**To:** Registered Manager

**CC:** Contracts Performance & Quality Manager, Dementia Academy

**Subject:** Performance and Quality, Dementia Care Mapping Report – Action Plan(S) (Name of care home)

**Attachment:** Action Plan(s)

**Importance:** High, (Read/ delivery receipt)

Private & Confidential - FAO  ####### ######## (Registered Manager)

Good morning/ afternoon,

Following the visit to ####### ######## by our Dementia Care Mapper/s, ###### ####### and ##### ####### on day /date /month / year, please find attached copy of the Action Plans that were agreed on the day.

Thank you for being responsive to the recommendations and suggestions highlighted in the Performance and Quality, Dementia Care Mapping Report.

We would be grateful if you could confirm your agreement to their content as soon as possible.

Please don’t hesitate to contact us should you require any further information regarding your Action Plan(s).

In order to ensure our best possible service and our commitment to performance and quality we would welcome your feedback / comments regarding:

* The Dementia Care Mapping/ observation process (information telephone conversation/email) prior to the visit.
* The actual mapping visit and initial verbal feedback.
* The subsequent mapping report including its clarity of reading/ understanding.
* The feedback/ action plan meeting.

Kind regards

*##### #######*

**##### #######**

Dementia Care Mapper

**Contract Performance & Quality Team**

**Dementia Mapping Service**

Adult Social Care

Hull City Council

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*‘A Life not a Service’*

