**To:** Add in all the CPQ officers names

**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)

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

Good morning/ afternoon,

Following the visit to (Name of care home) – (Name of DCM/s, ###### ####### & ##### ####### on day /date /month /, year please note that a copy of the Performance and Quality Dementia Care Mapping Report/ Action Plan(s) or Observation Report/ Action Plan(s)arenow available on the shared drive for your information / 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)

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