**Care Home Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Room Number/Resident Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date of Deep Clean:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_  
**Person(s) Completing Clean:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Area/Item | Frequency | Cleaned – Initial | Comments |
| Bed frame (including headboard, footboard, under bed). |  |  |  |
| Mattress (vacuum, inspect, wipe; note damage/stains). |  |  |  |
| Mattress cover / protector. |  |  |  |
| Bedside cabinet (inside, outside, underneath). |  |  |  |
| Wardrobe / drawers (inside, outside, handles). |  |  |  |
| Chest of drawers / dressing table. |  |  |  |
| Chairs / armchair (frame & upholstery). |  |  |  |
| Overbed table / tray table. |  |  |  |
| Windows (glass, ledges, frames, sills) |  |  |  |
| Curtains / blinds (check clean, vacuum or replace if needed). |  |  |  |
| Radiators & radiator covers. |  |  |  |
| Skirting boards & door frames. |  |  |  |
| Doors & handles (both sides). |  |  |  |
| Light switches & sockets. |  |  |  |
| Ceiling light fittings & lampshades. |  |  |  |
| Call bell cord & handset. |  |  |  |
| Picture frames / wall decorations. |  |  |  |
| Mirrors. |  |  |  |
| Flooring / carpets (vacuum, mop, or deep clean). |  |  |  |
| Waste bin (clean inside & outside). |  |  |  |
| All horizontal surfaces (dust & disinfect). |  |  |  |
| All high-level surfaces (tops of wardrobes, shelves) |  |  |  |

**Ensuite if appropriate.**

|  |  |  |  |
| --- | --- | --- | --- |
| Area/Item | Frequency | Cleaned - Initial | Comments |
| Sink & taps. |  |  |  |
| Toilet & flush handle/toilet brush. |  |  |  |
| Shower / bath (tiles, screen, shower head, controls). |  |  |  |
| Grab rails. |  |  |  |
| Mirror. |  |  |  |
| Towel rails. |  |  |  |
| Flooring. |  |  |  |
| Door & handles. |  |  |  |
| All shelves & storage areas. |  |  |  |
| Waste bin (clean inside & outside). |  |  |  |
| Ventilation grill / extractor fan. |  |  |  |

**Additional Items.**

|  |  |  |  |
| --- | --- | --- | --- |
| Area/Item | Frequency | Cleaned - Initial | Comments |
| Television & remote control. |  |  |  |
| Telephone. |  |  |  |
| Clock. |  |  |  |
| Hoist / moving & handling equipment. |  |  |  |
| Bedside lamp. |  |  |  |

**Final Check.**

|  |  |  |  |
| --- | --- | --- | --- |
| Area/Item | Actioned | Initial | Comments |
| All furniture moved & cleaned behind. | Y/N |  |  |
| All equipment wiped & disinfected. | Y/N |  |  |
| No visible dust, dirt, cobwebs | Y/N |  |  |
| Mattress checked & fit for use. | Y/N |  |  |
| Floor clean & dry. | Y/N |  |  |

Completed By Date