**Contract Performance & Quality Team Dementia Mapping Service**

**Verbal Feedback on completion of an Observation: Confirmation Sheet**

**Site:**

**Date:**

**Areas of good performance / quality:**

**Areas of concern:**

Duty of Care

The DCM will complete safeguarding alerts, inclusive of actions and outcomes, as required and inform in feedback of the need to refer or share the observational findings; with the referring professional and other partnering agencies or regulatory bodies.

**Recommendation/ Suggestions:**

**DCM: Signature: Appropriate appointed person:**

**Print Name: Print Name:**

**Date: Role:**