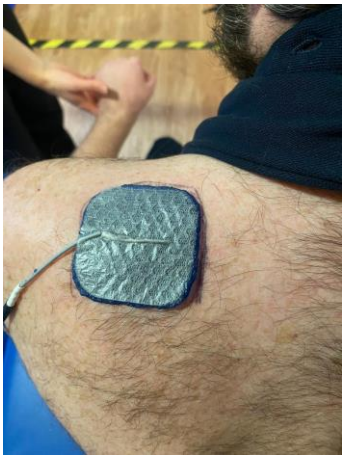
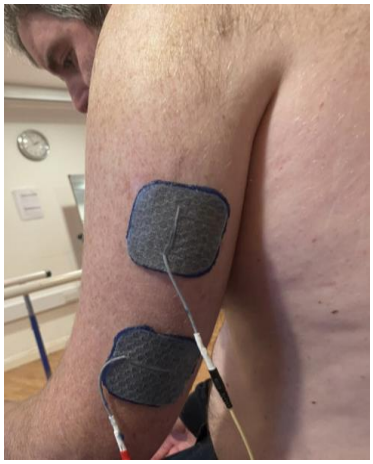
In October, achieved a very personal goal of an outing with his wife, including getting in/out of the car, to celebrate their Wedding Anniversary together!!

Physiotherapy outcomes

Outcome measure	Admission	Interim	Discharge
10 metre walking test	18/10/2022 1m18s HHA of 1		07/12/2022 19.16s unaided
Modified Rivermead Mobility Index	14/09/2022 8/45	11/10/2022 20/45	05/12/2022 35/45
Huge improvements!!			

Intervention at Ascot rehab – joint cross site working between Ascot Rehab sites: Bagshot and New Malden, 4 times a week for a further 5 weeks.

- Continued with Lokomat- following NICE for repetitive movements after stroke.
- Hydro therapy- work on standing independently, single leg standing, independent stepping, left lower limb strength, left upper limb passive range of motion stretches and exploration of any activation in UL.
- Practice stairs ascending and descending with assistance of two then progressed to assistance of one.

- Left shoulder PROM, able to progress to active assisted range of motion exercises and the use of FES. Patient reported home device, that he continued independently on discharge.

- Left lower limb strengthening exercises.
- Gait re-education - able to progress from hand-held AO1 → quad stick → walking stick → unaided short distance indoor independently!

Recommendations on Discharge

- Use of FES at home with support of his wife.
- Practice walking and improve quality of gait pattern.
- Lower limb and core strength, both in function as well as isolation.
- Improve balance both static and dynamic.
- Explore access to local community pool.

Mr B, continues to live at home with his wife and dogs, regularly visiting his family and friends. He has a positive outlook on life and was keen to continue incorporating his rehab into his daily life, to lead as full and fulfilling life as possible. His motivation and progression is an inspiration to many that meet Mr B.

Therapies DYSPHAGIA DISCHARGE AUDIT

Number of audits: 4 in 2022 (dysphagia standards not audited in 2021)

Key: Met, Not Met (NM), Partially Met (PM), Not Applicable (NA)

STANDARD 1: ASSESSMENT

An initial assessment of eating, drinking and swallowing has been undertaken within two working days of admission.

Met: 3

NM: 1 (no certified dysphagia SLT on site)

*A initial swallowing assessment form has been implemented which has supported assessment on admission for patients with swallowing difficulties

STANDARD 2: RISK ASSESSMENT

SLT risk assessment of eating, drinking and swallowing completed within two working days

Met: 2

NM: 2(1x not included in initial assessment screen this was updated by HOS, 1x not completed due to lack of dysphagia competent SLT on site)

STANDARD 3: Patient/family education

Assessment findings and recommendations have been explained to the patient and wherever appropriate the family

Met: 100%

STANDARD 4: Management-care plan

SLT eating, drinking and swallowing guidelines have been completed within two working days and handed over to nurse in charge. If patient is NBM, A sign is placed up on admission

Met: 0

PM: 100% (functional charts and bed signs completed but not always emailed to clinical team, placed in rehab folder, and blue clinical folder and handover sheet within two working days)

STANDARD 5: Management-care plan

Specific SLT-led oral care guidelines (Mouthcare Map) will be handed over to care staff where appropriate within two working days

Met: 3

NA: 1

STANDARD 6: Management-Provision of texture modified meals

Details of patient's texture modified food requirements, fluid consistency, meal regime have been handed over to chef within two working days.

Met: 1

PM: 3 (2x meal-mat on upgrade but not within 2 days of admission as patient were nil by mouth then upgraded, 1 x patient remained nil by mouth thus no meal mat provided)

*Procedure in regards to meal mats has been amended so that all patients admitted to AR will have a meal mat regardless of their need for modified diet or if they are nil by mouth. This will allow for better consistency and clarity going forward.

STANDARD 7: Management-Current EDS guidelines are accessible

SLT contributes to a multidisciplinary meal mat. Most recent meal mat is located in 'Guidelines' section of clinical records. Old guidelines are crossed 'OLD' and signed / dated by SLT

Met: 100%

STANDARD 8: Meal Texture is correct for patient according to standardized descriptors

Patient's meal is the correct consistency

Met: 0

NM: 2 (failed IDDSI audit multiple occasions, incident reports having been completed, indicating staff need ++ training, this has been offered to CHD kitchen staff but declined)

NA: 2 (1x NBM patient throughout admission, 1x not requiring modified diet)
*As highlighted by the number of incident reports in regards to correct modified meal textures, this continues to be an ongoing challenge

STANDARD 9: Individualised goal led EDS intervention

Patient has GAS goals relating to EDS intervention.

Met: 100%

STANDARD 10: Discharge plan

EDS guidelines / Meal mat handed over to discharge placement.

Met: 100% (guidelines rehab folder, handover session, dc report)

Summary and Recommendations

Improved staffing levels, upskilling team (i.e., completion of dysphagia competencies for Band 5 SLT), and implementation of an initial swallowing assessment form has allowed us to meet our standards to carry out initial assessment within two working days for the majority of patients and provide accessible guidelines and individualised goals for all patients with swallowing difficulties in 2022. Clearer processes and procedures in regards to texture modified meal information and eating and drinking requirements documented on patient meal mats have been implemented in collaboration with MDT in 2022 which will further support with meeting our dysphagia standards going forward. The most significant challenge currently is providing patients with the appropriate meal consistency. The IDDSI audit tool has allowed us to monitor texture modified meals and there have been a number of incidents with meals for patients with swallowing difficulties failing to meet standards and thus not being safe for our patients to consume. IDDSI descriptor advise sheets have been provided and training offered to kitchen staff however this has not been accepted by CHD.

Therapies COMMUNICATION DISCHARGE AUDIT

Number of audits: 11

Key: Met, Not Met (NM), Partially Met (PM)

Standard 1: There is a detailed description of how best to communicate with individuals.

a. *All patients admitted with a communication difficulty will be seen for initial assessment within 2 working days of admission.*

Met: 10

NM: 1 (reduced SLT staff level, staff isolation due to covid no SLT for initial within 2 days)

b. *All patients admitted with a communication difficulty will have a communication guideline written by the Speech and Language Therapist in their notes and in the carer file within 2 working days of admission.*

Met: 8

PM: 2 (guideline completed but not within 2 working days, 1x complex p doc patient very reduced alertness)

NM: 1 (SLT staff levels, covid isolation)

c. *All patients with a communication difficulty will have a lifestyle questionnaire given to their next of kin/a family member, if they cannot communicate effectively, within the first week of admission.*

Met: 10

NM: 1 (1x no SLT due to covid)

d. *All patients admitted with a communication difficulty who do not speak English to a functional level, will be assessed by a qualified speech and language therapist facilitated by a professional interpreter*

Met: 100%

Compared to the previous year (2021) interpreter availability has improved and become more consistent, allowing all non-English speaking patients in 2022 to be seen alongside a professional interpreter.

Standard 2: Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.

a. *There is evidence that supportive materials (eg written or picture information, assistive technology) are used to support patients with decision-making where necessary or helpful*

   Met: 100%

b. *Patients who require a visual timetable or picture-supported menu are identified within 2 working days*

   Met: 10

   NM: 1 (not completed during initial ax, not ticked on SLT initial ax

c. *Assessments of mental capacity show evidence of knowledge of the person's communication skills, and attempts to overcome communication difficulties, and are facilitated by an interpreter where necessary*

   Met: 10

   NM: 1 not completed/ ticked on SLT initial

Standard 3: Staff value and use competently the best approaches to communication with each individual they support.

a. *Specific guidelines are handed over to nursing and care staff and are discussed at the MDT and ward handover*

   Met: 8

   PM: 2 (no specific guidelines but discussed with MDT)

   NM: 1 (short stay patient, SLT staff isolation and reduced staffing level)

b. *Communication aids are accessible and electronic aids are kept charged as needed. Hearing aids, glasses and dentures will be kept in good working order and used as needed*

   Met: 100%

c. *Training is provided for care staff working with patients with communication impairments.*

   Met: 100%

Standard 4: Services create opportunities, relationships and environments that make individuals want to communicate.

a. *Information from the lifestyle questionnaire is disseminated to staff*

Met: 6

NM: 5

b. Communication partner training is offered to patients' significant others where indicated.

Met: 10

NM: 1 (attempted, however faced challenges with working with and engaging pt family)

c. Where appropriate, the patient will be invited to participate in therapy groups to promote social interaction

Met: 100%

* There has been an evident improvement with running and planning group sessions including group SMART goal setting in 2022. When indicated groups have been modified based on patient group so that we optimise participation/inclusion levels. e.g. coffee group, vs social comm group vs lunch group etc.

d. Patient goals will be patient-centred and reflect meaningful social and vocational aspirations

Met: 10

NM: 1 (patient in rehab for TBI but dysarthria secondary to PD given strategies but no specific goals set)

*GAS goals training in 2022, and joint setting session with MDT has resulted in improved SMART goal setting for patients.

Standard 5: Individuals are supported to understand and express their needs in relation to their health and wellbeing.

a. Supportive materials are used where appropriate to enable patients to participate in goal planning, and in planning their care

Met: 100%

b. Staff are trained in Talking Mats

Met: 100%

Standard 6: Service organises groups as part of therapeutic intervention to promote social interaction and wellbeing

a. *All patients admitted with a communication difficulty will be assessed for eligibility for attendance to SLT groups within 2 working days of admission*

Met: 9

PM: 1 x (assessed but not within 2 days)

NM: 1 (not assessed on admission as pt was fatigued +++ and unable to engage with assessment)

b. *All patients or family where appropriate will be informed of group aims and made aware of confidentiality agreements prior to attending*

Met: 100%

c. *All group members will have a SMART GAS goal which reflects meaningful social and vocational aspirations*

Met: 8

NM: 3 (no goals or not GAS smart goals)

A significant improvement with goal setting for groups this year. Time is now being scheduled in for group session planning which allows for goal setting. Having a session plan template has also supported SLT team with setting SMART goals for groups

Summary and Recommendations

Although there were reduced staffing levels earlier in the year, a return to adequate staffing levels from May-June 2022 allowed us to meet our standards to carry out initial assessment and provide guidelines within 2 working days for the majority of our patients in 2022. Lifestyle questionnaires continue to be provided to patients' next of kin for completion however improvement is required with consistently disseminating the information obtained to staff. Further modifications to the SLT communication initial screening assessment have enhanced our ability to provide evidence of our clinical decision making, need for supportive materials for communication etc. There has been an evident improvement in group therapy provision this year. Allocated time for completing group session plans has supported the team in setting SMART goals and activities.

55 Wimpole Outpatient Centre Branch

A GIGER MD-A medical device used to improve functional outcomes and assist in improving quality of life and daily living activities

Introduction

After any neuromuscular skeletal conditions, the patient's main concern is that they get tired and fatigued easily and cannot function properly as their capacity to withstand any activities decreases, thereby reducing the exercise tolerance of the patient. Furthermore, as their exercise tolerance decreases, their mobility in daily life reduces and further aggravating their condition. Therefore, physical activities are important for any patients suffering from neuromusculoskeletal conditions. Any open or closed chain exercises fall under this category. A close chain is a type of free exercise performed to provide consistent and prolonged exercises to the muscles that help to improve the aerobic capacity of the muscles. A GIGER MD machine used in this study works on the same principle. This machine works on the principle of providing harmonic movements in the coordinated dynamic equilibrium. The main function is to allow movements of all four limbs together in a coordinated pattern to stimulate the central nervous system similar to walking

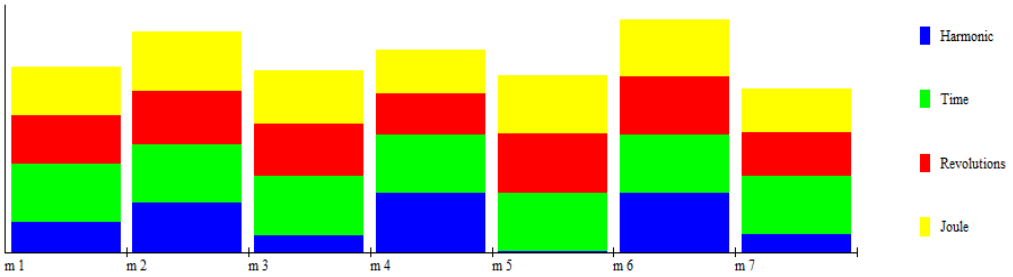
Use of this machine

The patient needs to lie in a supine position (lying on their back) to use this machine. In this position, the spine is under less pressure, thereby allowing free movements of bilateral upper and lower extremities alternatively nullifying the effects of gravity. The patient can able to perform either active or passive movements in a closed manner. Furthermore, with the advantage of pain-free continuous movements, this machine helps to improve exercise tolerance and muscle capacity and also reduces the symptoms of fatigue and tiredness as complained by patients suffering from neuromusculoskeletal conditions.

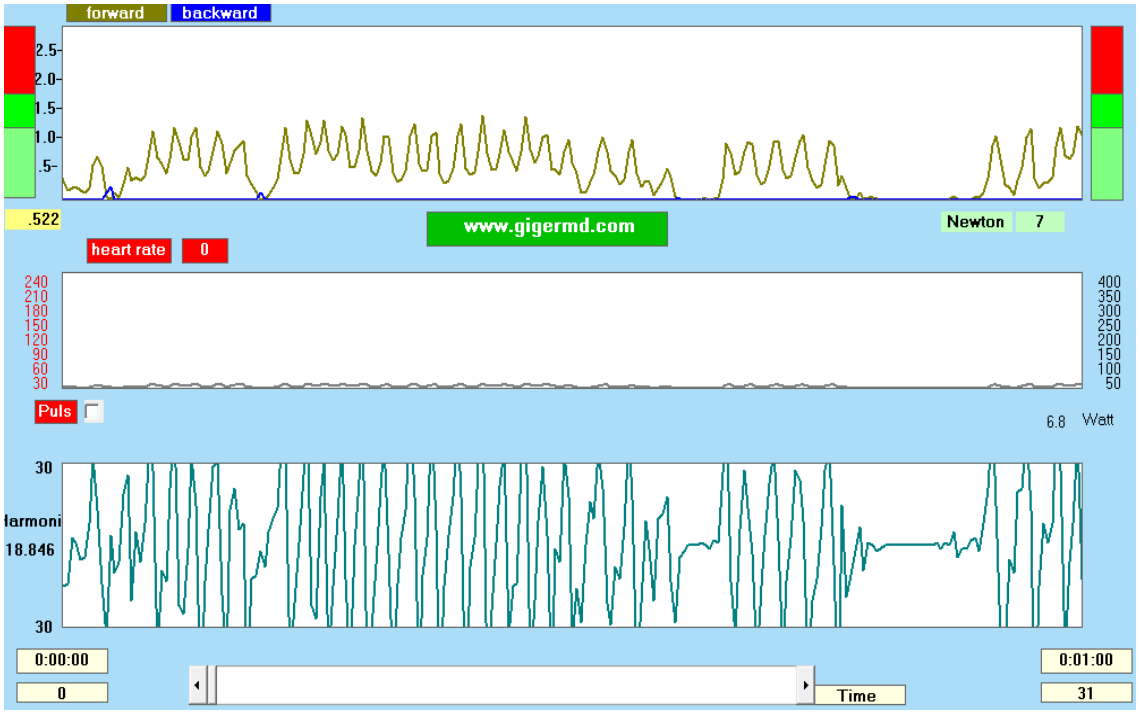
Mechanism of work

This machine works on the principle of neuroplasticity, which helps in producing repetitive coordinated movements of the bilateral upper and lower extremities. By continuously repeating any movements, it generates a new signal of movement in the brain. Continuously practicing these movements for a long period of time helps to strengthen the pattern of movements, thereby creating plastic changes in the brain. These plastic changes help in improving motor functions such as walking and grasping.

Furthermore, as described below, this graph generates the graph of the exercise performed and gives feedback on the movement.



Graph-1 shows four parameters with different colours. Yellow indicates-Joules (energy used in performing revolutions). The green colour indicates the time spent by patients on this machine. Red indicates revolutions (this machine counts the number of revolutions performed by paddling this machine). The blue colour indicates the harmonic movements (which are related to coordinated movements of the extremities).



Graph-2 represents three sections, in which the first section is about the forward and backward movements of the paddling. The second section represents heart rate and the third section represents the harmonic movements in the form of wave patterns.

Research and scope of practice:

There is limited research available to prove the effectiveness and clinical efficacy of this machine in clinical practice. In addition, there is limited research available to prove its effectiveness based on the clinical cases treated

Therefore, our outpatient centre - Ascot Rehab in central London has carried out research on GIGER MD using a series of case studies to observe the combined effects of exercise and GIGER MD in improving the outcomes of mobility and exercise tolerance in any Neuromusculoskeletal conditions. This is an observational prospective study performed based on the data available of the patient treated using GIGER MD in a wide range of Neuromusculoskeletal conditions. In this study, there were 12 participants in the age group from 10 years to 70 years to observe the combined effects of exercise and GIGER MD training to improve mobility and exercise tolerance. This wide range of age groups was selected in this study with the aim to generalize this study to the wider population and also on the type of case referral received. In addition, there were eligibility criteria set to include patients in this study. Below is the inclusion and the exclusion criteria for this study.

Eligibility criteria:

The patient must meet the following inclusion criteria to participate in this study. If any patients during the treatment sessions meet the exclusion criteria as listed, then participants were excluded from the study yet continue to receive treatment.

Inclusion criteria:

- Age group: 10-70 years
- GIGER sessions received either 5 or more than 5 sessions
- Patient who received combined GIGER and Exercise session
- Signed informed consent and remain bound to treatment and testing throughout the treatment

Exclusion criteria:

- Age group: below 10 years and above 70 years
- GIGER sessions received less than 5
- Patient, who only received either a GIGER session or an exercise session

- Any major psychological issues like schizophrenia or any recurrent psychotic episodes that may affect adherence to the treatment

Methods:

In this study, the process of allocation was random. A sequence of 1, 2, and 3 was selected. Every third patient irrespective of neuromuscular condition was allocated for this trial. After selecting the patients, the patients were put on trials to observe the effects of this study. Two outcome measures were used during this study. One was a functional Independence measure to rule out the mobility status and the other one is the graph generated by the GIGER MD machine after the session. One of the outcome measures-functional independence measure(FIM) used in this study is an 18 characteristic scale consists of internal scoring based upon the daily living activities such as self care, bowel and bladder, mobility, communication, psychological and cognition aspects. global measure of disability scale. The higher the score in this scale, better is the quality of life and functional independence in daily living. In this study, to observe the effects, a relative comparison was made using the outcome measure (functional independence measure) during the time of initial assessment and after one month of treatment in the same patient, and also its effects were observed in the graph generated by the GIGER MD.

Results:

The results obtained showed that there was an improvement in the mobility status and the exercise tolerance in the group of patients in which exercise and the GIGER MD machine were used when comparing their sessions during the time of initial assessment and after one month of sessions based upon the outcome measures.

Conclusion

Based upon the studies, our outpatient clinic in the Central London has treated following neuromusculoskeletal conditions including Stroke, Parkinson, GB syndrome, Multiple sclerosis (MS), Neck pain, lower back pain, post-operative rehabilitation of the joint, peripheral neuropathy, conditions in geriatrics, who struggles to exercise and have low exercise tolerance.

In addition to Neuromusculoskeletal conditions, we have also treated patients with Cardiorespiratory conditions such as pulmonary fibrosis, chronic obstructive lung disease including emphysema, who are presented with reduced exercise tolerance and limited activities of daily living.

GIGER MD in conjunction with the exercise have shown satisfactory results in improving the aerobic capacity of the muscles, which help them manage their daily living activities.

Furthermore, our Ascot Rehabilitation Ltd, Outpatient branch in Central London is one of the two clinics in the United Kingdom, who offers such facilities and have well-advanced equipment's like GIGER MD. The clinical significance of this machine is proved based upon the outcomes and prognosis of the treatment obtained from the case studies with their monthly follow ups and track of their conditions using their clinical records. Moreover, our Ascot Rehab branch in Central London, offer GIGER MD therapy for both adults and paediatrics dealing any aforementioned conditions.

Transdisciplinary Goal Setting

Ascot Rehabilitation always strives for excellence in rehabilitation and one important aspect of this is goal setting. Goals that center around our patients allow us to coordinate and target rehabilitation towards what is important and relevant in their lives. Effective goal setting allows us to measure progress and strive towards reduced dependency, cutting long term care and equipment costs.
Prior to September we aspired to set transdisciplinary goals whilst knowing that we needed to discuss this as a team to decide on the best way forwards.

An in-service in September 2022 brought together the therapy team to discuss the current process and difficulties each team were experiencing. The aim was to agree a way forward using the Goal Attainment Scale (GAS) as our structure. We also took this opportunity to tentatively see how it would be to set goals together as a transdisciplinary team, whilst reflecting on what transdisciplinary team working would mean for the allied health professionals at Ascot Rehab.

Our allotted time for recording outcome measures for new admissions over 4 weeks was extended from 30 minutes to an hour to allow transdisciplinary GAS goal setting.

An audit of the goals set since the in service revealed that we were now setting goals for 84% of our new admissions, but we needed to hone our ability to make sure the goals are functional and SMART. We also needed to take care over filling the paperwork to ensure we could truly measure success and effectiveness.

Intensive inpatient, transdisciplinary rehab is a relatively short-lived step in a patient's recovery. Good quality collaborative goal setting provides a clearly lit pathway supporting patients to focus on what they want to achieve but also envisage their life after injury or sickness.

Moving forwards the team plan to continue the reflective audit cycle to support excellence in rehabilitation by:

- Introducing tools to complement goal setting like formulation spider grams, visual steps to achievement charts and the Canadian Occupational Performance Measure.
- Bedding in goal setting within key working and therapy processes to ensure ownership, awareness and patient centered goals.
- Ensuring processes include routinely sharing goals with families and patients, and reviewing them in line with progress and length of stay.

Outcome Measures

Outcome measures statistics for data collected in 2022

Outcome measurement is used in neurorehabilitation to plot the progress of an individual through rehabilitative clinical pathway 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 several domains and to use the means of the calculated scores for all patients to assess the service.

There are a significant range of outcome measures, and after consideration we selected measures used in the field of neurorehabilitation and are highly recognised, cover a broad range of domains and cope with a heterogeneous group of patients. Ascot Rehab continues to use UK FIM/FAM and the Care and Needs Scale (CANS) to measure the change in a patient's functioning over the course of their stay at Ascot Rehabilitation. We also collate qualitative measurement in the form of a reflection of the IDT on the discharge of a patient and patient feedback. Therefore, we have utilised quantitative and qualitative data to access outcome.

Over the course of 2022 Ascot Rehab have continued to measure outcomes on both an individual patient level and on a service level. Providing service level outcomes continues to be challenging because Ascot Rehab is a small service with a very broad remit. 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. Consequently, the scores that we collect on any series of measures applied to all our patients have a high degree of variability.

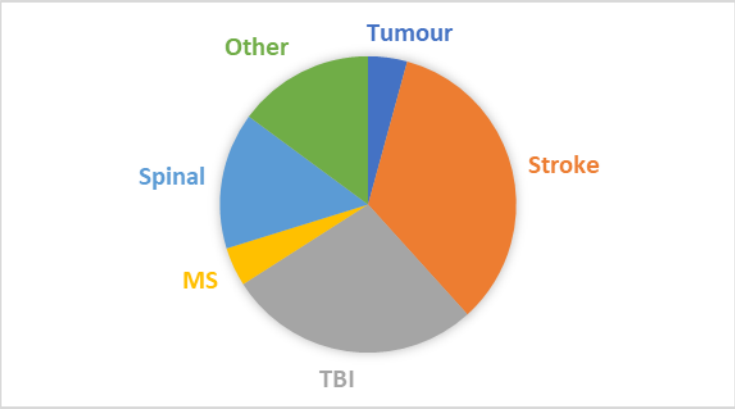


Figure 1. Reason for admission for rehabilitation during 2022

Over the course of 2022 thirty-nine people were admitted to Ascot Rehab for a period of rehabilitation. As can be seen by the pie chart above the majority of our admissions are TBI and Stroke with a smaller number of spinal injury and other neurological conditions. Ascot Rehab did admit a number of patients without neurological sequalae, predominately for physical rehabilitation. These patients were not considered in the outcome measurement statistics given the tools used are designed for neurological conditions.

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.

Data from FIM/FAM

This report is based on the data set collected from the 39 patients, with neurological sequalae who were discharged from our service in 2022 and for whom collection of FIM/FAM data was possible and sensible. Once again there is great variability of these data across patients, reflective of their different presentations and severity of disability and an average score is meaningless in this context. It is more helpful to consider the cumulative total FIM/FAM scores on admission and discharge and these are illustrated in Figure 2 below, with higher scores representing a higher level of functioning.

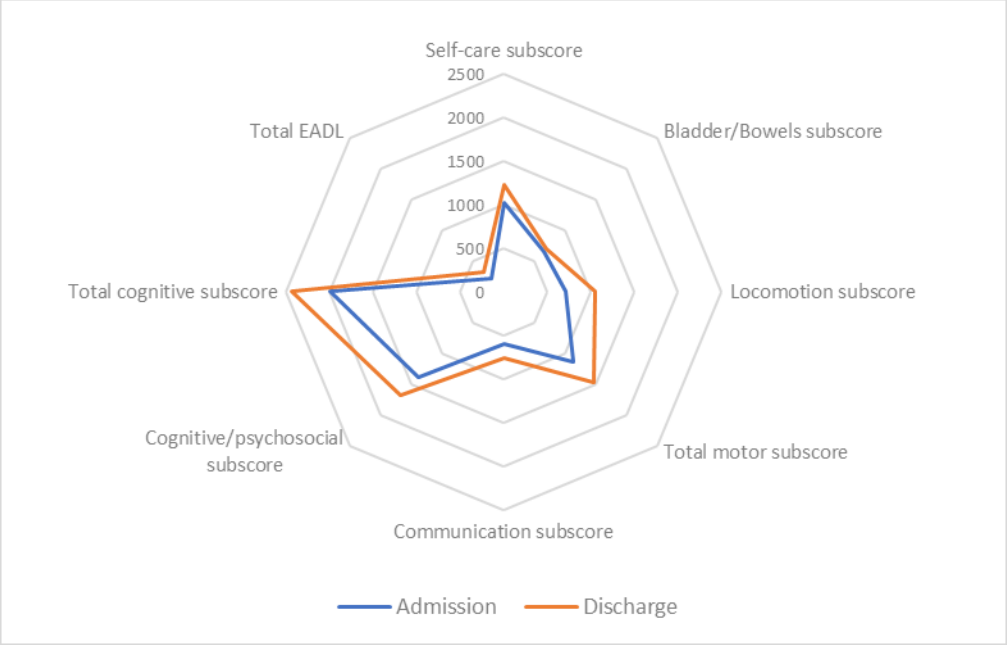


Figure 2. Cumulative total FIM/FAM scores on admission and discharge for all 39 patients discharged during 2022

Figure 3 below illustrates the mean change per patient on FIM/FAM from admission to discharge of this same group of patients noted above. Higher scores represent greater improvement in this chart.

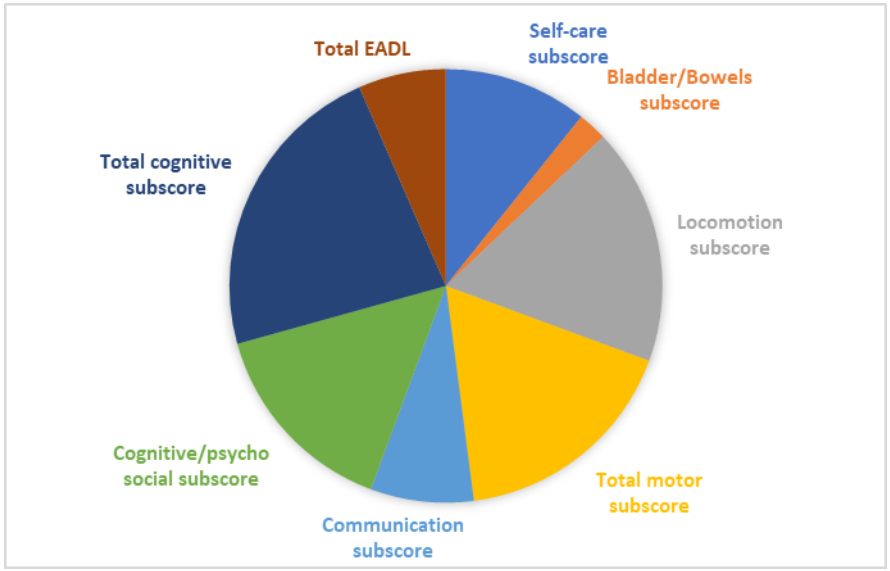


Figure 3. Mean change per patient on FIM/FAM subscales between admission and discharge for all 39 patients discharged in 2022.

Statistical analysis indicated statistical and clinical significance for all domains measured by the FIM FAM except bladder and bowels.

In summary, these data illustrate that the rehabilitation programme at Ascot Rehabilitation brings about positive changes for patients across the broad range of scales of the FIM/FAM.

Care and Needs Scale (CANS)

The CANS is designed to measure the level of support needs of adults with traumatic brain injury. Over the course of 2020 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 patients with severe brain injuries 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 it is noted that the majority of patients admitted during 2022 reduced their care needs, and/or their support needs during their stay at Ascot Rehab. When considering total care needs (nursing + support) it was seen that 70% or our patients reduced their overall care needs during their stay at Ascot Rehabilitation.

Figure 4. Mean change per patient on Nursing and Support needs between admission and discharge for all 39 patients discharged in 2022.

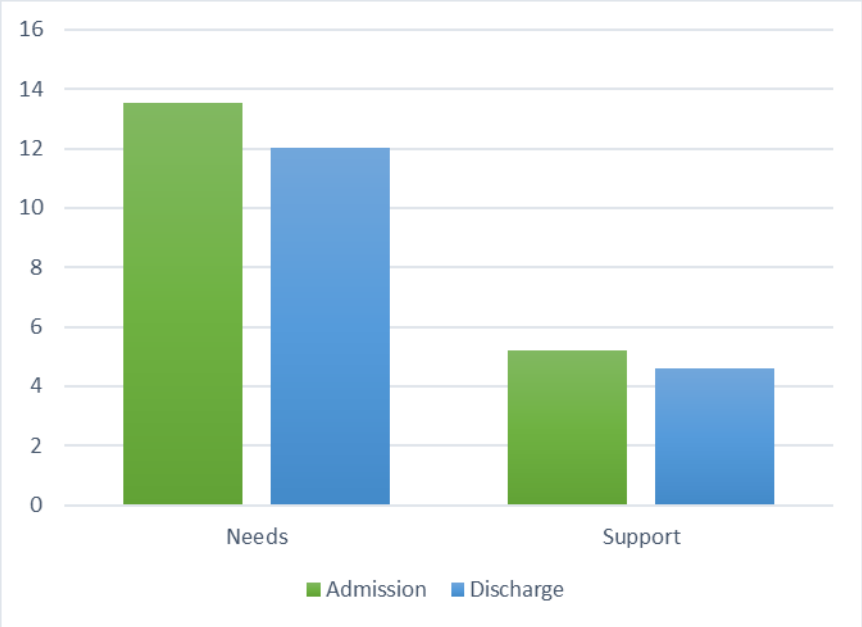
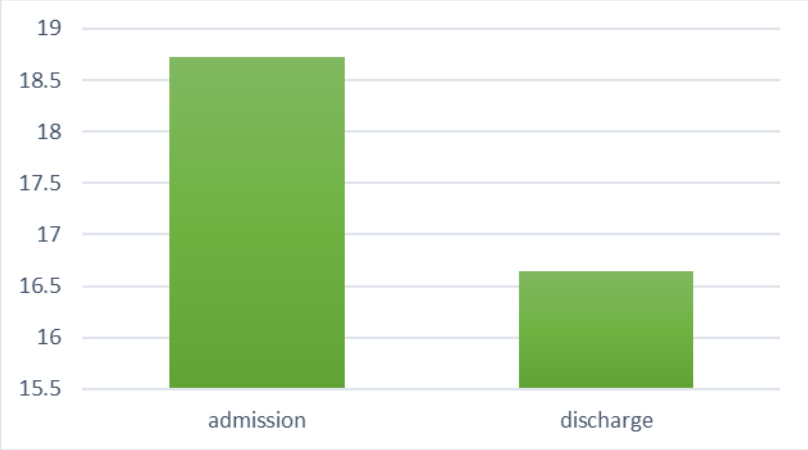


Figure 4. Mean change per patient on total care needs (nursing + support) between admission and discharge for all 39 patients discharged in 2022.



Reflective Discharge Evaluation Audit 2022

As a service we also value the importance of reflective practice to help us evaluate what is working well and what areas can be improved upon with every client's stay. As part of this process after each individual is discharged, a staff representative from each clinical discipline who has worked closely with that client, meet to review their admission and lessons we have learned as a team. These meetings have been a valuable tool to help guide and implement changes to the service to improve client's experiences and rehabilitation outcomes. A qualitative analysis of these discharge reviews has been carried out to identify key themes that have emerged from admissions to Ascot Rehab over the course of 2022.

What has worked well

A key theme identified was the effectiveness of our interdisciplinary approach to team working within Ascot. This was underpinned by good communication between disciplines; regular review meetings with clients, families and the team; information being shared using clients rehab folders; sharing of individualised guidelines around how best to communicate and work with clients; and interdisciplinary goal-setting developed in collaboration with clients. An example given to demonstrate how interdisciplinary working had been successful was the use of 24-hour therapeutic interventions to manage tissue viability, medications, spasticity and posture through joint working with rehab consultants, nursing, physiotherapy, occupational therapy, speech and language therapy and neuropsychology.

Another main theme that emerged was the importance of the clients and their families' approach and attitude towards rehabilitation. Clients who were highly motivated to engage in their rehabilitation, motivated to achieve their goals, had a good awareness of their own abilities and limitations, and able to be self-directed in their rehabilitation, were described as having the most successful admissions. A central aspect to this was the team supporting individuals to establish person-centered goals that were clearly defined, developed collaboratively between the client and the team to ensure these were realistic and achievable within the timeframes given, and shared with the whole team and wider support system. Clients who had a supportive network around them such as family and friends who were on board with their rehabilitation programme and had realistic expectations of what could be achieved for their loved one, were additional factors linked to successful admissions.

What can be improved

A consistent theme that came from our discharge evaluations were difficulties around our pre-admission assessment process. Prior to each admission, information is collected regarding medical history, current clinical presentation, along with clients' goals and expectations of what they would like to achieve from rehab. The team described challenges particularly when having more information could have helped better indicate suitability for rehab. When information was missing or lacked important details, the team described feeling less prepared when service users arrived and required more time to adjust their assessments and treatment plans. This at times created discrepancies between what service users wanted or were expecting, and what the team felt was clinically indicated or achievable. When families and clients had unrealistic expectations about what could be gained from their admission, this often resulted in them perceiving less successful outcomes.

To help overcome this, a common action plan that was identified in reviews was to have the interdisciplinary team be more involved in pre-admission assessments and decision-making. This was suggested to help enable collection of information from different clinical perspectives resulting in more comprehensive pre-admission reports. This has started to be actioned towards the end of 2022 and informal feedback from the team has been positive.

An area of challenge the service has faced which was highlighted within discharge evaluations, were around managing short stay admissions (<4 weeks), and not having a clear rehab pathway for such clients. Short stay admissions often have a common set of challenges, for example when there are complex medical presentations, multiple components to consider around discharge planning, or if there are high expectations from the client of significant changes to occur over this short period. A solution to this challenge was to create a clear rehab pathway for short stay admissions. This was developed and implemented in the last half of 2022, and provides a clear framework to show what can be expected and achieved during the period of stay. It contains a clear plan of action for the team which starts prior to the patient being admitted, and carries onwards to help support clients to continue rehab after discharge if needed, either with Ascot or via community services.

Having a clear pathway in place has greatly helped the team manage short stay admissions and has helped service users set realistic goals and expectations, with a plan they can carry on after discharge.

A final theme that emerged from this audit tool was challenges the team have encountered around the discharge planning process. Admissions where discharge dates were unexpectedly brought forward or changed for example due to funding constraints, resulted in difficulties in planning adequately. It was also identified that the team often encountered difficulties liaising with external agencies such as local authorities, and equipment services. It was described that having home visits with the client prior to discharge were valuable to help enable effective discharge planning. The team clearly highlighted that discharges which were planned for from admission were more robust, with home adaptations, care, community rehab and equipment in place, making it a smoother transition for the patient to return home.

Analysing the present qualitative data has elucidated great strengths within the team and highlighted areas that the team can work on to improve outcomes for the patients and the overall service. Reflecting on this evaluation process has brought to light the importance of collecting meaningful, detailed qualitative data. The discharge outcome audit tool that is completed as a part of our review of discharges has been recently amended to reflect the needs of the service and team feedback. This tool has been streamlined to enable these reviews to become more efficient whilst allowing the capture of more valuable information based on the service users stay and progress. Evaluation of discharges will continue throughout 2023 and the outcomes from these will be audited periodically throughout the year so that our practice and service can be continually reviewed and improved.

International & Interpreters Service

For the past years, Interpreters department has maintained a clear, honest and transparent communications between patients and their families with staff and management. Interpreters are the first line of contact for international patients. Therefore, our role is to bridge the gap between Arab culture and western ones for a smooth communication between patients and Ascot staff in a suitable manner; and to help our international patients to overcome their language and culture barrier on top of their physical difficulties.

The team duties and supports have massively extended with our international patients during and after Covid-19. It went beyond interpreting and translating service. With the new infection control measures in place, the team have supported patients during their isolations, as they are away from home, family and friends in a new setting and environment. Speaking their language and knowing their culture makes it a lot easier for patients to express their feelings and to manage their emotions. Which helps them engage better in their sessions and feeling safe and secure. The team's support can extend to outside office hours if needed. Our team can support with hospital and outpatients' appointments interpreting either by person or over the phone. Also helps with booking with other appointments like dentist, opticians and sometimes accompanying the patient to the clinic. As well as arranging transport when needed.

Case study:

AA 32 years,

Visually impaired patient with balance and gait issues after brain surgery.

- Being visually impaired added another challenge to his rehab. interpreters helped with his orientation every day, supported AA to get use to his new environment.
- We made ourselves available daily in the morning, assuring patient he is safe and well looked after. Speaking in Arabic in his own language, asking him for permission to enter his room, giving him the option to choose and be in charge of his choices.
- Made sure to respect his choices, explain the session plan, who's coming from therapists to join his session. Asking if he is happy to procced. Check constantly if instructions are clear enough to follow.
- During sessions, we made sure he is understanding the moves he should follow. We apply different Interpretation techniques to deliver as clearly as possible.

- Orientation, was crucial to his everyday activity, interpreters helped AA to get familiar with his room layout and the building. Interpreters took part in a course ran by blind specialist to learn how to deal with a visually impaired patient, understanding AA challenges was very important to be able to deliver interpretation effectively.
- SLT session- we made sure voices are clear enough and speaking is in the right pace.
- NP session- comprehension, reading to AA maths problems and questions clearly and slowly and sometimes we put the accent of his country to make it easier for him to understand. Then feedback to therapists.
- Helped carers to understand his culture and traditions values, when using the bathroom or showering, respect his privacy was crucial to him, making sure no one can get into the room or bathroom without a prior permission from him.
- Helped in resolving conflicts between patient and the staff, as misunderstanding usually happens when two cultures clashes.
- Helped AA communicating with his family, interpreters set a certain time according to patients timetable to talk to his Mum in Kuwait, as he couldn't use his phone independently.

Our future at Ascot Rehab

We have plans to continue growing, expanding 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. Sadly, there is no shortage of patients requiring this service. We will continue listening to the feedback from our patients and their families as part of our continuous improvement. Ascot Rehabilitation has exciting plans ahead and will strive for continuing to support both patients at home and abroad.

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

AWARDS AND OUR AFFILIATE PARTNERS

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