

# Wonder Weans Playcare Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 February 2026

**Service provided by:**  
Wonder Weans Ltd

**Service provider number:**  
SP2008010085

**Service no:**  
CS2008186455

## About the service

Wonder Weans is an after school care service provided by Wonder Weans Ltd. The service is registered to provide an after school club service to 60 primary school aged children. They provide a breakfast club, after school care and care during some holiday periods.

The service is provided from Bonaly Primary School which is in a residential area on the south west of Edinburgh. Children have access to two main rooms, the library and toilets. They also have access to the school playground and an Astro turf area for outdoor play.

The service is situated close to public transport routes and the Pentlands Hills.

## About the inspection

This was an unannounced inspection which took place on 2 February 2026 between the hours of 14:30 and 17:45. We returned to complete the inspection on 3 February 2026. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with children using the service
- Reviewed feedback from an online survey from 21 families
- Observed practice and daily life
- Spoke with staff and management
- Reviewed documents relating to children's care and development, and the management of the service.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary within the quality indicators Leadership and management of staff and resources and Nurturing care and support.

As part of this inspection we undertook a focus area. We gathered specific information to help us understand more about how services support children's safety, wellbeing, and engagement in their play and learning.

This included reviewing the following aspects:

- Staff deployment
- Safety of the physical environment, indoors and outdoors
- The quality of personal plans, and how well children's needs are being met
- Children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

## Key messages

- Children experienced joyful, self-directed play in an environment which offered a broad range of experiences.
- A child-centred vision around children's right to play meant children consistently experienced choice, autonomy and respectful interactions that supported their engagement and enjoyment.
- Staff interactions were consistently warm, compassionate and kind.
- Children felt valued and understood because the service provided nurturing, individualised care rooted in strong relationships.
- Quality assurance systems required strengthening to ensure processes were timely, robust and consistently supported safe, high quality practice.
- To enhance children's safety and wellbeing the service must use safer recruitment guidance to ensure the safe and effective management of staff recruitment.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

Leadership	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Children are supported to achieve	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## Leadership 3 - Satisfactory / Adequate

### Quality indicator: Leadership and management of staff and resources

We evaluated this quality indicator as satisfactory/adequate, where strengths just outweighed the weaknesses.

The service's vision was focused on the commitment to children's right to play, which is aligned with the United Nations Rights of the Child (UNCRC) and was clearly visible in everyday practice. Children consistently experienced choice in where and how to play and their views and preferences were on the whole reflected within the environment. Staff interactions reinforced this ethos and created a culture where play was respected and valued.

Moving forward, the service could refresh this vision with staff, families and children so that it not only reflected children's right to play, but also set out an aspirational, future-focused ambition for the service. Updating this would strengthen strategic direction and ensure improvement work continued to reflect the needs and voices of the children and community, and keep it aligned with the goal of providing rich, meaningful play experiences that improve outcomes for children.

The staff team worked within a positive and trusting culture where they shared ideas, took initiative and supported one another effectively. Communication systems, both informal and structured, contributed to this by enabling a collaborative approach to meeting children's needs. Daily huddles, for example, ensured everyone knew which children were attending and any children's specific support or health needs. This promoted a shared understanding across the team and contributed to consistent, responsive care for children throughout the day.

Ongoing reflection was beginning to support improvement. For example, the service had begun trialling a new system to capture children's views on experiences and playroom spaces, which may help staff collect and analyse information to improve experiences moving forward. Leaders and staff were beginning to develop their understanding of how to use the quality framework purposefully (Quality improvement framework for the early learning and childcare sectors: school age childcare, Care Inspectorate and HMIE 2025). The team had created an improvement plan, but some priorities were not directly linked to outcomes for children, which limited the clarity and effectiveness of planned actions. Involving the whole team in reflective discussions promoted shared ownership and created a positive foundation for change. There was scope to strengthen this further, by ensuring priorities were evidence based and focused on what would make the greatest difference to children's wellbeing and experiences. Extending leadership roles by allocating responsibility for specific, outcome driven improvements could help build consistency and enhance the overall impact of improvement. The service engaged positively with discussions around this during inspection showing ongoing commitment to improvement and change.

The service listened well to children and families, with one family telling us, "They always ask for feedback, specifically from the children". While most families were positive about the experiences offered, some noted they had not been asked for suggestions. This suggested there was scope to explore a wider range of ways to gather and use family feedback. Broadening consultation with families could ensure improvements remained relevant to the community and strengthen the service's ability to plan changes, that directly improve children's experiences and outcomes.

Some quality assurance systems required improvement. Developing a simple, manageable quality assurance calendar would support effective and timely monitoring of essential areas such as personal plans, medication systems, policy content and recruitment practices. Risk assessments should be drawn up to cover all areas where children play, including the outdoor area. Strengthening these systems would ensure information was up to date and that any important information was not missed. It could also support practice that aligns with the service's vision, values and legislative requirements, ultimately improving outcomes for children (see area for improvement 1).

A significant strength was the inclusion of children's views within the interview process, demonstrating that their opinions mattered. Children benefited from a well supported staff team whose induction, mentoring and post induction appraisal processes helped build consistency and confidence. This contributed to a stable and positive environment where children experienced attuned, responsive care. Clear goal setting and shared action planning would strengthen this further by ensuring staff development was closely aligned to improving children's experiences and outcomes. High levels of staff wellbeing and retention further enhanced continuity for children, helping them feel secure and settled.

Recruitment processes did not fully meet safer recruitment expectations, which meant children's safety and wellbeing may not be fully protected. The provider must ensure all pre-employment checks are completed before an individual is appointed to the service (see requirement 1).

## Requirements

1. By 30 August 2026, the provider must ensure that children are protected through the safe and effective management of staff recruitment.

To do this the provider must, at a minimum:

- a) Ensure recruitment procedures are aligned with good practice guidance, 'Safer Recruitment Through Better Recruitment,' (Care Inspectorate and Scottish Social Services Council (SSSC), September 2023).
- b) Ensure pre-employment checks are completed in full before any individual is appointed to a role within the service, including requesting accurate and appropriate references relating to a person's suitability to work in a specified role.

This is to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

## Areas for improvement

1. To support children's overall health, wellbeing and development, the provider should ensure that systems for quality assurance are well-organised, timely and capable of driving sustained improvement.

This includes but is not limited to, developing clear processes for monitoring and reviewing key information related to children's care and wellbeing. This includes areas such as personal plans, medication systems, risk assessments and policy updates.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

## Children play and learn 4 - Good

### Quality indicator: Playing, learning and developing

We evaluated this quality indicator as good, where there were important strengths within the setting's work, and some aspects which could benefit from improvement.

Children experienced joy in their play because the environment offered meaningful choice and supported them to lead their own learning. They explored a wide range of spaces and opportunities for play such as necklace making, construction play, card games and a relaxed library area which enabled them to follow their interests and exercise autonomy. Families reflected this positively, noting that "staff are brilliant with the children and very engaged" and that "children are always kept well entertained with a variety of activities and really enjoy their time at Wonder Weans". Their feedback highlighted that the range of experiences and the quality of staff engagement contributed to children feeling motivated, stimulated and happy in their play.

Play experiences offered opportunities for children to explore and develop problem solving skills, creativity and curiosity. For example, some children worked together to build and adapt a car track, experimenting with ways to balance it between tables. Others invented a car flipping game using chairs, while another group constructed and tested spheres made from straws. These experiences showed that children were motivated, exploring ideas independently and developing their thinking skills through imaginative, self directed play.

Staff interactions were consistently sensitive, respectful and attuned to children's needs. They sought children's permission before joining games, handled minor disputes calmly, and used collaborative language such as, "let's see how we get on trying to share the space". This positive role modelling supported children to develop negotiation, cooperation and other important social skills. Staff also supported self regulation, empathy, and confidence by helping children to source materials, encouraging activities such as card making, and creating excitement in play, while offering purposeful praise. Staff could now extend this further by introducing greater challenge or building on children's ideas while still following their cues. For example, staff could consider using language that extends thinking and learning.

Feedback from older children indicated that some resources felt too young for them. Some expressed an interest in baking, supporting snack planning and preparation, as well as accessing equipment such as gymnastics resources or netball. They also identified gaps in provision such as broken or incomplete board games. Updating and expanding resources and experiences particularly for older children, would ensure that play remained meaningful and appropriately challenging for all. Some parents made suggestions such as, "more planned group activities, like craft sessions". Some children also showed an interest in climbing. The service may benefit from exploring safe climbing opportunities and incorporating more open-ended natural materials and loose parts, to enhance further opportunities for exploration.

While planning was not formalised, staff were clearly attuned to children's needs and interests. This was demonstrated by tailored support such as working individually with specific children or using sand timers to support regulation. Moving forward, the service could begin to capture occasional observations or feedback from children.

This would support the team to notice patterns in children's play and identify where they might want greater complexity, responsibility or new experiences that build on what they already enjoy. This would ensure planning was intentional, reflective and able to support appropriate challenge.

Overall, children benefitted from joyful play experiences, warm and respectful relationships, and a skilled staff team who created an environment where children felt happy and engaged. The next steps involved strengthening planning processes, enriching resources, particularly for older children and increasing the richness and variety of experiences offered, to ensure children continued to thrive.

## Children are supported to achieve 4 - Good

### Quality indicator: Nurturing care and support

We evaluated this quality indicator as good, where there were important strengths within the setting's work, and some aspects which could benefit from improvement.

Children felt valued and understood because the service provided nurturing, individualised care rooted in strong relationships. Staff knew children well and responded warmly and sensitively to their needs. This enabled them to deliver routines that supported each child's comfort and emotional security. Families feedback reflected this, describing the club as "an inclusive, fun, caring place where my child is safe" and sharing that "my child absolutely loves breakfast and after school club... they never want to leave".

There were clear examples of thoughtful, proactive work with families and children to support children through transitions. Strategies such as sand timers and ongoing discussions with parents and carers helped children understand changes and feel reassured. One family shared how staff had "fostered the love of sewing in my eldest child" while providing personalised support for a younger child who experienced anxiety during transitions. Another described how proactive communication, including weekly updates, had made a significant positive difference when their child struggled with longer days. These examples demonstrated that staff responded effectively to individual emotional needs, enabling children to feel more confident and better able to cope with change.

Children benefitted from consistent, reliable support because staff were well prepared at the start of each session. Effective systems such as daily huddles and clear written communication ensured staff shared up to date knowledge about children's needs. This contributed to stable, predictable care that helped children feel settled, reassured and confident throughout their time at the service.

Staff interactions were consistently warm, nurturing and compassionate. Children said they felt safe and happy, and parents and carers reinforced this. Some families told us, "staff prioritise my child's wellbeing," and "the relationships they build with the children are exceptional". These strong relationships supported children to engage readily in play, form friendships and experience a strong sense of belonging.

Some children said the environment could feel noisy at times and that they would benefit from quieter, more private spaces. Often, the library was used as a quiet space for older children, who valued it as a calm area. On the second day when it was opened to younger children many used it as a relaxing space. Developing additional softer, sensory supporting areas with cushions, rugs and gentle lighting would further enhance comfort and support children's need for calm, regulated play. Reducing the number of tables and chairs could also create more flexible, relaxed spaces that better meet children's developmental needs. Leaders were open to exploring these adjustments to improve children's experiences.

Snacks were available throughout the session, offering children choice and flexibility. While this supported independence, eating in varied locations did not always reflect best practice for promoting calm, safe and comfortable mealtimes. Supporting children to sit while eating as well as encouraging regular handwashing would strengthen healthy routines, prevent infection spread and contribute to better digestive comfort (see area for improvement 1). Several older children said they would enjoy helping to choose and prepare snacks, which would further support their independence, responsibility and collaborative skills.

Staff deployment was effective, and tailored one to one support helped children feel safe and valued. Parents and carers reflected confidence in the team, describing the service as their child's "favourite part of the week". They highlighted how accommodating staff were in responding to children's needs. This child-centred practice contributed to developing trust, emotional resilience and a strong sense of wellbeing for children.

Personal plans held baseline information for each child but were not yet being used meaningfully to assess, plan for or review children's wellbeing. Several parents were unsure about the personal planning process, saying they were not aware of a plan and one expressing, "I don't know how much children are encouraged to try various things and support their development". Strengthening personal plans and ensuring these are well communicated would support consistency and ensure planning is genuinely shaped around children's strengths, interests, needs and wishes. Clear, accessible plans that reflect children's voices and record progress could enable staff to evidence positive outcomes and support children to take an active role in shaping their own care (see area for improvement 2).

## Areas for improvement

1. To support children's overall health, wellbeing and development, and to strengthen infection prevention and control, the provider should follow best practice guidance around safe mealtimes.

This includes but is not limited to, ensuring children regularly wash their hands during the session, particularly before and after eating and after outdoor play, and having a dedicated area for snack where children can sit to eat.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible (HSCS 1.35), and 'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11).

2. To support children's wellbeing, play and learning, the service should reflect with families on what matters for each child and ensure personal plans are meaningful, working documents. Personal plans should capture details around children's needs, interests, dislikes and wishes as well as any strategies of support. Personal plans should be reviewed every six months, or earlier as and when things change. This will allow the service to reflect and plan for the changing needs of children over time.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To ensure that the service has all the information necessary to meet care and support needs the managers should review the current registration form. Along with information the club may feel it needs; the club should use the Care Inspectorate document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. Publication date: February 2012. National Care Standards for Early Education and Childcare up to the age of 16. Standard 6 - Support and development.

**This area for improvement was made on 1 December 2016.**

#### Action taken since then

Registration forms were in place with baseline information, however, they lacked sufficient detail to plan and support individual needs and were not being reviewed within legislative timescales. This area for improvement was not met and has been adjusted to reflect the current improvement needs of the service. See area for improvement 2 in quality indicator, Nurturing care and support.

#### Previous area for improvement 2

The club should improve the range of information kept for children who have an on-going medical condition or who may require medication while in the club. The policy and procedure for the administration and recording of medicine should reflect the guidance in the document 'Management of medication in daycare of children and childminding services'. National Care Standards for Early Education and Childcare up to the age of 16. Standard 3 - Health and wellbeing.

**This area for improvement was made on 1 December 2016.**

#### Action taken since then

Medication forms held good information, and good processes were in place to alert and remind staff of who required medication. However medication and records were not being reviewed within timescales required. This area for improvement was not met and has been adjusted to reflect the current improvement needs of the service. See area for improvement 1 in quality indicator, Leadership and management of staff and resources.

#### Previous area for improvement 3

Training opportunities should be improved for staff within the club. To enable staff to meet the aims of the club, their registration requirements with the SSSC and areas of professional development identified in their appraisal. National Care Standards for Early Education and Childcare up to the age of 16. Standard 12 - Confidence in staff.

**This area for improvement was made on 1 December 2016.**

#### Action taken since then

All staff were registered with SSSC and kept information regarding training opportunities updated. Leaders actively sought out opportunities for staff on areas of interest and to support children in their care.

Staff spoke positively about experiences and about opportunities that had a direct impact on promoting positive outcomes for children. This area for improvement was met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

Detailed evaluations

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Playing, learning and developing	4 - Good
Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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