Author's response to reviews

Title: Adapting the Adult Social Care Outcomes Toolkit (ASCOT) for use in care home quality monitoring: conceptual development and testing.

Authors:

Ann-Marie Towers (A.Towers@kent.ac.uk)
Jacquetta M Holder (J.M.Holder@kent.ac.uk)
Nick J Smith (N.J.Smith@kent.ac.uk)
Tanya Crowther (T.Crowther@kent.ac.uk)
Ann P Netten (A.P.Netten@kent.ac.uk)
Elizabeth Welch (E.Welch@kent.ac.uk)
Grace Collins (G.Collins@kent.ac.uk)

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Author's response to reviews: see over
Dear Editors,

Re Manuscript: Adapting the Adult Social Care Outcomes Toolkit (ASCOT) for use in care home quality monitoring: conceptual development and testing.

Thank you for sending us the reviewers’ comments regarding our recent submission to BMC Health Services Research. They were very helpful comments and we hope that we have now addressed them to your satisfaction. Please find attached the revised manuscript, formatted according to your guidelines and using your Endnote style. Also, as requested in your email, I have outlined how we have addressed the reviewers’ comments below.

Reviewer one:

- Care home now added to the title
- Self-funder and TLAP now defined and explained in the text
- To avoid confusion we have changed all reference to council to local authority. I believe local authority is probably the better of the two terms, as this is often how they seem to refer to themselves. They had previously been used interchangeably.
- I have only used the term ‘workshop attendees’ when describing the sample of professional stakeholder that attended the workshop. Otherwise, I’ve referred to them as professional stakeholders to avoid any confusion.

Reviewer two:

Minor essential revisions:

1. Corrected
2. Corrected – the name should always read Healthwatch (no spaces)
3. Removed reference anyway now, in response to a comment below.

Discretionary revisions:

4. A very helpful point and we have reworded accordingly to better reflect this point (lines 44-46).
5. Very helpful and we have tweaked the wording and included the new reference (49-54)
6. Agreed and removed, along with the corresponding references. It is not needed for this paper.
7. Interesting point and one I hope we have now drawn out. We’ve added information to background section (2nd para) and made reference to the ASCOF and guidance for local
authorities. I actually think this strengthens our argument that this measure might be of wider interest now, so thank you for that.

8. We did include representatives from several regions of England in our consultation phase, including the north East and North West. We did not pick up on any regional differences but this was a feasibility study and exploring regional variation was beyond our capacity. Rather than discuss this at length, which we feel is premature and perhaps a topic for discussion after we have piloted the measure in future research, we’ve included information about the regions represented in the consultations (see Results section, sample). Lines 225-226.

9. We accept this limitation and have now included a sentence or two about this in the conclusion. 509-513

10. I think we have drawn out the differences between CQC and ASCOT more now. Specifically, as well as discussing the outcomes approach more during the introduction and results, we’ve also specifically referred to the distinction being made between the two approaches in the Care Act guidance for local authorities. See lines: 484-487

11. We’ve tried to address this concern/criticism in lines 426-429 by explaining what the new measure adds to their professional judgement.

12. Thank you, that’s interesting but there are no results to refer to as yet.

13. We have explained this in the text (lines 332-335).

14. Not as part of this feasibility study but we will discuss this after the next stage of the research. We feel unable to comment in detail here but it is not a problem we have encountered in the past.

15. Agreed and we’ve noted that now in the text (428-429)

16. We have expanded on this now in the text – it is mostly around the fact that some Qm officers have historically been more like auditors, following a paper trail, not carrying out ‘observations’. So in some, not all, authorities, there might be training needs around these skills (see lines 402-407)

17. No they have not, this was beyond the scope of the study and our aim here was merely to discuss the issues that have come up and try to bring together the different stakeholders’ views. As each Healthwatch is run at the local level, it will be up to each area to decide their own approach/view on this. We have made this point now in the conclusion.

18. Possibly but we do not have a reference for this, beyond what we have already discussed. The research seems to suggest it is more to do with the pressures placed on families and service users when choosing a home.

19. We have edited this sentence now in response to this comment (lines 499-502).

We look forward to hearing your views.

Yours Faithfully,

Ann-Marie Towers
Research Fellow, PSSRU.