

# **Statement of purpose**

Health and Social Care Act 2008

## **Part 1**

**The provider's name, legal status,  
address and other contact details**

Including address for service of notices and other documents

Please first read the guidance document *Statement of purpose: Guidance for providers*

<p><b>Statement of purpose, Part 1</b></p> <p>Health and Social Care Act 2008, Regulation 12, schedule 3</p> <p>The provider's business contact details, including address for service of notices and other documents, in accordance with Sections 93 and 94 of the Health and Social Care Act 2008</p>
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1. Provider's name and legal status			
Full name <sup>1</sup>	Cumberland House		
CQC provider ID	1-199768067		
Legal status <sup>1</sup>	Individual <input type="checkbox"/>	Partnership <input checked="" type="checkbox"/>	Organisation <input type="checkbox"/>

2. Provider's address, including for service of notices and other documents	
Business address <sup>2</sup>	Cumberland House 8 High Street
Town/city	Stone
County	Staffordshire
Post code	ST15 8DF
Business telephone	01785813538
Electronic mail (email) <sup>3</sup>	

By submitting this statement of purpose you are confirming your willingness for CQC to use the **email address** supplied at Section 2 above for service of documents and for sending all other correspondence to you. Email ensures fast and efficient delivery of important information. If you do not want to receive documents by email please check or tick the box below. We will not share this email address with anyone else.

I/we do <b>NOT</b> wish to receive notices and other documents from CQC by email	<input checked="" type="checkbox"/>
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<sup>1</sup> Where the provider is a partnership please fill in the partnership's name at 'Full name' in Section 1 above. Where the partnership does not have a name, please fill in the names of all the partners at Section 3 below

<sup>2</sup> Where you do not agree to service of notices and other documents by email they will be sent by post to the business address shown in Section 2. This includes draft and final inspection reports. This postal business address will be included on the CQC website.

<sup>3</sup> Where you agree to service of notices and other documents by email your copies will be sent to the email address shown in Section 2. This includes draft and final inspection reports.

*Please note:* CQC can deem notices sent to the email or postal address for service you supply in your statement of purpose as having been served as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents.

### **3. The full names of all the partners in a partnership**

**Names:**

We are a partnership providing general medical services. There are three partners and two salaried GPs.

Dr Russell Griffiths MB.BS, MRCGP.

Dr Shupa Rahman MB.BS, MRCGP, DRCOG.

Dr Richard Payne MB.BCh, MRCGP, DRCOG.

All are contactable at Cumberland House Surgery, 8 High Street, Stone ST15 8AP

Web site- [www.cumberlandhouse.org.uk](http://www.cumberlandhouse.org.uk)

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## **Part 2**

### **Aims and objectives**

Please read the guidance document *Statement of purpose: Guidance for providers*.

## **Aims and objectives**

*What are your aims and objectives in providing the regulated activities and locations shown in part 3 of this statement of purpose*

### **Our Vision**

To work in partnership with our patients and staff to provide the best Primary Care services possible working within local and national governance, guidance and regulations.

### **Our Aims and Objectives**

- To provide high quality, safe, professional Primary Health Care General Practice services to our patients
- To focus on prevention of disease by promoting health and wellbeing and offering care and advice to our patients
- To work in partnership with our patients, their families and carers towards a positive experience and understanding, involving them in decision making about their treatment and care.
- To be a learning organization that continually improves what we are able to offer patients.
- To treat patients as individuals and with the same respect we would want for ourselves or a member of our families, listening and supporting people to express their needs and wants and enabling people to maintain the maximum possible level of independence, choice and control
- To work in partnership with other agencies to tackle the causes of, as well as provide the treatment for ill health and where appropriate involve other professionals in the care of our patients.
- To encourage our patients to communicate with us by joining our Patient Forum, talking to us, participating in surveys, and feeding back on the services that we offer
- To ensure all staff have the competency and motivation to deliver the required standards of care ensuring that all members of the team have the right skills and training to carry out their duties competently
- To take care of our staff offering them support to do their jobs and to protect them against abuse
- Have a zero tolerance of all forms of abuse.
- To provide our patients and staff with an environment which is safe and friendly
- To operate on a financially sound basis.

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## Part 3

### Location(s), and

- the people who use the service there
- their service type(s)
- their regulated activity(ies)

Fill in a separate part 3 for each location

The information below is for location no.:	1	of a total of:	1	locations
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<b>Name of location</b>	Cumberland Hopuse
<b>Address</b>	8 High Street Stone Staffs
<b>Postcode</b>	ST15 8AP
<b>Telephone</b>	01785813538
<b>Email</b>	

<b>Description of the location</b>			
(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)			
<p>Cumberland House is a General Medical Practice situated in the market town of Stone. It is a 1750s Old Coach House, named after The Duke of Cumberland, who stayed in Stone while awaiting Prince Charles' elusive Jacobite Army. It has a purpose built modern rear extension with car park. There are seven consulting rooms and a Treatment Room on the ground floor with ramp access to the rear. There are six administrative rooms on the middle and top floors.</p> <p>Cumberland House Partnership own Cumberland House Surgery</p>			
<b>No of approved places / overnight beds (not NHS)</b>			0
<b>CQC service user bands</b>			
The people that will use this location ('The whole population' means everyone).			
Adults aged 18-65	<input type="checkbox"/>	Adults aged 65+	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>	People detained under the Mental Health Act	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	People who misuse drugs or alcohol	<input type="checkbox"/>
People with an eating disorder	<input type="checkbox"/>	Learning difficulties or autistic disorder	<input type="checkbox"/>
Children aged 0 – 3 years	<input type="checkbox"/>	Children aged 4-12	<input type="checkbox"/> Children aged 13-18 <input type="checkbox"/>
The whole population	<input checked="" type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>
<b>The CQC service type(s) provided at this location</b>			



Acute services (ACS)	<input type="checkbox"/>	
Prison healthcare services (PHS)	<input type="checkbox"/>	
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	<input type="checkbox"/>	
Hospice services (HPS)	<input type="checkbox"/>	
Rehabilitation services (RHS)	<input type="checkbox"/>	
Long-term conditions services (LTC)	<input type="checkbox"/>	
Residential substance misuse treatment and/or rehabilitation service (RSM)	<input type="checkbox"/>	
Hyperbaric chamber (HBC)	<input type="checkbox"/>	
Community healthcare service (CHC)	<input type="checkbox"/>	
Community-based services for people with mental health needs (MHC)	<input type="checkbox"/>	
Community-based services for people with a learning disability (LDC)	<input type="checkbox"/>	
Community-based services for people who misuse substances (SMC)	<input type="checkbox"/>	
Urgent care services (UCS)	<input type="checkbox"/>	
Doctors consultation service (DCS)	<input type="checkbox"/>	
Doctors treatment service (DTS)	<input checked="" type="checkbox"/>	
Mobile doctor service (MBS)	<input type="checkbox"/>	
Dental service (DEN)	<input type="checkbox"/>	
Diagnostic and or screening service (DSS)	<input type="checkbox"/>	
Care home service without nursing (CHS)	<input type="checkbox"/>	
Care home service with nursing (CHN)	<input type="checkbox"/>	
Specialist college service (SPC)	<input type="checkbox"/>	
Domiciliary care service (DCC)	<input type="checkbox"/>	
Supported living service (SLS)	<input type="checkbox"/>	
Shared Lives (SHL)	<input type="checkbox"/>	
Extra Care housing services (EXC)	<input type="checkbox"/>	
Ambulance service (AMB)	<input type="checkbox"/>	
Remote clinical advice service (RCA)	<input type="checkbox"/>	
Blood and Transplant service (BTS)	<input type="checkbox"/>	

<b>Regulated activity(ies) carried on at this location</b>	
Personal care	<input type="checkbox"/>
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require nursing or personal care	<input type="checkbox"/>
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require treatment for substance abuse	<input type="checkbox"/>
Registered Manager(s) for this regulated activity:	
Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>
Registered Manager(s) for this regulated activity:	
Treatment of disease, disorder or injury	<input checked="" type="checkbox"/>
Registered Manager(s) for this regulated activity: Russell Griffiths	
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>
Registered Manager(s) for this regulated activity:	
Surgical procedures	<input checked="" type="checkbox"/>
Registered Manager(s) for this regulated activity: Russell Griffiths	
Diagnostic and screening procedures	<input checked="" type="checkbox"/>
Registered Manager(s) for this regulated activity: Russell Griffiths	
Management of supply of blood and blood derived products etc	<input type="checkbox"/>
Registered Manager(s) for this regulated activity:	
Transport services, triage and medical advice provided remotely	<input type="checkbox"/>
Registered Manager(s) for this regulated activity:	
Maternity and midwifery services	<input checked="" type="checkbox"/>
Registered Manager(s) for this regulated activity: Russell Griffiths	
Termination of pregnancies	<input type="checkbox"/>

Registered Manager(s) for this regulated activity:		
Services in slimming clinics	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Nursing care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Family planning service	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Russell Griffiths		

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### Location(s), and

- the people who use the service there
- their service type(s)
- their regulated activity(ies)

Fill in a separate part 3 for each location

The information below is for location no.:	0	of a total of:	0	locations
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<b>Name of location</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone</b>	
<b>Email</b>	

<b>Description of the location</b>				
(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)				
<b>No of approved places / overnight beds (not NHS)</b>				
<b>CQC service user bands</b>				
The people that will use this location ('The whole population' means everyone).				
Adults aged 18-65	<input type="checkbox"/>	Adults aged 65+	<input type="checkbox"/>	
Mental health	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>	
Physical disability	<input type="checkbox"/>	People detained under the Mental Health Act	<input type="checkbox"/>	
Dementia	<input type="checkbox"/>	People who misuse drugs or alcohol	<input type="checkbox"/>	
People with an eating disorder	<input type="checkbox"/>	Learning difficulties or autistic disorder	<input type="checkbox"/>	
Children aged 0 – 3 years	<input type="checkbox"/>	Children aged 4-12	<input type="checkbox"/> Children aged 13-18	
The whole population		Other (please specify below)	<input type="checkbox"/>	
<b>The CQC service type(s) provided at this location</b>				
Acute services (ACS)				<input type="checkbox"/>
Prison healthcare services (PHS)				<input type="checkbox"/>
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)				<input type="checkbox"/>

Hospice services (HPS)	<input type="checkbox"/>	
Rehabilitation services (RHS)	<input type="checkbox"/>	
Long-term conditions services (LTC)	<input type="checkbox"/>	
Residential substance misuse treatment and/or rehabilitation service (RSM)	<input type="checkbox"/>	
Hyperbaric chamber (HBC)	<input type="checkbox"/>	
Community healthcare service (CHC)	<input type="checkbox"/>	
Community-based services for people with mental health needs (MHC)	<input type="checkbox"/>	
Community-based services for people with a learning disability (LDC)	<input type="checkbox"/>	
Community-based services for people who misuse substances (SMC)	<input type="checkbox"/>	
Urgent care services (UCS)	<input type="checkbox"/>	
Doctors consultation service (DCS)	<input type="checkbox"/>	
Doctors treatment service (DTS)		
Mobile doctor service (MBS)	<input type="checkbox"/>	
Dental service (DEN)	<input type="checkbox"/>	
Diagnostic and or screening service (DSS)	<input type="checkbox"/>	
Care home service without nursing (CHS)	<input type="checkbox"/>	
Care home service with nursing (CHN)	<input type="checkbox"/>	
Specialist college service (SPC)	<input type="checkbox"/>	
Domiciliary care service (DCC)	<input type="checkbox"/>	
Supported living service (SLS)	<input type="checkbox"/>	
Shared Lives (SHL)	<input type="checkbox"/>	
Extra Care housing services (EXC)	<input type="checkbox"/>	
Ambulance service (AMB)	<input type="checkbox"/>	
Remote clinical advice service (RCA)	<input type="checkbox"/>	
Blood and Transplant service (BTS)	<input type="checkbox"/>	
<b>Regulated activity(ies) carried on at this location</b>		

Personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require nursing or personal care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require treatment for substance abuse	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Treatment of disease, disorder or injury	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Surgical procedures	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Diagnostic and screening procedures	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Management of supply of blood and blood derived products etc	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Transport services, triage and medical advice provided remotely	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Maternity and midwifery services	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Termination of pregnancies	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Services in slimming clinics	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		

Nursing care	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Family planning service	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		



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## Part 4

### Registered manager details

Including address for service of notices and other documents

Please first read the guidance document *Statement of purpose: Guidance for providers*

The information below is for manager number:	1	of a total of:	1	Managers working for the provider shown in part 1
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<b>1. Manager's full name</b>	Russell Thomas Griffiths
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#### 2. Manager's contact details

<b>Business address</b>	Cumberland House 8 High Street
<b>Town/city</b>	Stone
<b>County</b>	Staffordshire
<b>Post code</b>	ST15 8AP
<b>Business telephone</b>	01785813538

**Manager's email address<sup>1</sup>**

Where the manager has agreed to service of notices and other documents by email they will be sent to this email address. This includes draft and final inspection reports on all locations where they manage regulated activities.

Where the manager does not agree to service of notices and other documents by email they will be sent by post to the provider postal business address shown in Part 1 of the statement of purpose. This includes draft and final inspection reports on all locations.

*Please note:* CQC can deem notices sent to manager(s) at the relevant email or postal address for service in this statement of purpose as having been served, as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents to registered managers.

### 3. Locations managed by the registered manager at 1 above

(Please see part 3 of this statement of purpose for full details of the location(s))

Name(s) of location(s) (list)	Percentage of time spent at this location
Cumberland House,8 high Street,Stone	100

### 4. Regulated activity(ies) managed by this manager

Personal care	<input type="checkbox"/>
Accommodation for persons who require nursing or personal care	<input type="checkbox"/>
Accommodation for persons who require treatment for substance abuse	<input type="checkbox"/>
Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>
Treatment of disease, disorder or injury	<input checked="" type="checkbox"/>

Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Surgical procedures	<input checked="" type="checkbox"/>	
Diagnostic and screening procedures	<input checked="" type="checkbox"/>	
Management of supply of blood and blood derived products etc	<input type="checkbox"/>	
Transport services, triage and medical advice provided remotely	<input type="checkbox"/>	
Maternity and midwifery services	<input checked="" type="checkbox"/>	
Termination of pregnancies	<input type="checkbox"/>	
Services in slimming clinics	<input type="checkbox"/>	
Nursing care	<input type="checkbox"/>	
Family planning service	<input checked="" type="checkbox"/>	

### 5. Locations, regulated activities and job shares

Where this manager does not manage all of the regulated activities ticked / checked at 4 above at all of the locations listed at 3 above, please describe which regulated activities they manage at which locations below.

Please also describe below any job share arrangements that include or affect this manager.

I am a partner in Cumberland House Partnership, providing General Medical Services at Cumberland House Surgery. There are an additional two partners.

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## Part 4

### Registered manager details

Including address for service of notices and other documents

Please first read the guidance document *Statement of purpose: Guidance for providers*

The information below is for manager number:	0	of a total of:	0	Managers working for the provider shown in part 1
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<b>1. Manager's full name</b>	
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#### **2. Manager's contact details**

<b>Business address</b>	
<b>Town/city</b>	
<b>County</b>	
<b>Post code</b>	
<b>Business telephone</b>	

**Manager's email address<sup>1</sup>**

Where the manager has agreed to service of notices and other documents by email they will be sent to this email address. This includes draft and final inspection reports on all locations where they manage regulated activities.

Where the manager does not agree to service of notices and other documents by email they will be sent by post to the provider postal business address shown in Part 1 of the statement of purpose. This includes draft and final inspection reports on all locations.

*Please note:* CQC can deem notices sent to manager(s) at the relevant email or postal address for service in this statement of purpose as having been served, as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents to registered managers.

**3. Locations managed by the registered manager at 1 above**

(Please see part 3 of this statement of purpose for full details of the location(s))

**Name(s) of location(s) (list)**

Percentage of time spent at this location

Name(s) of location(s) (list)	Percentage of time spent at this location

**4. Regulated activity(ies) managed by this manager**

Personal care

Accommodation for persons who require nursing or personal care

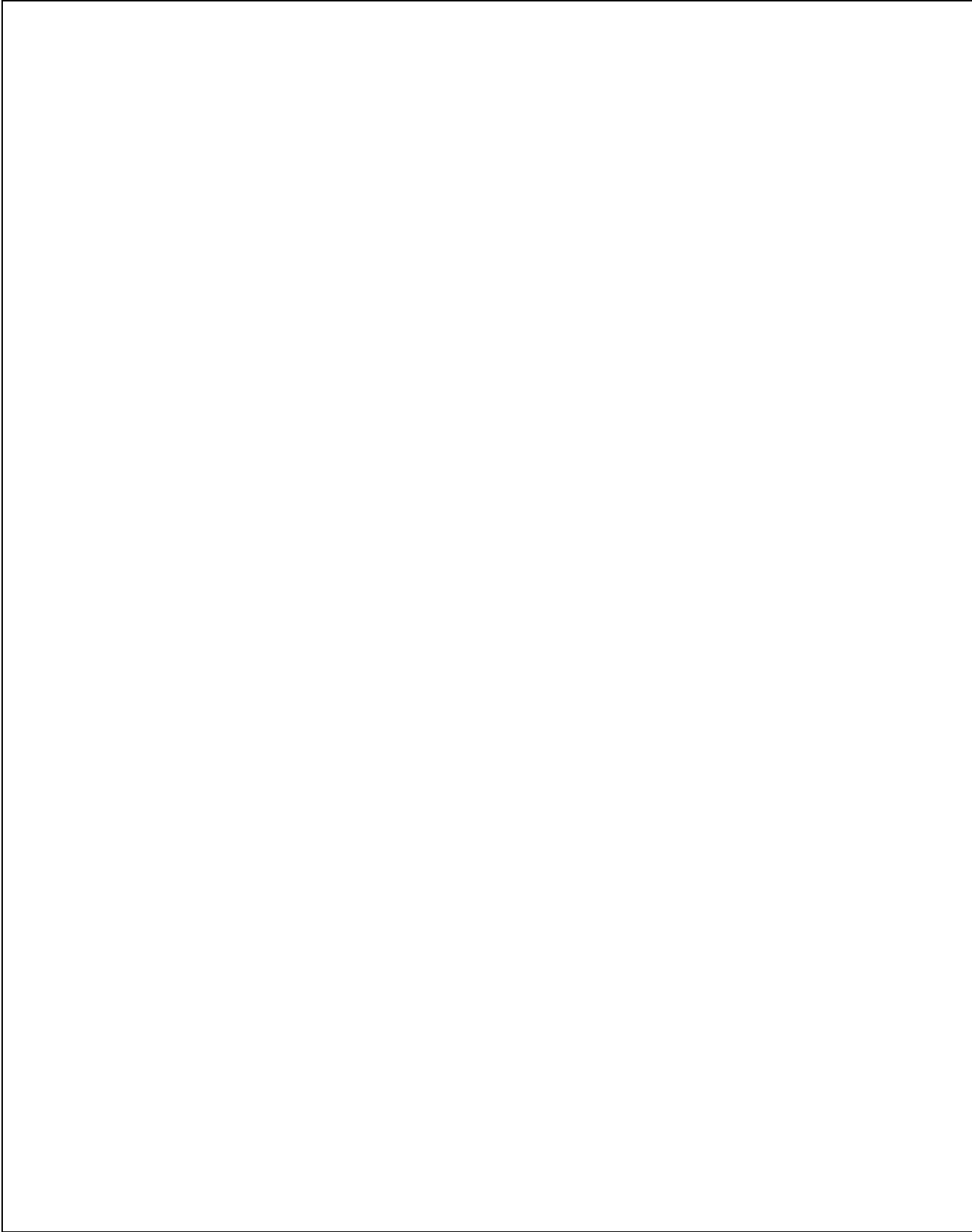
Accommodation for persons who require treatment for substance abuse

Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>	
Treatment of disease, disorder or injury	<input type="checkbox"/>	
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Surgical procedures	<input type="checkbox"/>	
Diagnostic and screening procedures	<input type="checkbox"/>	
Management of supply of blood and blood derived products etc	<input type="checkbox"/>	
Transport services, triage and medical advice provided remotely	<input type="checkbox"/>	
Maternity and midwifery services	<input type="checkbox"/>	
Termination of pregnancies	<input type="checkbox"/>	
Services in slimming clinics	<input type="checkbox"/>	
Nursing care	<input type="checkbox"/>	
Family planning service	<input type="checkbox"/>	

### 5. Locations, regulated activities and job shares

Where this manager does not manage all of the regulated activities ticked / checked at 4 above at all of the locations listed at 3 above, please describe which regulated activities they manage at which locations below.

Please also describe below any job share arrangements that include or affect this manager.



Box will expand if completed using a computer