Reviewer's report

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

Version: 1 Date: 24 March 2015

Reviewer: Jonathan Kilworth

Reviewer's report:

- Major Compulsory Revisions

There are no major compulsory revisions suggested.

- Minor Essential Revisions

1. Line 232 – “Professional stakeholders suggested that consumer champion, Health Watch, might be able to”

   Should be “…the consumer champion, Health Watch,” or “…consumer champion Health Watch, might…”

2. In its first mention, “Health Watch” has a space, whereas subsequently the space disappears, i.e. “HealthWatch”.

3. Reference 20 (Line 574) has a typo – “Guuardian”

- Discretionary Revisions

4. Line 44 – though I’m not disputing this finding overall, I would point out that the reader could reach the conclusion that care homes are the largest care setting for clients supported financially by local authorities, and that council spending on care homes exceeds spending on community based support. In fact, many more clients are supported in the community than in residential and nursing care (most recent published figures would be from RAP or ASC-CAR 2013-14, available from the HSCIC. See the report “Community Care Statistics, Social Services Activity, England - 2013-14, Final release” - http://www.hscic.gov.uk/searchcatalogue?productid=16628&topics=0%2fSocial+care&sort=Relevance&size=10&page=1#top

   ) In addition, the proportion of local authority spend on residential/nursing care was very slightly lower overall than that on community based support (most recent figures would be from PSS-EX1 data 2013-14 – see Personal Social Services: Expenditure and Unit Costs, England - 2013-14, Final release, available from the HSCIC - http://www.hscic.gov.uk/catalogue/PUB16111
5. 
Line 51 – "councils are now obliged to ensure the development of diverse and high-quality care markets"
This may be worded too strongly. Councils have a duty to help shape the market through developing an understanding of the current types of provision available, the needs of its population and projected future trends, enabling joint work with providers to develop the types of support that will be needed now and in the future. It might be that the word “ensure” goes beyond the obligations of the local authority although this is open to interpretation of course. The more recent Care Act guidance for local authorities (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf) may be an appropriate reference to consult.

6. 
Line 85 – suggest that “This decision was met with anger...” reflects the style used by the newspapers referenced and feels stylistically out of step with the rest of the paper. It also presents a media perspective as factual, which seems inappropriate for this academic paper.

7. 
Line 107 - references “quality of life”, whereas the Care Act places a duty on local authorities to promote “wellbeing”. The paper should note this difference and outline how the two concepts may be related and what this means for using “quality of life” in the context of the measurement of quality of care homes post Care Act.

8. 
Line 169 – this study is limited to just one council area. Is it necessary to acknowledge more strongly the limitations this places on the conclusions? I have heard that councils in the north of England operate in a context very differently from those in the south, in terms of the culture around the readiness with which people accept becoming permanent care home residents and their planning in advance of this (e.g. reserving a place for themselves sometimes years in advance).

9. 
Line 201 – related to point 8, all residents were of white ethnicity. This would appear to place limitations on the conclusions that can be reached in terms of whether the approach outlined in the paper would work more widely – e.g. would residents of different ethnicities/cultures react differently (favourably or unfavourably) in terms of being observed by the council staff – e.g. in line 386.

10. 
Line 306 – is it stated sufficiently clearly how the benefits of the proposed approach improve on or are at least different from that already carried out by CQC, in terms of being of help to those entering care homes or their family and
friends?

11. Line 195 – although having “face validity” is important, the paper appears to suggest that matching the subjective views of the monitoring officers goes some way to confirming the validity of the tool. This raises the question of why an ASCOT tool is needed if an experienced assessor could reach the same conclusions without it. Perhaps a quality monitoring officer with less experience or training could work more effectively, or reach more robust conclusions by using it? See also line 409.

12. Line 230 and references 43&44 – I understand the London School of Hygiene and Tropical Medicine is currently carrying out a research project on this question, testing the extent to which representatives can provide a valid representation of the experiences of service users.

13. Line 321 – “Stakeholders also expressed a preference for the measure to avoid passive language (e.g. residents receive).” Can the reason for this be given?

14. Line 347 – the length of observations is very short (2 hours). In order to prevent excessive preparations by the care home, was consideration given to unannounced visits being part of the methodology?

15. Line 365 - it will be important for any follow-up study to evaluate the variability in ratings between observers to give an idea of the reliability of the ASCOT tool.

16. Line 389 – what is the “necessary training and expertise” (e.g. in terms of professional qualifications, length of experience or costs to obtain training?) To what extent might the ASCOT tool reduce such requirements, or increase them?

17. Line 439 – has HealthWatch expressed a view?

18. Line 444 – it’s also possible the reason the existing tools are seldom used may just be because the information is not very helpful or the ‘brand’ of the information provider is not trusted or recognised (e.g. CSCI’s star ratings were well known and used by local authorities but probably unheard of by potential care home residents).

19. Line 472 – the interviews could also yield negative conclusions which, being
associated with the overall process may still make the relationship between local authority and provider difficult.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests