Gambling treatment services

Ara Recovery For All

Date of assessment visit: 30 June and 1 July 2025

Background to assessment

We carried out an assessment of treatment and support services delivered by Ara Recovery for All in the South West of England and Wales on 30 June and 1 July 2025. This formed part of work initiated by the Gambling Commission under Schedule 4, paragraph 9 of the Health and Social Care Act 2008, which allows CQC to provide advice and assistance to other public bodies. The Gambling Commission asked CQC to work alongside GambleAware to develop a programme to measure and ensure the availability of high-quality support services within the National Gambling Support Network (NGSN) for people experiencing gambling harm.

Ara Recovery for All is a charity based in Wales and the South West of England which provides specialist support for individuals affected by gambling harms and affected others, such as families and partners. They provide education and training, as well as offering treatment and support through one-to-one and group sessions. They are commissioned by GambleAware to provide free support and treatment as part of the NGSN.

The NGSN supports people experiencing all levels of gambling harms, with interventions split across a tiered system. Tier 1 interventions provide information and advice; tier 2 treatment includes motivational interviewing and extended brief intervention sessions with clinicians; tier 3 includes structured treatment such as talking therapy; tier 4 treatment typically includes residential care for complex cases. This provider supports and treats those assessed as tier 1 through to tier 3.

How we carried out this assessment

Before the assessment, we sent an information request to the provider. We completed our assessment over 2 days at the providers office in Bristol with some further interviews being conducted online. During our assessment, we reviewed information about service delivery including policies and procedures, governance documents and case records. We spoke with leaders, managers, operational staff and an office manager. A survey was sent to people with lived experience to gather their feedback. We also spoke directly with people who used services. We received feedback from other services working with Ara Recovery for All and the commissioners for the service, GambleAware.

Our view of the service and recommendations:

Over the 12 months before this assessment, Ara Recovery for All had expanded the service and were working hard to continually deliver and improve the provision offered. We found that the provider had been receptive to all feedback, including from commissioners, people who used the service and from staff members. An annual staff survey informed collaborative all-staff events dedicated to exploring and developing service improvements. We found that Ara Recovery for All were committed to providing a responsive and inclusive service.

The staff we spoke with were knowledgeable about gambling-related harm, and people who used the service felt well supported. We found that the support and treatment offered was personalised to meet individual needs and was informed by best practice and national guidelines.

There were effective relationships with a wide range of organisations, helping to increase awareness of gambling-related harm and ensure smooth transitions into Ara Recovery for All's service as well as to other services. As part of this partnership initiative, 'community connectors' were established to raise awareness about the risks of gambling-related harm and to support early identification and referrals into the service. These individuals were staff members from various organisations who received training and ongoing support from the provider.

We found that there were effective referral processes in place, which included people being able to book initial assessment slots on the provider's website. Between April 2024 and March 2025, data showed that, on average, individuals were contacted within 24 hours from point of referral into the service. During the same period, the provider had demonstrated improvements in the time taken from referral to the delivery of tier 3 treatment. Evidence also showed that people using the service experienced positive outcomes.

Recommendations

- The provider should ensure that they maintain complete and accurate records around performance and processes that are in place.

People's experience of the service

We received very positive feedback about Ara Recovery for All from people who used the service, but also from organisations working with them. One person told us that the service was 'unbelievable' and that 'meeting (name of worker) has changed my life'. A person who completed the survey stated, 'I honestly can say that I'm overwhelmed with the support I've been given'. Another person told us 'For a service that's completely free of charge, I never knew it existed and they reached out to me and the way they go about it, they never missed a session, always on time and on point, the 1:1 sessions was really good for me' and that the service 'ticked every box plus more than I thought it would'.

One stakeholder told us they had found that the provider brought 'invaluable knowledge and expertise' to their work together. Another said, 'Ara is a dedicated and effective partner whose work has a clear and positive impact'.

Is the service safe?

Safe overall summary

We found that there was a positive culture of safety based on openness. Staff felt able to report issues, and any identified learning was disseminated to all staff. There was a collaborative approach to managing risk, including a weekly meeting for cases of concern with good oversight from management. Staff understood their safeguarding responsibilities and how to take appropriate action.

Learning culture

We found a positive culture of learning within the service, underpinned by openness, transparency, and a strong commitment to learning and continuous improvement helping to manage risks. The provider ensured that there were opportunities to discuss, learn and improve the service that was offered which helped to improve the outcomes for others. Staff told us they felt able to raise issues if needed and were confident that action would be taken. The provider had robust systems in place to drive ongoing development across all areas of the service. For example, using case studies to reflect on service delivery.

Processes were in place to support staff in the event of significant incidents, including guidance on how to report incidents and how any lessons learned would be shared to help prevent recurrence. While no reportable accidents or incidents had occurred in the 12 months leading up to our assessment, staff showed a good understanding of escalation procedures and were supported by relevant policies.

Safe systems, pathways and transitions

At any stage during their interaction with the service, the provider could refer individuals to other relevant services to help ensure all their needs were addressed. For instance, if someone began to express physical or mental health concerns, established pathways allowed for timely referrals. With consent from the person who used the service, the provider liaised and shared information with relevant partners to manage risks at all stages of people's support and treatment. For example, informing a GP or liaising with a mental health service. This helped to ensure people were kept safe.

During one-to-one interventions, people's risk was assessed and subsequent plans put in place if needed to help manage any identified risks.

A secure electronic recording system was used to manage people's records and ensured that their information remained confidential. We found that records were clear.

Safeguarding

Staff we spoke with understood their safeguarding responsibilities and how to take appropriate action. Staff had received safeguarding training that was at an appropriate level for their role, including safeguarding adults and children. Staff were supported by an appropriate range of policies and procedures for safeguarding adults and children.

Staff appropriately responded to safeguarding concerns and made referrals to the relevant safeguarding team, with actions taken recorded on people's individual records. We found that better oversight of external referrals made was needed, such as referrals to safeguarding teams. In response to our findings, the provider created a log to improve this process. In cases where referrals had been made, these were added to the risk register and reviewed at the weekly risk meeting to help ensure that risks were being effectively managed. We also heard examples of learning being identified and shared with the wider teams to support continuous improvement.

Staff we spoke with understood the Mental Capacity Act 2005 and processes were in place to provide support if concerns were raised about a person's capacity.

Involving people to manage risks

Potential risks to and from people using the service were assessed during initial contact and reviewed regularly throughout their engagement with the provider, ensuring the assessments remained aligned with any emerging or ongoing concerns. A manager reviewed all risk assessments to support effective risk management and maintain quality standards.

For individuals presenting with additional needs such as physical or mental health issues, staff developed risk management plans to introduce appropriate safeguards. Where necessary, referrals were made to external services, including local charities that supported individuals at risk of suicide, as well as NHS services.

We observed examples where staff responded promptly and effectively to serious risks, such as self-harm, by implementing measures to ensure people's safety. After each intervention, potential risks were re-evaluated, documented in records, and followed up with appropriate action.

Safe environments

Routine health and safety checks were conducted at the building we visited, including regular fire safety checks and staff drills. These measures helped ensure that the equipment and facilities were safe for delivering support and for staff to work in. For buildings not owned by the provider, they relied on the respective organisation to maintain safety standards.

The provider ensured that staff had undertaken training in key areas such as fire safety and health and safety to help ensure that staff were supported in their roles.

A business continuity plan was in place which set out contingency planning processes for emergencies. At the time of this assessment, the plan was being reviewed as the initial review date had passed.

Safe and effective staffing

Following recent departures of staff and also due to the expansion of the service, the provider was actively recruiting to fill 4 posts. However, there was no evidence that this had impacted on the quality or capacity of service delivery. The provider followed safe recruitment practices, including comprehensive pre-employment checks and ensuring all staff working with people who used the service had enhanced DBS clearance.

The service provided support to people between 9am and 8pm Monday to Friday, allowing flexibility in the evenings to help people fit this around their other commitments. People who used the service

appreciated this flexibility; one told us that it allowed them to fit in sessions around their employment and family commitments.

Staff we spoke with had relevant background experience in other sectors, for example social work, teaching and working within the criminal justice system; those carrying out assessments and one-to-one interventions were qualified counsellors but were not required by the provider to be accredited with a professional body.

Staff received regular managerial and clinical supervision The provider had introduced peer supervision earlier this year and staff we spoke with were positive about this. One stated 'We create a safe space for staff to talk…it's really helpful'. Staff we spoke with felt extremely well supported, noting that managers were approachable, consistently available, and offered guidance when required.

There were systems in place to monitor compliance with mandatory training as required by commissioners and we found that staff were up to date with this. This helped ensure that staff had the necessary knowledge and skills to provide safe and effective support and treatment and understand and respond to peoples needs. Training completed by all staff included stress management and equality, diversity and inclusion and the provider was enhancing training around mental health. Staff could also access additional training to further support them in their roles and respond to specific risks, such as suicide prevention and domestic violence. People using the service told us that staff demonstrated strong knowledge and understanding and supported them effectively and delivered appropriate treatment.

There were arrangements in place for staff who were lone working and for those working during evenings to help ensure that they were safe.

Infection prevention and control

Staff completed mandatory training in infection prevention and control measures. Infection control training is important for maintaining safe and healthy environments by reducing the spread of infections. We found that the building that we visited was visibly clean and well maintained.

Medicines optimisation

Although our assessment framework includes medicines optimisation, this provider was not responsible for managing medications. Staff explained that if individuals raised concerns or issues about their medication, they would, with the person's consent, either signpost them to or contact the appropriate physical or mental health professionals.

Is the service effective?

Effective overall summary

We found that support and treatment delivered was based on an individual assessment and tailored to the needs of each person. There was a strong focus on educating children and young people, as well as professionals working with them. There were effective systems in place to monitor the impact of the service. Data we viewed, as well as feedback from people who used the service, showed that the support and treatment provided was helping to make positive changes in people's lives.

Assessing needs

Initial assessments were carried out when people started using the service. Over the past 12 months, the provider had revised the assessment process to improve efficiency, resulting in more timely assessments. Between April 2024 and March 2025, data showed that individuals were contacted within 24 hours of referral on average. For those requiring assessments that led to tier 3 interventions, the average wait time for assessment was 2.5 days in the South West and 2.7 days in Wales, significantly lower than the commissioners' targets of 7 days and 5 days respectively.

The assessment process helped to identify what level of support was required. Assessments were based on national guidance which helped to ensure best practice and that all relevant areas were assessed such as a person's physical and mental health as well as key information such as preferred communication styles. One stakeholder told us that the provider was a really 'responsive organisation that takes time to understand the needs of the people it supports'.

During one-to-one interventions, the provider used standardised tools to review the person's current needs. The Problem Gambling Severity Index (PGSI) looked at the risk of gambling harms and the CORE-10 assessed the person's overall health and wellbeing. This information was then used to underpin action which included helping to ensure a person was safe.

Where additional needs had been identified, we found clear referral processes were in place to ensure people were supported by the most appropriate service**.** This included established partnerships with organisations offering targeted assistance, such as healthcare providers and homelessness support services. There were also defined pathways into a service for people who had more complex needs, such as specific health conditions or mental health needs.

People that we spoke with told us that they felt that staff understood their individual needs which helped to maximise the effectiveness of interventions. One person stated 'This service has been an incredible help to myself. Supporting me through relapse, emotional and mental challenges. I've learned tools to move forward and continue in my recovery. It's an invaluable service'.

Delivering evidence-based support and treatment

All people supported by the service received an assessment to help to determine the most appropriate intervention and help ensure that support was tailored to their specific needs. Interventions offered were based on good practice and NICE (National Institute for Health and Care Excellence) guidelines. For example, interventions using cognitive behavioural therapy (CBT) and one-to-one counselling. People usually received around 5 sessions of treatment, but this was flexible based on individual needs.

Interventions were based on the level of need of the person and ranged from signposting to other services, offering extended brief interventions including skills that could be implemented to help people reduce the risk of gambling harms. Every person who completed our survey stated that they were receiving the support that they needed from the provider.

Staff and leaders

Staff had access to relevant information to assess, plan and deliver peoples treatment and support. This included relevant policy and procedures and a staff handbook which offered guidance to staff.

There was evidence that the provider worked well with other organisations helping to ensure people received the support they needed. This included established arrangements with NHS and network partners to refer individuals to them, as well as with a wide range of other support services across the region.

The provider ensured that individuals using the service had clear plans for transition, referral, and discharge, promoting continuity of care and supporting them through changes they had made. They were also given information about additional services they could contact, for example, external services who offered ongoing lived experience support.

The provider also scheduled follow-up contact with the people who used the service at set intervals during the first 12 months after treatment. This included ensuring that people's needs were being met and exploring any additional needs. People could return to the service if they needed further support. This process had started in the last 6 months and no analysis of this data had been completed yet.

Staff we spoke with during the assessment described effective teamwork across all levels, which focused on delivering high-quality and inclusive support to people. There was a range of appropriate meetings held by the provider to support the running of the service. Regular team meetings were held to ensure key information was consistently shared. The use of electronic case records supported secure and efficient information sharing among staff.

Supporting people to live healthier lives

People we spoke with felt that they had been supported by the provider to manage their own health and wellbeing by staff who understood their needs. One person told us that they had been encouraged to develop their own care plan focusing on where they wanted to be in 6 months.

The provider delivered an accredited training package on gambling harms and prevention to a range of organisations across Wales and the South West of England.

There was a strong focus on educating children and young people, and professionals working with them. A specific programme, 'Ahead of the Game', had been developed about what gambling-related harms looked like, the impact of this and where to seek support. From April 2024 to March 2025, 8430 children and young people had engaged with the programme. The provider's survey of participants showed that over 90% felt able to make safer choices if they were gambling.

A network of 'community connectors' played a key role in helping to reduce stigma, increasing awareness, and facilitating timely referrals into the service. Community connectors had received training in gambling harms and were supported by the provider, such as through additional learning events. At the time of this assessment, there were 238 community connectors operating across 122 organisations in the wider communities.

Monitoring and improving outcomes

Established methods were in place to monitor individuals' treatment and outcomes. The provider used recognised tools, such as the PGSI and the CORE-10 outcome measure, to assess gambling-related harm and overall wellbeing. These tools were applied at various stages of therapeutic intervention and support, with appropriate action taken to support individuals based on their results.

Scoring outcomes were monitored regularly and used to inform personalised support, ensuring that care plans were reflective of current need helping to maximise the efficiency of the treatment. This included extending therapy sessions, making referrals to healthcare partners, or signposting individuals to NGSN partners for more intensive treatment where needed.

Data showed that individuals receiving support consistently achieved positive outcomes, including reduced gambling-related harm and improved health and wellbeing by the end of their treatment.

The provider submitted regular service delivery data to the commissioner, reporting against a set of key performance indicators that were in place across the network. We found recent information to be positive, for example, data for April 2024 to March 2025 showed for Wales and South West of England, 98.98% and 100% respectively of those surveyed felt that the treatment they received had brought about a positive change in circumstances.

Consent to support and treatment

Consent was discussed and obtained in initial discussions with people using the service and documented in records. A consent agreement was in place which included what a person’s rights were around confidentiality. Staff gained consent from people using the service before sharing information with other professionals such as the person’s GP. If there were safeguarding concerns or another significant risk, then relevant information would be shared with the appropriate partners to ensure that people were safe.

Is the service caring?

Caring overall summary

We found staff were respectful and non-judgemental. They were passionate about helping people with gambling-related harms and supporting them to make changes in their lives. Evidence we gathered showed that people were treated with kindness and felt listened to by staff. Managers demonstrated a genuine commitment to supporting staff in their roles and valuing their wellbeing.

Kindness, compassion and dignity

People we spoke with during the assessment said that they were treated with kindness, compassion and dignity. All the staff we spoke with during our assessment demonstrated a kind and compassionate approach towards the people that they were working with. We found that staff were non-judgmental in supporting people and ensuring that they focused on individual needs. A stakeholder told us that the provider had been working with their organisation and supporting staff for over 2 years and during this time, 'staff have demonstrated nothing but empathy towards anyone using their services'.

We received positive feedback from people who used the service about individual staff and the provider. People felt that they were listened to by staff and communicated in a way that met their needs. One person who used the service told us that staff were 'easy to talk to, listened and gave good non-judgmental advice'. Another stated 'I actually feel comfortable chatting about my problems and feel 100% trust and actually get the feeling I'm talking to someone who cares… it's not just a job to them it's more than a job; it's someone who really wants to help me and others with addiction and problems behind the addiction'. We found that staff knew about the people that they were working with, including understanding their needs and preferences such as preferring face-to-face appointments.

We saw evidence that people were assured that their information was treated confidentially (unless they were at risk of serious harm) and staff respected people's privacy.

One stakeholder who shared feedback about the provider stated that "Staff consistently demonstrate empathy, creating a safe and respectful environment. Their approach is person-centred and outcome-focused, leading to meaningful and lasting improvements in people's lives'.

Treating people as individuals

The provider upheld a robust ethos of treating each person as a unique individual, ensuring that support was personalised to meet their specific needs. Over recent months this had been further developed and included staff having lead roles for key areas. For example, in equality, diversity and inclusion helping to review the service and experience for both staff and people who used the service to ensure that it was accessible for all. The provider had been part of a working group to ensure that people's pronouns could now be recorded on the electronic recording system. Specific leaflets had been developed such as for those in the LGBTQ+ community which included having input from people in this community about the design and wording used.

Staff had undertaken training in working with people which included training on certain protected characteristics and were also supported by a range of policies and procedures; these helped to

ensure that individual needs were prioritised and reflected in the treatment and support delivered. Feedback from a stakeholder corroborated this approach from staff.

The provider had identified that working with people from different ethnic minority groups could be improved and was working with an external partner organisation to help support their work with different communities. Although currently there had not been a need, leaflets and information could be translated if required and there was access to interpretation services. Online information was available in English and Welsh.

Independence, choice and control

People who used the service told us support was offered in a way that met their needs, for example through a mixture of face-to-face and remote sessions to fit around other aspects of their life. The provider did not penalise people who had failed to attend interventions and continued to try and re-engage with them as appropriate while respecting their choice.

Each person who used the service had an assessment completed by appropriately qualified staff who identified what level of support was needed to meet their needs. This also incorporated co-occurring needs, such as physical or mental health needs. People were given the choice of whether information (other than if a person were at risk) would be shared with other services such as their GP.

Responding to people's immediate needs

The provider quickly assessed people's immediate needs during their initial contact with the service and could signpost or refer people to other services that could support them, for example physical or mental health professionals.

Whilst accessing interventions, staff monitored people's psychological distress using the CORE-10 psychological assessment tool. This was completed at the end of each session to help ensure responsive action was taken, such as escalation to support to meet individual needs if required and staff considered how to respond in the most appropriate way to respect their wishes.

Workforce wellbeing and enablement

All staff we spoke with during the assessment felt that the provider prioritised staff wellbeing and considered individual needs. They described an open and supportive culture, where they were consistently valued by both their managers and colleagues. Staff reported feeling well supported in their roles and that managers listened to them. One staff member told us, 'our well-being is taken really seriously, you just feel it, nothing is ever dismissed'.

Staff told us that they received regular supervision and participated in regular team meetings, including those focused on specific topics such as risk and case studies to promote learning. Staff had regular opportunities to provide feedback and improve the experiences for people using the service as well as staff. This included an annual survey and staff development days which provided opportunities to reflect on practice and explore together ways to further improve the service.

Is the service responsive?

Response overall summary

We found that the provider had a strong focus on ensuring inclusivity when people accessed support. Support and treatment were person-centred and feedback we received from people who used the service showed they felt their needs had been met. People had access to systems for sharing feedback or concerns about the treatment and support they received. We found that the provider demonstrated a commitment to quality by requesting feedback from people who used the service as well as from staff and this underpinned ongoing improvement.

Person-centred support

We found that the treatment and support provided was person-centred and tailored to meet people's unique needs and preferences. Each person receiving treatment had a personalised care plan, developed collaboratively to reflect their goals, needs, and the most effective ways to support them. These care plans were reviewed regularly to ensure they continued to reflect the person's current circumstances and requirements. People who used the services confirmed that support and treatment met their needs, with 1 person who completed our survey stating it was a 'brilliant service that supported me through the darkest of times'. A stakeholder stated that 'Ara have been responsive and proactive in providing services for our workforce at (name of organisation). They undoubtedly have an understanding of how addiction can affect people and the ways they can reach out to support and help on the recovery journey'.

We heard examples of how staff provided person-centred support to meet people's specific needs. For example, having discussions with people with specific needs that were going to attend virtual groups to help support them and make adjustments to help make them feel more comfortable.

People using the service were offered a choice between remote support and face-to-face sessions, with most people accessing support remotely. Private, confidential spaces were available throughout Wales and the South West of England, to provide appropriate support and improve accessibility within local communities.

Care provision, integration, and continuity

There were clear referral pathways in place helping to support people in accessing the service. People could access support from the provider via the national helpline, self-referral or being referred by other professionals.

The assessment process helped identify the level of support each person required, which varied from lower-level educational input to more intensive treatment. We found that individuals' needs were regularly reviewed. Where necessary, referrals were made to other appropriate services to address any additional support requirements to ensure a co-ordinated and responsive approach.

We found that the provider was committed to inclusivity and responsive to the specific needs of those using the service. Specialist programmes had been developed to ensure all individuals received appropriate education and support. This included having processes to provide support to people in prisons and working plans to develop peer support. One person who received support shared feedback that they had been in prison multiple times, and this was the first time they had received help with gambling harm.

Providing information

Information about the services offered was available on the provider's website in both English and Welsh. The provider was reviewing access to information in other languages. People could self-refer and book an appointment directly. People also received a support pack from the provider which contained information about services within England or Wales depending on their location. There were specific support guides which contained a wealth of information, for example those aimed at keeping people safe around risk such as suicide and self-harm, and signposting to relevant support services. People told us that the guides were helpful.

At the start of any treatment or support it was explained to people about what information was held and they were given a choice about what information could be shared with others, such as their GP. Information was stored on a secure electronic system.

Listening to and involving people

A complaints process was in place for people using the service and was widely promoted through posters and leaflets. Individuals were informed about how to raise concerns and the complaints policy at the start of their support. All people who completed our survey told us that they knew how to complain if they had concerns about the service. However, in the 12 months before our assessment there had been no complaints made.

People who used the service were regularly invited to provide feedback on various aspects, including the delivery of interventions, the accessibility of the service, and the overall impact of the support they received.

Equity in access

People could access free support from Ara Recovery for All promptly. We saw that waiting times had continued to improve over the last 12 months. People were not penalised for missed sessions, and practitioners actively sought to reengage people to ensure ongoing support.

Support was delivered both remotely or face-to-face depending on geography and the wishes and needs of the person who used the service. We found that staff considered individual needs of each person when planning how they would access support and treatment. For example, adapting processes to support people with communication needs and considering their preferences.

Equity in experiences and outcomes

There was a strong focus on ensuring that all people, including those with protected characteristics, had access to support and treatment. The provider was alert to where discrimination could prevent people from accessing their service and continued to strive to ensure it was as inclusive as possible.

Staff had lead roles in equality, diversity and inclusion to ensure the service was accessible to all and this included working groups to look at any change needed. They were also supported by relevant policies and procedures and received regular training around this.

All feedback we received during this assessment was positive about staff attitudes and we did not receive any information about any discrimination that people had experienced.

Planning for the future

The provider had good discharge processes in place which focused on supporting people to plan for their future and helping them to access on going services to help ensure that all needs had been met. These included ongoing group support sessions around recovery management and supporting people to access peer support from others with lived experience.

With consent, the provider contacted people at 3, 6 and 12 months after completing their treatment to enable them to discuss their progress and support them if new or additional needs had arisen. People could re-enter the service at any point to access further support and treatment helping to support them in their journey.

Is the service well-led?

Well-led overall summary

The service was led by a strong management team who were approachable and supportive of staff. We found that most governance processes were effective, however, some systems and processes would benefit from being formalised and better recorded to support oversight. Staff had regular managerial and clinical supervision.

Shared direction and culture

We found that there was a clear vision from the provider to raise awareness and to educate people across all sectors about gambling harms and provide support and treatment. There was a strong focus on inclusivity for all. The provider also had clear values, 'aspiring, brave, competent and determined' which supported their work.

We found that there was an open culture which supported staff to learn and focus on continuous development. There was protected time for meetings such as those focused on case studies where all staff could reflect and learn, considering how the service could be improved. Staff took part in regular team meetings, which supported open communication and encouraged a culture of learning and ongoing service development.

Staff had completed mandatory training in equality, diversity and inclusion, and human rights. Some staff had related lead roles to help explore the experiences for all people and how the service could ensure high quality and compassionate support and treatment.

Capable, compassionate and inclusive leaders

The service was led by a strong and experienced management team with the skills to effectively oversee the support and treatment and deliver a high-quality, reputable service. They maintained oversight of operational matters and had established processes to support service management.

Staff told us that managers at all levels were approachable, visible, and provided clear direction and support. One staff member described their manager as 'one of the most helpful and supportive managers I have worked with… (they) care about the work, and knows what they are doing, and is very professional'. Those we spoke with felt that managers were knowledgeable and confident sources of guidance, and that they could easily seek support and advice when needed. Another staff member told us they 'felt listened to' by a senior manager, 'he's one of the best' and they supported them in their work.

There were processes in place to deal with poor performance and relevant action taken where needed, this included responding to feedback from staff.

Freedom to speak up

Staff described the organisational culture as open and transparent, with a strong emphasis on learning and sharing lessons. Those we spoke with said they understood how to raise concerns and felt confident in doing so, trusting that managers would listen and respond appropriately. We saw evidence that concerns raised had led to action being taken. Staff were supported by formal processes to help them raise any concerns safely.

Workforce equality, diversity and inclusion

We found that the provider had taken action to continually review and improve the culture of the organisation in the context of equality, diversity and inclusion for both people who used the service but also for staff. They were focused on removing bias from practices and ensuring a positive experience for people who used the service and staff.

Staff we spoke with said they felt respected by both managers and colleagues. The provider had clear policies and procedures in place regarding equality, diversity and inclusion offering guidance for staff on supporting individuals from diverse backgrounds, including those with protected characteristics.

Governance, management and sustainability

Most governance processes provided clear oversight of performance and service delivery. The provider took a proactive approach to quality assurance and continuous improvement, using data analysis, feedback from people using the service, reflective practice, and structured governance frameworks. The provided had achieved ISO (International Organisation for Standardisation) accreditation which supported them in maintaining quality standards.

The provider had been responsive to recommendations from their commissioners, such as providing additional training for staff. Monthly data meetings were held to monitor service performance, including reviews of referral patterns, outcome measures, access issues, and emerging trends requiring further scrutiny.

Routine auditing was in place, but some processes needed to be more formalised. For example, outcomes from quality auditing of case notes formed part of supervision but there was no formal record of this audit process. The lack of a central recording point could make it more difficult for the provider to identify trends and themes effectively and any subsequent learning from these audits.

We found there were some gaps in the recording of attendance at clinical supervision. The provider should ensure that accurate records are maintained.

Systems were in place to identify, record, and monitor risks effectively. The provider maintained a risk register for cases assessed as presenting a level of risk or concern. These cases were reviewed weekly to ensure risks were being appropriately managed and that suitable actions had been taken.

NGSN services are funded by GambleAware, which receives voluntary financial contributions from gambling operators, as required by the Gambling Commission. We found no evidence that the provider was influenced by the gambling industry, which meant that treatment and support that was delivered to people was independent and evidence based.

Partnerships and communities

There was clear evidence of collaborative work with a variety of organisations such as banks and prisons, and also a local university to explore research opportunities aimed at deepening knowledge and understanding of gambling-related harms. These partnerships contributed to education, raised awareness, supported early identification, and helped ensure that more people were informed about the risks associated with gambling.

The provider also placed strong emphasis on community engagement, actively building relationships with a range of regional partners. As a result of this increased engagement, they

established effective referral pathways from partners for both brief and therapeutic interventions. In addition, the provider developed a network of community connectors to support them in their word and raise awareness of gambling-related harms.

Stakeholders that gave us feedback described strong partnership working. One organisation stated the provider ‘engages very well in partnership work – communicative, collaborative, and committed to shared goals’.

Learning, improvement and innovation

The provider demonstrated a strong commitment to developing services that enabled all individuals including those within different communities to access appropriate support for gambling-related harm. They also collaborated with a wide range of partners to deliver training to raise awareness of the service. Additionally, the provider had established 'community connectors' to further promote awareness within many external organisations.

The provider ensured that people with lived experience were involved in developing and improving the service. Managers encouraged reflection from both staff and people who used the service. Team days focused on how the service could improve and were underpinned by the staff survey and encouraged collective problem-solving.