**Virtual Visit Care Home Schedule & Checklist – (Name of provider/service)**

Address:

Telephone number/s:

Mobile:

**Background information:**

Manager:

Privately/LA owned Registered for \_\_ Service Users who require nursing or personal care, Dementia etc.

**Visit Arrangements**

**Visit arranged for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2021**

* Tour and observation availability?: Yes/No from 11:00 – 11:45am
* Number of residents currently living in the home: \_\_
* How many residents can we speak to on the day of the visit: \_\_
* How many, if any, of these residents need assistance from staff to speak with us?: \_\_ – do residents need assistance to hold equipment/tablet etc?:
* How many residents live with Dementia if any?: \_\_ possibly - undiagnosed? Any residents under DOLS?:
* We would also like to speak with \_\_ relatives. Is the provider able to arrange this by emailing/calling them beforehand?: \_\_\_ – confirm manager will contact relatives to request their consent, then share their details for us to speak with them on \_\_\_\_\_\_\_\_\_\_\_(date).
* Following the latest government guidance to support safe care home visits during lockdown, does the provider feel supported to provide safe visiting opportunities?:
* How many staff are employed in the service?:
* How many staff available on the day of the visit?:
* Is there provision to accommodate the visit, capacity-wise?:
* How many staff will be available for an interview on the day?:
* Is there a separate room where residents/staff can speak to us in private?:
* If not, how will the provider ensure privacy is given to those being interviewed?:
* What video call tools does the provider have in place?:
* Confirm which tools will be used on the day of visit for Resident interviews: /Staff interviews:
* WhatsApp:
* Tablets:
* Video conferencing – Zoom/MS Teams etc. (highlight as appropriate)

Schedule & Timings:

* Are there any times we need to avoid during the visit?:
* **Start of visit:** 00:00 -00:00 – Virtual Tour: delivered by Registered Care Home Manager/Other

**lunchtime for residents 00:00 – 00:00**

**RESIDENT INTERVIEW TIMES: 00:00**

**N.B**

Post lunchtime interviews TBC as necessary

* Resident interview one: 00:00 - 00:00 pm: **Equipment used by care home – tablet/laptop/desktop (highlight as approprite). Interviewing HWWF rep: (name)**
* Resident interview two: 00:00 - 00:00 pm: **Equipment used by care home – tablet/laptop/desktop (highlight as approprite). Interviewing HWWF rep: (name)**
* Resident interview three: 00:00 - 00:00 pm: **Equipment used by care home – tablet/laptop/desktop (highlight as approprite). Interviewing HWWF rep: (name)**
* Resident interview four: 00:00 - 00:00 pm: **Equipment used by care home – tablet/laptop/desktop (highlight as approprite). Interviewing HWWF rep: (name)**
* Resident interview five: 00:00 - 00:00 pm: **Equipment used by care home – tablet/laptop/desktop (highlight as approprite). Interviewing HWWF rep: (name)**
* Resident interview six: 00:00 - 00:00 pm: **Equipment used by care home – tablet/laptop/desktop (highlight as approprite). Interviewing HWWF rep: (name)**

**STAFF INTERVIEW TIMES: 00:00am – 00:00pm**

* Registered Manager interview 00:00-00:00 **(name):** **Equipment used by care home – IPad/****mobile phone (highlight as appropriate) Interviewing HWWF rep: (name)**
* Staff interview two:00:00-00:00pm: **:** **Equiptment used by care home – Video call/mobile phone - (highlight as appropriate) Interviewing HWWF rep: (name)**
* Staff interview three: 2:15 2:45pm: **Equipment used by care home – Video call/mobile phone - (highlight as appropriate) Interviewing HWWF rep: (name)**
* Staff interview four: 2:15 2:45pm: **Equipment used by care home – Video call/mobile phone - (highlight as appropriate) Interviewing HWWF rep: (name)**
* Staff interview five: 2:15 2:45pm: **Equipment used by care home – Video call/mobile phone - (highlight as appropriate) Interviewing HWWF rep: (name)**

**RELATIVE INTERVIEW TIMES: 00:00am – 00:00pm**

* Relative Interview one: TBC: **Equipment used by HWWF and relative – Video call/phone - (highlight as appropriate) Interviewing HWWF rep: (name)**
* Relative interview two: TBC: **Equipment used by HWWF and relative – Video call/phone - (highlight as appropriate) Interviewing HWWF rep: (name)**
* Relative interview three: TBC: **Equipment used by HWWF and relative – Video call/phone - (highlight as appropriate) Interviewing HWWF rep: (name)**
* Relative interview four: TBC: **Equipment used by HWWF and relative – Video call/phone - (highlight as appropriate) Interviewing HWWF rep: (name)**
* Relative interview five: TBC: **Equipment used by HWWF and relative – Video call/phone - (highlight as appropriate) Interviewing HWWF rep: (name)**

**Briefing meeting: 00:00 am**

Notes:

**De-brief meeting: 00:00 pm**

Notes: