

Gambling treatment services

EPIC Restart Foundation

Date of virtual assessment: 29 and 30 July 2025

Background to assessment

We carried out an assessment of support services delivered by EPIC Restart Foundation on 29 and 30 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.

Gambling harms treatment services are not regulated under the Health and Social Care Act 2008. As a result, the CQC does not have the legal authority to register these services, pursue enforcement, or provide an overall rating following assessments. However, CQC does assess 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 whilst meeting the needs of people seeking support for gambling-related harms. If appropriate CQC will provide recommendations to support improvements where needed.

EPIC Restart Foundation are a charity who support people across the UK to rebuild positive lives after gambling harm, while raising awareness and challenging stigma. They primarily provide post-treatment support to individuals recovering from gambling-related harms, including those who have undergone residential treatment. Support is also available for those entering or currently receiving treatment.

Over 80% of their staff have personal lived experience, to help connect with and understand the people they support. Recovery coaches offer one-to-one and group sessions, providing support not only to people on their recovery journey but also to others affected, such as family members. They also have an active online community and weekly podcasts, as well as reaching out to wider and harder to reach communities to increase awareness of gambling-related harms and the services they provide. In addition, they arrange wellbeing weekends away with outdoor pursuits. Projects are funded by GambleAware to enable them to provide free support and coaching as part of the NGSN.

How we carried out this assessment

Before the assessment, we sent an information request to the provider. We completed our assessment virtually over 2 days and some follow-up interviews later with people who used the service. During our assessment, we reviewed information about service delivery including policies and procedures, governance documents and case records. We spoke with leaders, managers and operational staff. 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 EPIC Restart Foundation and the commissioners for the service, GambleAware.

Our view of the service and recommendations:

Over the 12 months before this assessment, EPIC Restart Foundation had expanded the service from 5 to 18 staff. They were actively establishing the governance and infrastructure necessary to support this growth. Although the provider was developing systems to support service delivery, at the time of our assessment we found that there were a lack of robust governance systems, which included auditing and incident reporting. The provider was in the final stages of having their updated strategy approved and were creating a service development plan to support delivery of this strategy.

Although the service was currently experiencing a period of development, we found that its core commitment remained focused on supporting people affected by gambling-related harms.

We found that staff were knowledgeable about gambling-related harms and offered coaching and support. They were all highly motivated to help provide support to people who were impacted by gambling harm. People who used the service felt that staff having lived experience enabled them to fully understand their needs.

Coaching and support offered was person centered and helped to meet individual need. Data we viewed, as well as feedback from people who used the service, showed that the coaching and support provided was helping to make positive changes in people's lives.

We found a positive and open culture where staff felt comfortable to raise concerns, engage in honest conversations and provide mutual support to each other. Managers were described as approachable and supportive, actively prioritising staff wellbeing. However, not all staff had received supervision in line with the providers requirements or an annual appraisal. There were also on-going discussions between the provider and the commissioners about what mandatory training was expected, as not all areas set out by commissioners were completed.

There was strong partnership work with a wide range of organisations, which helped to facilitate prompt referrals into the provider but also to other services where a need was identified.

The provider was already aware of many of the issues we identified and was actively working on improving systems to develop and strengthen these areas further.

Recommendations

- Ensure that your governance processes support staff in their roles and underpin service development. To include auditing, incident reporting procedures and a full set of policies and procedures for staff.
- Ensure all staff receive formal supervision in line with the provider's requirements and that staff have an annual appraisal.

- Ensure that all mandatory training as required by GambleAware is in place.

People's experience of the service

We received overwhelmingly positive feedback from people who used EPIC Restart Foundation's services. One person told us that 'EPIC just get it. Having staff that have been through the mill with gambling and have chosen to assist those that need these types of support...is a combination that has massively sustained my recovery, and being able to access ongoing support keeps me grounded and away from a return to the past', and told is that said 'EPIC Restart hasn't just helped me restart — they've helped me rebuild.' Another person said, 'I'm so grateful that I was given this opportunity to be helped by EPIC, it's an amazing charity that I can't really praise enough with words'.

The provider received exceptional feedback from stakeholders. One told us 'EPIC Restart demonstrates a person-centred, collaborative, and forward-thinking approach. Their ongoing input and partnership working significantly enhance the wider network of support for people experiencing gambling-related harm' and another said that 'EPIC Restart have a strong commitment to being responsive and understanding the needs of the people who use its services' and that 'Staff consistently show empathy, treating service users with dignity, respect, and patience'.

Is the service safe?

Safe overall summary

We found a positive and open culture where staff felt confident to raise concerns, engage in honest conversations, and offer mutual support. Staff we spoke with knew how to safeguard people effectively. The provider was working towards completing the mandatory training as expected by the commissioners, but this was not yet complete. Not all staff had formal recorded supervision in line with the provider's requirements, although staff reported that managers were very supportive and accessible. Staff understood their safeguarding responsibilities and had undertaken appropriate safeguarding training.

Learning culture

We found a positive culture of safety underpinned by openness and honesty, where staff felt confident to raise concerns, knowing they would be listened to and supported. Concerns or incidents were discussed during weekly meetings, providing staff with opportunities to contribute and to reflect. Learning from these discussions was shared across the team to help ensure continuous improvement.

There had been no reportable accidents or incidents within the 12 months before this assessment. The provider was in the process of formalising their incident recording system as part of the software systems update and we were told that further guidance for staff was being developed to support staff.

Safe systems, pathways and transitions

The provider used a secure electronic recording system helping to ensure that peoples' records remained confidential and were safe.

Staff had a good understanding of the risks to people they were supporting. Identified concerns were escalated to managers and appropriate action taken. These would then be discussed at a weekly meeting which monitored risks and ensured all relevant action had been taken. This included referrals into other services such as residential gambling harms treatment providers.

There were established and effective referral pathways both into the service and to other services where a need was identified; these could be made at any point during people's interaction with the provider. Many stakeholders spoke positively about the pathways that had been developed, highlighting the option to meet with individuals before a referral was made. This approach helped explain the service and support offered more clearly and provided continuity of support.

Relevant information was appropriately shared between referring services, which helped them to understand the reason for the referral and manage any associated risks. We saw evidence of the impact of this, for example one person stated, 'While their focus is aftercare and rebuilding life post-gambling, they also signposted me to vital support that helped me stop gambling altogether.'

Safeguarding

Staff we spoke with demonstrated a clear understanding of their safeguarding responsibilities and the appropriate actions to take. They had all received safeguarding adults training and were supported by accessible safeguarding policies and procedures. Staff were also aware of the 2 designated safeguarding leads and said that they felt well supported by them and could access timely advice. Safeguarding leads reviewed incidents raised by staff on the provider's electronic

recording system and provided feedback and support as needed. We found that the provider had made a relevant referral where concerns had been raised around the neglect and bullying of a vulnerable person, with appropriate referrals made to partner organisations and clear recording by staff.

Involving people to manage risks

The provider worked with people to understand and manage risks by thinking holistically to ensure that support and coaching supported people and met their individual needs to ensure they were safe and well supported. All 35 people who responded to our survey reported that they felt their individual needs were promoted and felt safe working with the provider.

Safe environments

The provider delivered virtual services only and all contact between staff and people who used the service was delivered virtually. Staff had undertaken relevant health and safety for home workers to ensure that they were supported in their roles and to manage any risks around their working environment. When activities were run by an external provider, such as outdoor pursuit trips, the provider checked that the activity coordinator had carried out appropriate risk assessments to keep people safe.

Safe and effective staffing

The provider adhered to safe recruitment practices, carrying out thorough pre-employment checks and ensuring that all staff working with people using the service had enhanced DBS clearance.

The provider offered services from 9am to 7pm, Monday to Friday, including flexible evening support to accommodate people's outside 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. Another stated 'The one-to-one support sessions I received were booked at times suitable for me and I felt supported to go at my own pace'.

We found that all staff felt well supported and could seek advice and support from their peers and managers at any point. Monthly team coaching sessions provided a structured space for staff to reflect, share experiences and further develop their skills. Staff involved in face-to-face and group work sessions were required to attend monthly clinical supervision with an external professional. This supported them in reflecting on their practice, improving the quality of care they provided, and maintaining their emotional wellbeing. However not all staff had received this in line with the providers expectation. Annual appraisals were also not yet in place.

We found that the provider had not completed all mandatory training required by commissioners, for example Mental Health Act training. They were working with commissioners to confirm what mandatory training was required and which areas should be prioritised.

Recovery coaches had completed specialised 'Systemic Wellness Practitioner and Coach' training to support them in their roles. There was not the same expectation as some other providers in the NGSN that staff should have a Level 3-4 Health and Social care qualification or equivalent, due to the nature of the support provided. We were assured that staff were employed on their skill set that was required for each role. Staff also had the opportunity to pursue additional training based on their interests to further enhance their skills. The provider offered further training sessions, including suicide awareness, and held monthly bitesize training covering a variety of topics such as neurodiversity and debt management. These initiatives ensured that staff were well-equipped and supported in their roles.

Infection prevention and control

Although our assessment framework includes infection prevention and control, the provider only offered virtual support and coaching. We found no evidence of concerns in this area during our inspection.

Medicines optimisation

Although our assessment framework includes medicines optimisation, the provider was not responsible for managing medicines. If concerns were raised, then staff explained they would signpost people to the relevant services to help them access professional support. We found no evidence of concerns in this area during our inspection.

Is the service effective?

Effective overall summary

We found there was good partnership working with other providers in the NGSN to help support people. Data we viewed, as well as feedback from people who used the service, showed that the coaching and support provided was helping to make positive changes in people's lives. People were supported to manage their own needs by staff who understood their preferences and delivered person-centred support.

Assessing needs

People who used the service were fully involved in assessment and planning about their support and what they wanted to achieve which helped to maximise their involvement. At present the initial assessment was carried out by a recovery coach; the provider told us that they had plans to develop a more structured assessment to ensure a holistic approach and that all key areas were covered. However, people we spoke with were confident that their individual needs were understood by the provider and this was reflected in the records that we saw. Many people who used the service reported that they felt this was strengthened by recovery coaches' lived experience.

If required, the provider also supported affected others, such as family members, to help ensure that their needs were met. One person who was an affected other stated that 'their support has been invaluable as I negotiate the aftereffects of (x's) gambling. I have learnt a lot and been supported to look after myself' and that the worker had 'listened to me cry, made me smile and virtually held my hand through this process'.

Data from April 2025 to June 2025 showed that the average time for assessment following initial contact was within 48 hours and that support was provided within an average of 7 days. This helped to ensure that the support offered was timely, relevant to the person's needs and supported their motivation to work with the service.

Delivering evidence-based support and treatment

The provider's recovery coaches all had personal lived experience of gambling harms and recovery. The value of peer support is a key component of recent guidance from January 2025 from the National Institute for Health and Care Excellence (NICE) on gambling-related harms, which highlights and upholds its importance. Many people that we spoke with highlighted the benefits of receiving support from people with shared experiences. Staff we spoke with also highlighted this as a positive but were also clear about professional boundaries and how to maintain these effectively.

How staff, teams and services work together

Feedback that we received as part of this assessment showed that the provider worked effectively with other services to support people in gambling treatment and support services.

With the consent of the person using the service, information was shared between providers to support the effective assessment, planning, and delivery of the individual's required support. Stakeholders told us that provider regularly visited services and initiated video calls, where people may require additional support to gain an understanding of the service, but this also facilitated continuity of support for people who were referred.

Staff had access to a handbook which included many relevant policy and procedures to support them in their work. The provider was currently developing further guidance and policies for staff. The

provider held relevant meetings to support the effective operation of the service. Team and management meetings ensured that important information was consistently communicated. Additionally, the use of electronic case records enabled secure and efficient information sharing among staff.

Supporting people to live healthier lives

Evidence demonstrated that the provider supported people who used the service, in managing their health and wellbeing, helping to optimise their overall quality of life and contribute to their recovery journey. Many people expressed feeling empowered by the support they received. One person told us, 'They don't just offer advice or direction — they remind me I have strength, choice, and power. They've helped me believe I can build something new, not just survive the past.' People were encouraged and supported to make healthier choices to help promote and maintain their health and wellbeing. One stakeholder stated, 'EPIC look and create a culture for a lifestyle change for clients that creates sustainability and longevity in recovery'. The provider also arranged outdoor activity trips, delivered by a third party, which focused on supporting people to live a healthier life and improve their wellbeing.

Regular contact with people who used the service allowed staff to focus and be aware of any risks which included how to support people if they were struggling. This could include referrals into treatment services.

Monitoring and improving outcomes

The provider used a system called the 'wheel of life' to help plan support and monitor people's progress during their support. This tool helped staff to monitor peoples' ongoing wellbeing and progress against their agreed goals, including areas like person wellbeing, physical health, debt, and self-care. Scores from ongoing assessments were reviewed regularly by coaches and people during sessions to help monitor progress and direct support to meet any ongoing or developing needs.

The provider regularly gathered feedback from people who used the service to help ensure their needs were being met and to drive ongoing service improvement. For example, they had changed the type of outdoor activities offered to be more inclusive and accessible for different groups of people. The provider was working on further development of monitoring outcomes as part of their new case management platform which would help support this.

Since joining the NGSN, the provider had submitted data regularly to commissioners, reporting against a set of key performance indicators to help monitor progress and outcomes. This data showed that timely contact and assessments were being undertaken, and that 93% of people achieved a positive outcome in 'health and wellbeing, connection and relationships, resilience and self-worth or practical skills for recovery' as a result of the support they received. This reflected the positive feedback we received from people who reported improved outcomes based on their coaching and support.

Consent to support and treatment

Staff obtained consent from individuals using the service before sharing any information with other professionals, such as their GP. However, if there were safeguarding concerns relevant information was shared with appropriate agencies to ensure people's safety and wellbeing.

Is the service caring?

Caring overall summary

We found that staff were hard working and motivated to help improve the outcomes for people that used the service. People reported being treated with kindness and respect by staff, with many highlighting staff's lived experience which meant they could empathise with them and meet their needs. Information we received from our survey and people who we spoke with was overwhelmingly positive about staff and the non-judgemental approach they delivered.

Kindness, compassion and dignity

People receiving coaching and support from the provider told us they were treated with kindness and compassion. We received 35 responses to our survey, all of which scored the provider the highest rating available for treating them with dignity and respect. Many highlighted that this approach was reinforced by staff's lived experience, which they felt enhanced their ability to fully understand what they were experiencing. For example, we heard that the lived experience recovery coaches brought 'a high degree of authenticity, empathy, and understanding to the support they provide' and that their 'experience enables them to engage meaningfully with individuals accessing their services and to tailor their support to real-world needs'.

The staff that we met during this assessment showed a real commitment to providing effective support for people and wanted to support them in making change. We received very positive feedback from people who used the service about the provider. One person described an 'excellent service...always kind, caring, compassionate and professional', another stated 'My coach is fantastic, she really cares and listens and does everything she can to make sure I have all the tools I need to stay gamble free'.

People felt that they were listened to and that staff were non-judgemental. One person who used the service stated, 'The aftercare EPIC provide has been outstanding and vital to my recovery. My coach is excellent. She is always encouraging, supportive, responsive, professional and helpful. I feel that I can be open and frank about my recovery without any fear of judgement'. Another stated 'I think everyone there (*EPIC Restart Foundation*) is so helpful and always there to listen and help you if you need help, I don't think I would have ever got through this without their help. Another stated that 'EPIC restart foundation assessment got to know me, speaking with a coach who had walked the path I was facing immediately gave me huge sense of trust and a willingness to open up' and that 'throughout I was seen as a person'.

Feedback from stakeholders was very positive about the kindness and compassion of staff. One stakeholder told us 'You can see the passion and care for their service-users shine through all the work they do. They care deeply about each person they support and are passionate about supporting each person's recovery journey'.

Treating people as individuals

The provider worked with people as individuals to help ensure that their needs and preferences were understood and that they were supported. They tried to ensure that peoples communication needs were met to enable them to engage in coaching and support and this was particularly important as in the main sessions were all virtual. For example, the provider had considered the specific needs of neurodiverse people and how best to support them accessing groups based on their feedback on service delivery.

Although currently there had not been a need, the provider was looking into ensuring that all information was available in different languages required.

Independence, choice and control.

On average people had around 6 individual coaching sessions. These were based on the person's agreed needs and goals to help ensure an appropriate level of support. If the provider felt that the person needed more support for their gambling-related harms than EPIC offer or a different type of support, then they would refer on to relevant services with the person's consent.

People had the option of attending ongoing groups to support their recovery. During online groups people stated they could decide how active they were, for example they could fully participate, or they could just listen. People stated that they could contact the provider in between formal sessions if they felt they needed more support giving them choice about the level of support they required. One person told us 'In between sessions if I sent an email or worry, I would hear back quickly, offering me an extra session to discuss anything that I needed too, never was I made to feel like a burden, it was genuine care, and the timely manner of responses was fantastic'.

Responding to people's immediate needs

Staff we spoke with were aware of the processes if they needed to take immediate action to minimise any discomfort, concern or distress which included appropriate and timely referrals to other services.

Workforce wellbeing and enablement

Staff members we spoke with consistently reported feeling well supported by their managers. Staff wellbeing was a clear priority, helping ensure individuals could perform their roles effectively. Initiatives such as regular walks and team step challenges were in place to promote physical and mental wellbeing.

Some staff told us that they would appreciate more support before undertaking one-to-one sessions with people using the service. We discussed this with staff and managers and were assured that a buddy system was in place for staff undertaking their induction training to help ensure that staff were supported, including during individual support sessions with people using the service.

For staff with lived experience, structured support mechanisms were in place to monitor their wellbeing and proactively respond to any signs of relapse. Where needed, individualised support measures were implemented. The provider was in the process of formalising this approach to ensure staff were fully aware that support would be available and that they would not be penalised in such circumstances.

Staff told us that they felt that managers engaged with them and involved them in decisions about the development of the service. We were told that there were multiple meetings and opportunities where staff could provide feedback or raise concerns helping to improve the service that was delivered. Staff felt they would be listened to and taken seriously by managers. Staff also spoke of the support that they received from their peers.

Is the service responsive?

Responsive overall summary

We found that people who used the service were consistently placed at the centre of all coaching and support provided. They were actively involved in planning their support, including setting and monitoring of personal goals to ensure it was tailored to their needs. The provider offered prompt access to their services. Ongoing support was also available for both individuals and their affected others through group sessions and online communities, which remained available for as long as individuals felt they needed this support.

Person-centred support

We found that people who used the service were at the centre of the coaching and support provided, which was personalised to meet their individual needs. People were actively involved in setting goals that reflected what was most important to them, helping to ensure the support aligned with their needs and preferences. Progress towards these goals was regularly reviewed as part of the sessions. One person who used the service told us that ‘The coaches work in a person-centred way, having the support for myself tailored to exactly what I needed, whilst also accommodating me as a person diagnosed with ASD (autism spectrum disorder) and also who is gay.’

People who used the service and stakeholders reported that the service provided was person centred. One stakeholder stated that the provider was ‘extremely responsive’ and that ‘they pick up referrals from us very quickly and hold a session with the referring practitioner and the client to explain their services and answer questions via video call’. Many people reported that they felt listened to by staff. People told us that their voice was heard, they felt listened to, information provided was clear and relationships were built on trust.

Care provision, integration, and continuity

We found that the provider collaborated effectively with other stakeholders in the network. This included meeting regularly with other stakeholders to review referral pathways and referral rates as well as service changes and consideration for areas such as collaboration on safeguarding processes. This joint working supported coordinated service delivery, ensuring individuals were referred to the most appropriate support service and experienced smooth transitions between services.

We found that the provider demonstrated a commitment to inclusivity and was responsive to the diverse needs of people using the service. They were working hard to ensure further inclusivity and spreading the word about gambling-related harms in hard-to-reach communities. Specialist programmes had been developed, and some groups revised to ensure individuals needs were met, such as the development of a women’s only group.

Providing information

People who used the service received support and advice that was accurate, up-to-date and provided in a way that they could understand, and which meet their communication needs, including the information available on the provider’s website. People were also given the option to receive a summary of each session by email, enabling them to revisit the content from sessions whenever needed.

The provider had developed an online support community as well as a podcast, which included having guest speakers and discussions on topics. One person who used the service stated that 'EPIC have so much amazing content through there podcasts and weekly support groups there's an amazing amount of help that's very easy to access'. They had also had their work featured on local Asian TV and radio stations to help increase the awareness of gambling-related harms.

The provider was currently developing a process to get information translated into different languages to support the work of the community engagement workers. The provider was considering options to employ lived experience staff who spoke multiple languages and one member of staff we met spoke multiple languages which supported them in their engagement work. The role of the community engagement workers was to help increase awareness of gambling-related harm and inform people about what the provider could offer, while also developing to relationships and gaining an understanding of different communities' needs.

Listening to and involving people

The provider regularly sought feedback from people who used the service about all areas of the service to underpin service development, which was reviewed at regular internal meetings.

All people who completed our survey told us that they knew how to complain if they had concerns about the service. The provider had not received any complaints in the 12 months leading up to this assessment; however, the people we spoke with felt confident that any concerns raised would be dealt with appropriately.

Equity in access

People could access prompt free support from EPIC Restart Foundation. Data showed that the time from referral into the service to a first session was on average 7 days. The provider recognised that for many people with gambling harms engagement at times could fluctuate, and people were not penalised for missed sessions. Individuals were able to re-engage and seek further support from the provider at any time if needed.

All support offered was virtually and the provider offered a range of flexible times to help ensure that this was at a suitable time for the person using the services.

The provider had also developed several structured programmes and group-based support initiatives, which were informed by the specific needs of people using the service. This included a dedicated group for affected others and a women's only programme; both designed to ensure that a range of needs were appropriately met. These groups provide support and space for people to ask questions, reflect and learn about gambling harms. The women's only group, 'Women Empowered', was designed by women and encouraged them to speak about their gambling harm without shame or stigma. The aim was to help women sustain and build their recovery, to support each other and overcome the stigma they may experience. For affected others the support started as one-to-one sessions followed by the option of joining a specialised group to help build a community and support wider affected others.

Equity in experiences and outcomes

All feedback we received during the assessment reflected positively on staff attitudes, and no concerns were raised regarding experiences of discrimination.

Feedback from stakeholders highlighted that the provider was alert to inequality that could disadvantage different people using their services. One stakeholder told us that EPIC Restart were providing a subject matter expert for an upcoming conference 'to speak specifically on the unique

challenges faced by LGBTQ+ communities in accessing support for gambling-related issues' and that they felt 'This highlights their commitment to ensuring equity and inclusion within the support system'.

Planning for the future

One of the primary aims of EPIC Restart was to provide support to people who have received treatment for gambling-related harms individuals in planning for their future. People were empowered to make informed decisions about their ongoing support, guided by their personal needs and aspirations. Continued support from EPIC Restart was provided by individuals with lived experience, offering relatable and empathetic guidance. Additionally, those using the service were supported to re-engage with treatment from other providers if required.

Is the service well-led?

Well-led overall summary

The service was going through a period of change and was reviewing its governance processes to ensure they were appropriate, effective, and aligned with its evolving needs. Some elements needed strengthening to support service delivery. The staff we spoke with had a clear vision of how they were supporting people and those affected by gambling harms, and the provider was developing a strategy to support this. The provider demonstrated a compassionate and listening culture that promoted understanding between staff and managers. This included involving staff in decisions and taking the service forward. Staff felt well supported by managers who were very accessible.

Shared direction and culture

The provider was currently going through a period of expansion and transformation with their strategy being developed. We found that staff had a shared vision to support people and help to raise awareness of gambling-related harms and overcome challenges of engagement in hard-to-reach communities. Staff modelled the provider's core beliefs and were aware of the importance of their work in achieving the aim of the provider.

We found that there was a culture where staff felt able to be open and reflect on their practice and support each other. Staff stated that managers modelled this culture in their actions and were receptive to feedback on how the service could be further enhanced.

Capable, compassionate and inclusive leaders

We found that managers were knowledgeable about the service which included being sighted on the areas that needed to be further developed and understood the challenges they faced and were working on these. They had the skills experience to ensure that an effective service was delivered.

Staff we spoke with reported that managers were highly supportive, approachable, and readily accessible when needed. They felt that their wellbeing was prioritised and embedded into the culture of the service. Weekly team meetings provided a structured space for open communication, shared learning, and mutual support. Staff described feeling listened to and encouraged to raise concerns or seek guidance whenever necessary.

Freedom to speak up

All staff had access to appropriate guidance and channels to raise concerns or whistle blow, should they feel the need to do so. Those we spoke with reported a culture of openness and an ability to speak out if they had concerns.

Workforce equality, diversity and inclusion

We found that the provider valued their staff and the diversity that each person brought to their role and worked to both support staff and empower those on their recovery journey. They also made reasonable adjustments to support staff when needed, for example additional support and guidance if they were experiencing difficulties related to their own gambling history. Staff had completed training in Equality, Diversity and Inclusion, which helped to ensure their understanding and respect for diverse backgrounds and needs of the people they supported and their colleagues, promoting a more inclusive environment.

Governance, management and sustainability

At the time of this assessment the provider was undergoing a strategic transformation, which included a comprehensive review and enhancement of its governance systems to ensure they were appropriate to underpin the service expansion and ensure its sustainability. This included a review of existing governance processes as well as the introduction of new ones. As these were not in place at the time of our visit we could not assess the effectiveness or impact of these. A new organisational strategy had been developed to outline the provider's priorities, objectives, and intended outcomes; a service development plan was also being written to support the implementation of the strategy.

A new electronic recording system was being designed to support the provider's work, this was not in place at the time of this assessment. The provider told us the new system would support enhanced reporting and auditing underpinning the long-term work of the provider and helping to provide improved and effective oversight.

Effective systems were in place to identify, record, and monitor any risks to any people using the service. Cases were reviewed weekly to ensure that risks were being appropriately managed and that staff had taken the necessary actions. The provider also had a risk register for operational and corporate risks which they told us would help to manage known risks that could impact on the quality and effectiveness of the service.

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. The provider had made significant efforts to raise awareness and actively address the challenges associated with this. This included meetings with NHS and local authorities and being part of a working group with partners to help address concerns of any influence by the industry.

Partnerships and communities

We found that there was strong partnership working with other providers as well as with other stakeholders, which helped to ensure that people received consistent support and that services were joined up and responsive to individual needs. One stakeholder stated that 'We find their professional standards exemplary, and they are genuinely a joy to work alongside'.

The provider was actively working to increase awareness of gambling-related harm and had started to establish trust with communities that are often harder to reach, particularly those where cultural or religious beliefs may discourage open discussions about gambling.

Feedback we received from stakeholders indicated that the provider was an effective partner in the network. One stakeholder stated that partnership working was 'an area of strength for EPIC' and that 'They are very dependable for joined up pieces of work and their reliable and trustworthy approach is always appreciated'.

Learning, improvement and innovation

The provider demonstrated a clear understanding of the improvements needed to ensure the effective and well-managed expansion of the service which included reporting systems to help monitor the impact of the service.

Staff, including those with lived experience, played a vital role in helping to drive service improvements and contributing to ongoing development which helped to ensure the service

remained relevant and responsive to the needs of those accessing it. There was also an organisational-wide focus on engagement with people from ethnic minority groups and hard to reach communities including engagement with them through relevant TV and radio channels.