

## Gambling treatment services

# Aquarius

Date of assessment: 9 and 11 December 2025

## Background to assessment

We carried out an assessment of support and treatment services delivered by Aquarius. This formed part of work agreed between CQC and 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.

Gambling harms treatment services are not regulated under the Health and Social Care Act 2008. As a result, CQC does not have the legal authority to register these services, pursue enforcement, or provide an overall rating following assessments. However, CQC assesses these services who are members of the NGSN to support quality improvement. Our assessments review if services are providing safe, effective, caring, responsive and well led care while meeting the needs of people seeking support for gambling-related harms. CQC will provide recommendations to support improvements where needed.

Aquarius provide free and confidential support to anyone who is affected by gambling across the West Midlands, West Mercia, Staffordshire, Herefordshire, Warwickshire, Worcestershire and Stoke. They offer outreach work which includes increasing communities' knowledge through brief interventions (tier 1 work) about gambling harm and offering education and training to groups through extended brief interventions (tier 2). They also offer support and treatment in both one-to-one and group formats (tiers 2 and 3) for people with gambling related harms as well as affected others, such as family members.

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. Aquarius provide treatment for people needing tier 1 to 3 support and treatment.

## How we carried out this assessment

Before the assessment, we sent an information request to the provider. We completed our assessment remotely over 2 days. 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 people who were using the service. A survey was also sent to people with lived experience to gather their feedback. We received feedback from other services working with Aquarius and also the commissioners for the service, GambleAware.

## Our view of the service and recommendations:

We found that effective managers led the service well. Staff reported that they were both listened to and supported by managers. Partnership working within the NGSN and with other organisations and communities was effective.

There were robust governance processes in place and oversight of performance and outcomes. Regular audits supported service delivery, and we saw evidence of changes and improvements resulting from these.

There was a motivated staff team who were committed to increasing awareness of gambling-related harms and helping those who needed it. Staff we spoke with felt well supported in their roles which included having regular supervision and a multitude of relevant training opportunities.

Effective risk management processes were in place to keep people safe. Staff received relevant safeguarding training and had a good understanding of their safeguarding responsibilities including what action to take. They were well supported by a safeguarding lead who had oversight to ensure appropriate action was taken to help keep people safe.

Access to person-centred treatment and support was timely and this was delivered with a focus on empowering people to make changes that they had identified. There were established systems in place to monitor the impact of the interventions on people. Data on this showed that the service was having a very positive impact. The provider had delivered a high number of brief interventions to a wide audience helping to increase awareness of gambling related harm.

## People's experience of the service

We received very positive feedback from people who used the service. One person told us that "The support I have received from [name of worker] has been nothing short of exceptional. He brings a rare blend of deep expertise, professionalism, and genuine human understanding that is uncommon in this field". Another person told us that they were "noticed as an individual, and support has been tailored to me as an individual, never been shoehorned into a process" and that they "feel cared for" by the provider. One person told us that "The service I have received is exemplary.... [name of worker] is very knowledgeable and very competent. He has extensive knowledge of how to support affected others like myself on how [to] deal with the gamblers, how to put strong boundaries in place and he [is] also [a] great listener. His support was critical in my journey to recovery. [The service] it helped me to build my confidence and his approach reassured and helped me to make my own decisions and take the ownership of my own recovery". Other comments included, "My sessions with my peer support are really helpful and give me motivation to continue to stay gamble free" and "Fantastic Programme, [name of worker] was brilliant from start to finish! Credit to Aquarius and change[d] my life for the better!"

The provider received excellent feedback from stakeholders. One stated that “Aquarius is a highly effective organisation to work with, demonstrating strong values, good collaboration and a clear focus on reducing gambling harms and supporting those affected”. We were also told that “In terms of partnership working, Aquarius is highly engaged and proactive, often seeking joint solutions that meet the complex needs of individuals. This collaborative approach strengthens pathways and ensures continuity of care”. Other comments we received included “Aquarius is responsive and clearly understands the often-complex needs of people experiencing gambling harm”, “Aquarius effectively supports people to achieve positive outcomes by increasing awareness, building knowledge and promoting informed decision-making around gambling. Their education work helps individuals recognise potential harms early and know where and how to access further support if needed”.

# Is the service safe?

## Safe overall summary

We found that there was a positive culture of safety based on openness and integrity from leaders to front line staff, supported by a robust reporting system. Staff had received relevant safeguarding training and were supported by a safeguarding lead to ensure relevant action was taken. Effective risk management processes were in place which helped to keep people safe. Staff had undertaken mandatory training and had excellent access to additional training to support them in their role. Regular supervision was in place, as well as several different meetings to help ensure staff were supported in their role. There were safe recruitment practices in place, including for volunteers.

## Learning culture

The provider showed a clear commitment to keeping people safe, based on being open and honest and learning from events. They encouraged a culture where staff felt comfortable reporting incidents and there were clear processes to enable staff to report incidents. One member of staff told us that they were “encouraged to report incidents, this job is so open”. Incidents were appropriately investigated and learning shared to help keep staff and people who used the service safe. Examples of learning included the implementation of safeguarding supervision and additional training in support planning and key working training.

There was a duty of candour policy in place. Managers we spoke with had a clear understanding and were equipped, in line with the policy, to make necessary decisions and take appropriate action when required. Wider staff were aware of reporting processes and completed related training although some needed more support to clearly define duty of candour.

## Safe systems, pathways and transitions

We found that safety of both staff and people who used the service was a priority for the provider. The views of people who used the service, stakeholders and staff were listened to and considered and action taken where needed.

The provider had a robust incident-reporting process. All incidents were logged within a central system, which automatically notified managers and other relevant staff as soon as an entry was made, ensuring timely awareness. Required actions were also documented within the system and assigned to the appropriate individuals. Staff received automated email reminders when an action was first allocated and if any actions remained outstanding. This approach ensured strong oversight, clear accountability, and a safe, effective system for managing incidents.

The provider used a secure electronic system and had policies and procedures which ensured the confidentiality and safety of individuals' records on this system.

Most risk assessments were completed regularly and approved by a manager, with relevant actions identified. A weekly case management data audit was completed to identify changes in scoring assessments and ensure that relevant action had been taken. In addition, there were regular meetings which reviewed cases where people presented with an increased level of risk or vulnerability. These were chaired by a manager and allowed oversight, case discussion, confirmation that actions had been taken as well as input from the wider staff team.

People who used the service told us they felt safe when accessing support. All the responses we received rated safety positively, indicating a consistently strong sense of safety for people who used the service.

## **Safeguarding**

We found that the service had strong systems in place to keep people safe from abuse or neglect while they were receiving support or treatment. This included safeguarding policies for adults and children. We found evidence that referrals had been made where needed, and people were also offered referral to other specialist services, such as support for those experiencing domestic violence or financial abuse.

Staff received training in safeguarding both adults and children at the appropriate level for their role and demonstrated a strong understanding of safeguarding, knowing how to take appropriate action when concerns arose. They were supported by a designated safeguarding lead within the organisation, who was a qualified social worker and offered advice and support. The lead oversaw all cases where there were concerns to ensure that appropriate action had been taken. They also held meetings with the team for staff to reflect, learn and keep up to date with any relevant changes.

Regular safeguarding supervision provided staff with structured support to ensure safe, consistent decision-making and to help protect the wellbeing of vulnerable people. It also helped staff reflect on cases, manage the emotional impact, and help maintain consistent high-quality safeguarding practice. Additional training was also carried out for staff on topics that had arisen, such as about the Multi-Agency Risk Assessment Conference (MARAC, a meeting for information sharing around high-risk domestic abuse cases).

## **Involving people to manage risks**

The provider completed a comprehensive assessment with people accessing the service to help address their gambling harms but also their wider support needs, such as health and wellbeing, and housing. This meant that treatment met their individual needs in a safe and supportive way.

Potential risks to and from people who used the service were assessed at the initial contact stage and reviewed at various points during their contact with the provider to help ensure they were reflective of presenting issues. Risk assessments were reviewed by a manager to help manage the risk and to ensure they were of a good standard and staff told us that they could seek advice and support from staff if they had any concerns. Consideration was given to risk that a person may present to themselves or others after each intervention, reflected in clinical records and appropriate action taken.

## **Safe environments**

Regular health and safety audits and checks were in place for the buildings owned and leased by the provider. These included gas safety, electrical testing and fire safety reports. Where actions had been identified by external experts such as fire safety officers, these had been completed or were planned within the timescales set for completion. This helped to ensure that staff and people who visited the buildings were safe.

The provider ensured that staff had undertaken training in key areas such as fire safety, fire wardens, health and safety and wellbeing to help ensure they were supported in their roles. There was also training for all staff on lone working, and procedures in place to help ensure that staff were kept safe

and could access help if needed. These included an on-call manager and a process, supported by an app, to help ensure staff remain safe while completing site visits which included a clear escalation pathway.

A business recovery plan was in place to ensure service stability during unforeseen disruptions such as cyber-attacks and the provider told us that relevant checks were carried out using this plan to ensure it was effective. This meant there was a plan to minimise service interruptions, provide advice and direction to staff and help to safeguard both staff and people who used the service. The plan was also tested to ensure that staff were aware of what action to take and to test how robust the plan was.

## **Safe and effective staffing**

We found that there were robust and safe recruitment practices in place which included carrying out thorough pre-employment checks and ensuring that all staff had enhanced DBS clearance. Checks on volunteers were also carried out. This helped ensure that staff were suitably experienced and competent to carry out their role.

Staff were positive about their induction into their roles, which included a detailed foundation and completion of the Care Certificate. This is an external accredited programme that helps new care workers learn the essential skills and knowledge they need to provide safe, kind and effective care.

Staff we spoke with had a range of experience and qualifications. The provider told us that there were no formal prerequisites for each role; instead, individuals were appointed based on their skills, experience, and suitability for the position. Staff could undertake National Vocational Qualification (NVQ) level 3, 5, or 7 depending on their role and were supported in doing this.

Staff at all levels had good opportunities to learn. The provider's compliance for mandatory training as required by the commissioner was 94% with the remainder having been booked onto training. Staff also had access to an excellent range of additional training such as, managing their mental health, working with domestic abuse, solution-focused training and the impact of trauma.

All staff received regular clinical supervision, which included group reflective practice. Staff consistently told us they felt well supported and could approach managers or colleagues for guidance. For staff with lived experience, appropriate mechanisms were in place to ensure they received any support they required. This included access to an organisation-wide support group specifically for staff with lived experience, providing a safe space for reflection and additional guidance.

## **Infection prevention and control**

The provider had an infection prevention and control policy in place, which supported staff to maintain safe and healthy environments by reducing the spread of infections. Staff had completed mandatory training in infection prevention and control area as required by the commissioner.

## **Medicines optimisation**

Although our assessment framework covers medicines optimisation, the provider was not responsible for managing medicines.

# Is the service effective?

## Effective overall summary

We found from speaking with staff, people's feedback and records we reviewed that support and treatment delivered was person centred. There were effective systems in place to monitor the impact of the interventions on people. Evidence showed that people who used the provider's services consistently experienced positive outcomes. Consent was obtained at relevant times during people's support and treatment.

## Assessing needs

The provider had an established and well-defined referral route. People could access the service through self-referral by sending a message on the providers website, or by being referred by partner organisations or other external services. People who used the service were actively engaged in their assessment and in shaping their support and treatment plans, including identifying the outcomes they wished to work towards.

A comprehensive assessment of each person's needs was completed at their initial contact with the service. This explored their overall health and wellbeing, the impact of gambling harms, and the type of support they wanted. These assessments were reviewed regularly to ensure they continued to reflect each person's current situation.

Data from April to September 2025 showed that following referral to the service for support and treatment, initial contact was typically made under 2 days. Assessments were completed on average within 2.2 days of this first contact which was considerably less than the commissioner's expectation of 7 days. Support and treatment started approximately 7 days after the full assessment. This efficient process ensured that support was provided without delay, helping to maintain individuals' motivation to engage with the service.

The needs of affected others, such as family members and partners, were also considered and they could access support and treatment as well. An affected other who used the service said about their practitioner that "his insight into how to support affected others, people like myself, dealing with the emotional and practical impact of a loved one's gambling addiction is both precise and compassionate".

## Delivering evidence-based support and treatment

Assessments were carried out in line with current national guidance to ensure compliance with standards and to maximise the potential for positive outcomes. Some staff had also received training in Cognitive Behavioural Therapy (CBT, a goal-oriented talking therapy) to assist them in their work; this approach is indicated in national guidelines about working with people with gambling related harms.

Some feedback we received from people who used the service included that they were confident that their individual needs had been assessed and were met by skilled staff. One person stated that "Professionals who work with this level of skill, depth, and integrity are exceptionally rare", and another told us that the way the sessions were delivered helped to ensure that they were engaged in the process and could progress in achieving their desired outcomes.

## **How staff, teams and services work together**

We found that the staff team worked collaboratively, both internally and with external services and stakeholders, to deliver effective support for individuals accessing support and treatment. Feedback from stakeholders confirmed this.

The provider used a secure electronic recording system alongside a range of collaborative meetings, such as risk management and operational team meetings. These processes ensured staff could work together efficiently and had the information they needed to assess, plan and deliver people's support and treatment; and helped to strengthen communication and supported effective teamwork.

Thirteen of the 18 people who responded to our survey reported being "highly satisfied" with their understanding of how to access help after their support and treatment ended, with a further 2 respondents saying they were "satisfied" and three providing a neutral response. People using the service also gave positive feedback about the plans put in place for when their support concluded, noting that they had developed tools and ongoing support appropriate to their individual needs. After treatment ended, follow-up check-ins were completed at 3, 6 and 12 months, with the option for more frequent contact where needed, and people could request additional support or treatment at any point.

## **Supporting people to live healthier lives**

The provider took a holistic approach, focusing on all aspects of a person's wellbeing rather than solely on gambling-related harm, and supported individuals to work towards healthier lives. We saw that the provider helped people access appropriate services tailored to their individual needs. For example, sharing information about local support services in their area.

We found that people were supported and empowered to make choices to help promote and maintain their health and wellbeing. One person who used the service stated that "What has stayed with me most is [name of practitioner] approach: he doesn't foster dependence; he builds capability. He gives people the tools, insight, and reassurance they need to move forward with strength and autonomy". Another told us that their practitioner "has a unique ability to create clear, healthy boundaries while still making you feel profoundly heard. He listens with real intention, responds with clarity, and offers guidance that is practical, thoughtful, and empowering. His support has been a pivotal part of my recovery. He helped me rebuild my confidence, regain my footing, and take full ownership of my healing process". A member of staff told us that they "Make them [people using the service] resilient and give them the skills to go off and survive in the world".

## **Monitoring and improving outcomes**

The provider used established tools to assess gambling harm and wellbeing, including the Problem Gambling Severity Index (PGSI) and the CORE-10, which measures psychological distress. Staff used these tools to check how people were progressing during their support and treatment. The evidence we reviewed showed that the service was making a significant difference in improving the outcomes that people self-reported. This matched what people told us about feeling better because of the help they received. Data provided by the commissioners showed that for April 2024 to March 2025 100% of people who responded to a local survey felt that the treatment received had brought about a positive change in circumstances.



The provider submitted quarterly reports for commissioners against a range of key performance indicators related to performance and outcomes. This information demonstrated that the service was having a positive impact on the people who used it. People using the service were routinely asked by the provider for anonymised feedback (to help encourage openness in people's responses) when their treatment ended and again at 3, 6, and 12 months. This helped the service understand whether anyone needed further support and supported ongoing review and improvement of the service.

## **Consent to support and treatment**

People who used the service were given clear information about consent and confidentiality at the beginning of their support and treatment. Staff routinely checked with individuals before sharing any details with other professionals, such as GPs. This practice protected people's privacy, met legal and ethical requirements, and helped build trust between staff and those receiving support. Staff also explained the circumstances in which confidentiality might need to be breached, such as when there were significant concerns about someone's safety.

All staff completed mandatory training on the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). These frameworks exist to safeguard people who may not have the capacity to make decisions about their own care. The training helped to ensure staff understood their legal and ethical duties when assessing consent and mental capacity.

## Is the service caring?

### Caring overall summary

We found that staff were passionate and motivated to support people to improve their outcomes. People who used the service were very positive about the support and treatment they received from the service, with some stating they felt empowered. People told us that they were all treated with kindness and respect by staff. We found that managers cared about their staff and supported them in their roles. Some staff described the service as feeling like a family.

### Kindness, compassion and dignity

We found that staff treated people using the service with kindness, respect, and dignity. Staff we spoke with showed a clear dedication to providing high-quality support and appeared genuinely motivated to help individuals achieve positive outcomes. In our survey, all responders gave the highest rating for feeling treated with dignity and respect by staff.

People who used the service were positive about the way they were treated by staff and the nature of this. One stated that, “This service literally saved my life, my practitioner [name of practitioner] was professional, supportive understanding and helped me turn my life around. An invaluable service”. Another person told us that their practitioner “has been nothing but supportive, a steady, listening shoulder when I needed it most. We’ve shared laughs along the way, and his guidance has helped me navigate an incredibly difficult time. I truly wouldn’t have been able to get through it without him. He helped me understand what I needed to do and supported me every step of the way”.

We received positive feedback from stakeholders about the care and compassion shown by the provider. One stated that “Staff at Aquarius are known for their empathy and commitment to supporting people through challenging circumstances, which is evident in the positive experiences reported by service users”. Another stated that “Staff consistently demonstrate empathy, professionalism and sensitivity when engaging with individuals and groups. They create a safe, non-judgemental environment that encourages open discussion and supports people to reflect on gambling-related risks and harms”. Another told us “The staff we’ve worked alongside consistently show empathy and care. They take time to listen, are non-judgemental in their approach, and genuinely want to help people move forward in their recovery”.

### Treating people as individuals

The provider delivered care in a person-centred way, adapting support to suit people’s specific needs and preferences. The staff we spoke with demonstrated a strong commitment to recognising people’s individuality and offering support in a respectful, non-judgmental manner. Stakeholder feedback was positive, highlighting that the provider treated people as individuals. A person who used the service stated that their practitioner “has a unique ability to create clear, healthy boundaries while still making you feel profoundly heard. He listens with real intention, responds with clarity, and offers guidance that is practical, thoughtful, and empowering. His support has been a pivotal part of my recovery. He helped me rebuild my confidence, regain my footing, and take full ownership of my healing process”.

We found that the provider considered people's personal, cultural, social and religious needs and treated people as individuals. For example, helping to ensure that people's communication needs were met to allow them to engage in effective treatment. If people indicated a preference to work with a practitioner from a specific gender or background, then the provider told us that they would try and meet this need. One person said their practitioner very early in the intervention had stated that they could be referred to different practitioners who had different styles of working if this better met their needs. They were encouraged to speak up if the relationship or style of support was not working for them and they would be supported to find another practitioner.

## **Independence, choice and control**

People accessing the service did so entirely by choice. They could end their sessions whenever they wanted and still return for further support if needed, ensuring the service remained flexible and accessible.

People who used the service were offered a choice in how their support was delivered, including options for in-person or online sessions at times that suited their circumstances. Most people that we spoke with said they could access support at a convenient time around their other commitments.

The provider carried out an initial assessment and continued to review people's gambling harm using tools such as the Problem Gambling Severity Index (PGSI) to ensure that the appropriate level of support was offered. When the service could not meet someone's needs, staff arranged timely referrals to other services, such as other partners in the NGSN to help maintain continuity of care.

## **Responding to people's immediate needs**

The provider carried out prompt assessments of individuals' immediate needs when they first contacted the service.

Throughout their engagement with interventions, staff monitored people's psychological distress using the CORE-10 assessment. This allowed them to respond appropriately, including escalating concerns when necessary and supporting people in them self-referring to other services as well such as to access support with wider services such as housing.

Between April 2024 and March 2025, the provider completed 6,804 brief interventions with people, significantly exceeding the commissioner's target of 548. We saw that the service was highly responsive to community needs, with staff proactively seeking opportunities to support people and deliver interventions, making the most of every appropriate contact.

This proactive outreach was essential in increasing access to support across communities, ensuring that people who might not otherwise engage with services still received timely advice and intervention.

## **Workforce wellbeing and enablement**

We found that the provider took clear steps to recognise and support staff health and wellbeing. Staff shared positive experiences of the help and reasonable adjustments they received. This included measures to ensure safe working, tailored communication support and being able to ask anyone in the organisation for support. Training had also been delivered on how best to support

neurodiverse staff, and we were told about practical adjustments that had been put in place. These ranged from adapting the way training was delivered to offering supervision while walking as opposed to desk-based meetings where this better suited individual needs.

Staff described a culture that was open, supportive, and collaborative. One member of staff told us that the service was a “great place to work” and that they “feel supported in work and outside of work as well” and they focus on health and wellbeing. We were also told that it was a “genuine caring place”. One person told us that it was their “first job where I have felt respected and encouraged to do the job what I want” and another said “if I want a meeting with the CEO [chief executive officer] I can get one today”, highlighting the accessibility of managers at all levels.

Staff we spoke with confirmed they received regular managerial and clinical supervision and attended routine meetings linked to their roles. We found that the provider responded well when additional training or support was needed. There was also an annual staff conference which allowed all staff and managers to meet face to face.

## Is the service responsive?

### Responsive overall summary

We found the provider delivered a responsive service where people were always at the centre of the treatment and support delivered. Initial assessment and access to support and treatment was prompt. People were actively involved in planning their treatment and support to ensure that it met their needs. The provider was trying to reach a wide range of communities to increase awareness of gambling harms and the support available to them.

### Person-centred support

We found that the support and treatment provided were tailored to each individual, with a strong focus on their personal needs and preferences. Everyone receiving treatment had their own personalised plan, designed specifically around what they required. The provider made adjustments where necessary, such as offering face-to-face or early morning appointments to fit in around work and family commitments.

Stakeholders were very positive about the provider's person-centred approach. One stakeholder stated that "Aquarius is an organisation that consistently places service users at the centre of its work. They demonstrate a strong understanding of the needs of individuals accessing their services and respond flexibly to ensure care is tailored and timely". Another stated that the provider had a "clear commitment to putting service users' needs first" and evidence we reviewed echoed this.

### Treatment provision, integration, and continuity

We found that the provider worked effectively with other stakeholders and those in the NGSN, which supported good continuity of care for people using the service. This joint working helped ensure individuals were referred to the most appropriate service and could move between services safely and without delay. The provider also met regularly with partner organisations to review referral pathways and explore opportunities to improve ways of working.

The assessment process helped staff to identify the most suitable support and treatment for each person. Support and treatment were then delivered by the same staff member (unless it was requested to change) throughout their intervention which helped maintain continuity.

### Providing information

The provider had accessible information about the service which was sent to each person at the start of the intervention. This included information such as how to raise a complaint and what happened when the intervention finished as well as information about support services, for example emotional support and suicide prevention. We saw evidence of people being provided with information, which was relevant to their local area, such as the details of local charities. The provider also had a website explaining about what services it offered and had a function to allow people to send a message to the provider, such as asking for help and support.

The provider ensured that people who used the service could access information in a format which met their needs. This included having leaflets in several languages for outreach work in different

communities as well as having access to translation services for service users who spoke other languages.

## **Listening to and involving people**

The provider routinely collated feedback from both people using the service and staff, which included an annual staff survey and routine day-to-day feedback across all areas of service delivery. This feedback was then used to guide ongoing improvements and was reviewed regularly to support continuous development. One example was that managers had bespoke leadership training developed for them in response to feedback.

There was a clear complaints policy in place, and feedback we received showed people knew how to raise concerns if they needed to. To date, the provider had not received any complaints, however we were assured that there was a process in place to respond if any were received.

## **Equity in access**

We found that people could access timely, free support through Aquarius. Referral and treatment pathways were clear, making it easy for individuals to engage with the service in a way that suited their needs. Options included separate groupwork sessions for men and women, and online video sessions scheduled at times convenient for them. The provider ensured adjustments were in place to facilitate access for all. For example, supporting face-to-face interventions and providing information in a range of languages.

The provider had a strong focus on trying to reach underrepresented groups and increase their awareness of gambling harms as well as how to access support and treatment. This included focussing on women, different ethnic communities and armed forces. This helped to ensure equity of access and helped to remove barriers.

## **Equity in experiences and outcomes**

Staff completed mandatory training in equality, diversity and unconscious bias. This helped staff recognise and reduce bias, promote fairness and inclusion, and ensure everyone was treated respectfully and without discrimination. They were also supported by an equality, diversity and inclusion policy setting out the organisation's expectations. Feedback gathered during the assessment was positive about staff attitudes, and no concerns were raised regarding discriminatory experiences.

## **Planning for the future**

We found that there was a focus on empowering people and being led by the person who used the service and supporting them to make plans for the future. We were told that staff would also highlight onward referrals, for example to others in the NGSN who offered peer support from people with lived experience.

The provider recognised the importance of offering planned exits from the service and had identified that this process could be strengthened. Following a review, changes were implemented which led to a significant increase in planned exits from 50.8% between April and June 2024 to 71% between

July and September 2025, which exceeding the commissioners' expectation of 60%. This helped to ensure that people experienced a better-coordinated and supported transition out of the service, reducing the risk of relapse and improving continuity of care through timely engagement with aftercare and community support. Some staff we spoke with said that unplanned exits often occurred as a person would contact them when in a crisis but would not feel they needed the support and treatment if their circumstances improved.

People received information about what happened at the end of treatment as well as check in telephone calls with people at 3, 6, and 12 months after finishing any support and treatment. This offered an opportunity to review progress and provide further support if new or additional needs arose. People could re-enter the service at any time for further treatment, ensuring continuity of care if needed.

## Is the service well-led?

### Well-led overall summary

An effective and knowledgeable management team led the service well, including regular reporting to the board for additional oversight and scrutiny. Staff reported that they were both listened to and supported by managers. Partnership working with both the NGSN and other organisations and communities was strong. There were established governance processes in place to support oversight of performance and service delivery. We saw evidence of changes made based on the outcomes of regular quality audits, such as additional training.

### Shared direction and culture

The provider had a clear vision to work effectively with local communities and stakeholders to increase awareness, educate, and provide support and treatment. We found that staff and leaders demonstrated a positive and compassionate culture with a strong focus on learning and development.

Staff we spoke with during the assessment described the culture as being supportive and open. There were regular team meetings and supervision for staff which helped to facilitate an open culture with a focus on learning and improvement for the service and most staff felt that communication was good. The provider had also received gold standard accreditation for Investors in People. This is an evidence-based way for employers to demonstrate they value and invest in their people and that their workplace practices meet a recognised global standard.

### Capable, compassionate and inclusive leaders

Leaders and managers showed they had experience and expertise around gambling harms, as well as the capability and the integrity needed to translate the organisation's vision into a credible service delivering interventions and helping to manage risks. A stakeholder stated that "we see a service that is reflective, well-led, and committed to continual improvement".

Staff reported that managers at all levels were very accessible and supportive. A staff member stated that "a lot of managers have been frontline staff and so they understand. Everyone has a voice, and everyone is heard irrelevant of title and salary".

### Freedom to speak up

The organisation promoted an open culture, including a whistleblowing process, and encouraged staff to speak up. Clear policies and guidance were available to help staff follow the correct steps.

### Workforce equality, diversity and inclusion

All staff completed equality and diversity and unconscious bias training, which supported their understanding and respect for people from varied backgrounds, including colleagues and those using the service. The provider maintained a clear equality, diversity and inclusion policy. This reflected the provider's commitment to valuing individuality and recognising the contribution of everyone.

The provider also took active steps to reduce bias within its practices. For example, a staff member explained that the organisation had previously given all staff a day off at Christmas for shopping but later recognised that not all staff celebrated Christmas. In response, this was replaced with a cultural



celebration leave day that staff could take at any point in the year, allowing the benefit to be inclusive of all cultural and religious backgrounds.

The provider also had a Cultural Competency Change Group (CCCG), made up of staff from across the wider organisation, including board members, managers and volunteers, including those from protected characteristic groups. The group led on work to strengthen cultural competence by shaping policy, guiding practice and promoting organisational learning. This helped the provider ensure the service continued to develop and apply culturally-informed approaches, making it more responsive, inclusive and accessible for all people using it.

## **Governance, management and sustainability**

We found that well-established and effective governance arrangements were in place, providing clear and effective oversight of both performance and service delivery which included scrutiny from the Aquarius' board. The provider demonstrated a proactive approach to monitoring quality and driving continuous improvement for the service. We found evidence of learning from incidents such as additional training being provided for staff around professional curiosity to further support them.

Information was gathered from a range of sources, including staff survey responses, feedback from people using the service, and a comprehensive suite of audits, for example record-keeping audits. This evidence was used to identify and address areas of concern and to inform continuous service improvement and was shared with the team, for example via team meetings.

There was a comprehensive range of in date policies and procedures in place to support the effective operation of the service, alongside standard operating procedures to guide staff in delivering services efficiently.

We also found there were robust systems to identify, document and monitor risks. This included maintaining a risk register that set out organisational risks and the actions required to address them. The register was reviewed at each board meeting to ensure appropriate oversight and accountability.

The provider had completed an annual self-assessment to evaluate how the service was operating, identify areas for improvement, determine the actions required and establish how progress would be measured. This process ensured that the provider was consistently monitoring and reviewing data, driving service improvement and, ultimately, enhancing the support and treatment offered to people using the service.

NGSN services are funded by GambleAware, which receives voluntary contributions from gambling operators in line with Gambling Commission requirements. We found no evidence that the provider, or the support and treatment delivered was influenced by the gambling industry. Staff consistently demonstrated adherence to their professional codes of conduct, which clearly shaped their practice. This ensured that the support and treatment offered were independent, impartial, and grounded in evidence-based approaches.

## **Partnerships and communities**

We found that the provider placed a strong focus on partnership working, collaborating effectively with stakeholders including the NGSN and wider communities. Between April 2025 and September 2025, the provider delivered over 150 events reaching more than 2,000 people. The provider worked well with key organisations to support treatment provision, service development and improvement, and joined-up care. This included attending joint events with other members of the NGSN, and attendance at racecourses, football matches, and university fairs to help increase people's knowledge and understanding around gambling harms and support and treatment available.

Stakeholder feedback that we received highlighted the provider's strong contribution to the wider network. One stakeholder told us that "Aquarius engages very well in partnership working. Communication is clear and timely, and they are proactive in collaborating with partner agencies." and another stated that "From our perspective, partnership working is a real strength of the service. Aquarius is open to collaboration, easy to work with, and proactive in building local connections that genuinely benefit the community" and we were also told that "We have found them to be a reliable and supportive partner". Another stated that "Aquarius actively supports people to achieve good outcomes by working collaboratively with partners across health and social care".

The provider was also an active member of the West Midlands Regional Board for Gambling Related Harm which included a wide range of organisations including local authority and public health to look at gambling-related harm in the area. One stakeholder told us that the provider's leadership on this board was "an excellent example of good practice, bringing together organisations in a spirit of collaboration and shared learning to develop new ways of helping more people".

## **Learning, improvement and innovation**

We found a strong emphasis on continuous learning from the provider. All staff were supported to undertake qualifications relevant to their role, including a range of NVQs. In addition, they had access to a wide range of supplementary training opportunities, such as working with family members and motivational interviewing. The provider actively promoted professional development and fostered an environment where learning was encouraged, enabling staff to improve practices and explore new ideas.

The provider had ensured that people with lived experience were actively involved in shaping the service, including contributing to the evaluation of improvement and innovation initiatives. This included both staff with lived experience and people who used the services. There was also a group for young people to offer feedback about the sessions relevant to their age group. One example of action based on the group's feedback was the introduction of fidget spinners at outreach events, which had been suggested as a practical way to support neurodiverse people at increased risk of gambling harms.