**To:** Registered Manager

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

**Subject:** Performance and Quality, Dementia Care Mapping Report – (date /month /, year) (Name of care home)

**Attachment:** Contract Performance and Quality Dementia Care Mapping Report/ ‘Appendix’

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

**(If appropriate) Sent on behalf of (mapper/name), Dementia Care Mapper**

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

Good morning/ afternoon,

Following the visit to (Name of care home) by (our) Dementia Care Mapper(s) (DCM/s), ###### ####### & ##### ####### on day /date /month /, year; please find attached copy of the Performance and Quality Dementia Care Mapping Report and accompanying ‘Appendix’ document for your perusal.

I have also included a generic training application form for future use if required.

Further to our recent telephone conversation, I confirm that the/ our Dementia Care Mapper/s, ###### ####### & ##### ####### will attend at your premises as arranged on day /date /month /, year, at ##.## am/ pm to discuss the findings of the report and proposed Action Plan with you.

(It is helpful if you could read the report prior to the meeting.)

*(Please note: some features in the report are not supported by earlier versions of word. These features may be lost or degraded when you open/ save the document.)*

Please don’t hesitate to contact the team should you wish to change this appointment or require any further information regarding the content of the report, prior to the DCM(s) visit.

Kind regards

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

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

Dementia Care Mapper

**Contract Performance & Quality Team**

**Dementia Mapping Service**

Adult Social Care

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