**To:** Head of Personalisation, Social Work & Occupational Therapy

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

**Subject:** Performance and Quality Dementia Care Mapping Report/ Action Plan(s) or Observation Report/ Action Plan(s) (Name of care home)

**Attachment:** Contract Performance and Quality Dementia Care Mapping Report/ Action plan(s) or Observation Report/ Action Plan(s)

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

Good morning/ afternoon

Please find attached the completed Performance and Quality Dementia Care Mapping Report and accompanying action plan(s) or Observation Report and accompanying action Plan(s)for your perusal.

**(Delete which report/ actions plans as appropriate)**

Kind regards

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

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

Dementia Care Mapper

**Contract Performance & Quality Team**

**Dementia Mapping Service**

Adult Social Care

Hull City Council

Buckingham Street Day Centre

Buckingham Street

Hull HU8 8UG

Tel: 01482 61####

Mob: 0##### ######

Email: ##########[@hullcc.gov.uk](mailto:debbie.burton@hullcc.gov.uk)

Website: [www.hullcc.gov.uk](http://www.hullcc.gov.uk/)

*‘A Life not a Service’*

