FREE PRACTICE RESOURCE

Healthcare Cleaning and Inspection-Readiness Checklist

A practical self-check for GP practices, dental practices and independent clinics – designed to help practice managers identify gaps, organise evidence and prioritise action.

HOW TO USE IT

Print or complete in Word. Tick one status for each item and add a short note where useful.
Mark In place only where the control is current and evidenced; use Action where improvement is needed; use N/A only where the item genuinely does not apply.

PRACTICE / CLINIC	REVIEW DATE
COMPLETED BY	NEXT REVIEW

What this checklist covers

01	Governance and records
02	Schedules and high-touch points
03	Safe methods and infection prevention
04	People, cover and accountability
05	Audit and inspection readiness

Important: This is a practical self-assessment, not a regulatory audit or guarantee of compliance. Use it alongside your current practice infection-prevention policies, risk assessments, manufacturer instructions, contracts and applicable national and local guidance.

1 Governance and documented controls

Can you show how cleaning is planned, controlled and evidenced?

Choose one status for every applicable item. Add a short note or evidence reference where useful.

1.1	A named person is responsible for cleaning standards and infection-control coordination.	☐ In place ☐ Action ☐ N/A Note / evidence: _____
1.2	The current cleaning specification clearly defines areas, tasks, frequencies and responsibilities.	☐ In place ☐ Action ☐ N/A Note / evidence: _____
1.3	Cleaning frequencies reflect local risk, activity levels and the way each room is used.	☐ In place ☐ Action ☐ N/A Note / evidence: _____
1.4	Up-to-date COSHH information and product safety instructions are accessible to relevant staff.	☐ In place ☐ Action ☐ N/A Note / evidence: _____
1.5	Current risk assessments cover cleaning tasks, chemicals, equipment, sharps and lone working where relevant.	☐ In place ☐ Action ☐ N/A Note / evidence: _____
1.6	Cleaning records, audits, issues and corrective actions are dated, attributable and easy to retrieve.	☐ In place ☐ Action ☐ N/A Note / evidence: _____
1.7	The practice has an escalation process for spills, contamination, outbreaks and urgent deep cleaning.	☐ In place ☐ Action ☐ N/A Note / evidence: _____

2 Cleaning schedules and high-touch control

Are routine tasks clear, risk-based and reliably completed?

Choose one status for every applicable item. Add a short note or evidence reference where useful.

2.1	Schedules distinguish clinical, public, staff, washroom and non-clinical areas.	☐ In place ☐ Action ☐ N/A Note / evidence:
2.2	High-touch points are identified and assigned suitable frequencies (for example handles, switches and shared touchscreens).	☐ In place ☐ Action ☐ N/A Note / evidence:
2.3	Treatment rooms and clinical contact areas are reset and cleaned in line with the practice's agreed procedure.	☐ In place ☐ Action ☐ N/A Note / evidence:
2.4	Toilets, waiting areas and reception points are checked often enough for demand and recorded where required.	☐ In place ☐ Action ☐ N/A Note / evidence:
2.5	Floors, carpets, upholstery, high-level surfaces and less-visible areas have planned periodic cleaning.	☐ In place ☐ Action ☐ N/A Note / evidence:
2.6	Waste handling, internal collection and removal routes are defined and avoid unnecessary cross-contamination.	☐ In place ☐ Action ☐ N/A Note / evidence:
2.7	Missed tasks, restricted access and incomplete cleans are reported promptly and rescheduled with a clear owner.	☐ In place ☐ Action ☐ N/A Note / evidence:

3 Infection prevention and safe cleaning methods

Do methods reduce cross-contamination and support safe care?

Choose one status for every applicable item. Add a short note or evidence reference where useful.

3.1	Staff follow the practice's approved cleaning method, including the correct order of work from cleaner to dirtier areas.	☐ In place ☐ Action ☐ N/A Note / evidence:
3.2	Colour coding or another clear segregation system is used consistently for cloths, mops and equipment.	☐ In place ☐ Action ☐ N/A Note / evidence:
3.3	Single-use and reusable items are managed correctly; reusable equipment is cleaned, dried and stored safely.	☐ In place ☐ Action ☐ N/A Note / evidence:
3.4	Products are suitable for the intended surface and task, with correct dilution and contact time followed.	☐ In place ☐ Action ☐ N/A Note / evidence:
3.5	Hand hygiene and appropriate PPE requirements are understood and followed during cleaning tasks.	☐ In place ☐ Action ☐ N/A Note / evidence:
3.6	Blood and body-fluid spill procedures are available, understood and supported by accessible spill materials.	☐ In place ☐ Action ☐ N/A Note / evidence:
3.7	Cleaning stores are secure, orderly and ventilated where required, with chemicals labelled and separated appropriately.	☐ In place ☐ Action ☐ N/A Note / evidence:
3.8	Equipment moves between areas only under an agreed process that prevents cross-contamination.	☐ In place ☐ Action ☐ N/A Note / evidence:

4 People, competence and service continuity

Can the service remain safe and consistent when circumstances change?

Choose one status for every applicable item. Add a short note or evidence reference where useful.

4.1	Cleaning staff receive an induction covering the site, infection-control expectations, safety and escalation routes.	☐ In place ☐ Action ☐ N/A Note / evidence:
4.2	Training and competency records are current for the tasks each person performs.	☐ In place ☐ Action ☐ N/A Note / evidence:
4.3	DBS checks are completed where the role and local policy require them.	☐ In place ☐ Action ☐ N/A Note / evidence:
4.4	Supervision, spot checks and feedback are regular enough to maintain the agreed standard.	☐ In place ☐ Action ☐ N/A Note / evidence:
4.5	Holiday, sickness and absence cover is planned so essential cleaning is not missed.	☐ In place ☐ Action ☐ N/A Note / evidence:
4.6	Attendance and contracted hours can be evidenced, including lone-worker arrangements where applicable.	☐ In place ☐ Action ☐ N/A Note / evidence:
4.7	Practice staff know who to contact for operational issues and how quickly a response should be expected.	☐ In place ☐ Action ☐ N/A Note / evidence:

5 Audit and inspection readiness

Would the evidence stand up to internal or external scrutiny today?

Choose one status for every applicable item. Add a short note or evidence reference where useful.

5.1	The latest cleaning audit covers representative clinical and non-clinical areas, not only visible spaces.	☐ In place ☐ Action ☐ N/A Note / evidence: _____
5.2	Audit findings are specific, assigned to an owner and closed by an agreed date.	☐ In place ☐ Action ☐ N/A Note / evidence: _____
5.3	Repeat issues are analysed for root causes rather than repeatedly treated as one-off failures.	☐ In place ☐ Action ☐ N/A Note / evidence: _____
5.4	Complaints and feedback about cleanliness are recorded, reviewed and used to improve the service.	☐ In place ☐ Action ☐ N/A Note / evidence: _____
5.5	The practice can promptly produce schedules, completed records, audits, COSHH information, risk assessments and training evidence.	☐ In place ☐ Action ☐ N/A Note / evidence: _____
5.6	Cleaning arrangements are reviewed after changes to rooms, services, patient flow, equipment or opening hours.	☐ In place ☐ Action ☐ N/A Note / evidence: _____
5.7	A pre-inspection walk-through is planned, with enough time to correct gaps without disrupting patient care.	☐ In place ☐ Action ☐ N/A Note / evidence: _____

YOUR RESULTS

Turn the review into a short action plan

Count only applicable checks. Your percentage is a prioritisation aid, not a regulatory rating.

Checks marked IN PLACE	Applicable checks (exclude N/A)	Quick self-check
NUMBER: _____	NUMBER: _____	IN PLACE ÷ APPLICABLE × 100 = _____%

90–100%	Strong foundation	Maintain evidence, test resilience and close isolated gaps.
75–89%	Targeted improvement	Prioritise recurring, high-risk or poorly evidenced controls.
Below 75%	Priority review	Create a dated action plan and consider specialist support.

Top actions

	ACTION / IMPROVEMENT	OWNER	DUE DATE
1			
2			
3			
4			
5			

FREE 15-MINUTE REVIEW

Would a second pair of eyes help?

Book a free 15-minute healthcare cleaning and compliance review with Green Machine. We will discuss your arrangements, priority gaps and practical next steps – with no obligation.

01823 294040 | info@greenmachinesw.co.uk