**To:** Registered Manager

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

**Subject:** Dementia Care Mapping Visit – date /month /, year (Name of care home)

**Attachments:** Overview of the Dementia Care Mapping Procedure and Flyer

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

FAO  ####### ######## (Registered Manager)

Further to our earlier telephone conversation regarding the planned Performance and Quality Dementia Care Mapping visit, I confirm that I /our Dementia Care Mapper/s (DCM/’s) ####### ####### and ##### ####### will attend on day /date /month /, year at approximately #.## am.

I have attached for your information full details of the purpose of the visit, your responsibilities as a provider and an outline of the mapping process.

Please don’t hesitate to contact the team should you require any further information regarding the Dementia Care Mapper (DCM); or the scheduled visit. I have also included a flyer to display in your home.

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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