**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

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Hull HU8 8UG

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