Aged Care Coordinator interview questions

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What to expect

Aged Care Coordinator interviews usually test how you assess need, coordinate services, communicate with families and keep compliance on track. You can expect a mix of process questions, scenarios and behavioural questions, with a strong focus on person centred practice and safe service delivery.

- **Process and systems:** Questions about My Aged Care, eligibility pathways, Home Care Packages and Support at Home, and how you document care planning.
- **Behavioural and client facing:** Questions that ask you to describe past work with clients, families, complaints or changing needs.
- **Scenario and judgement:** Situations where a client's safety, wellbeing or service continuity is at risk and you need to prioritise.
- **Coordination and stakeholder:** How you work with providers, assessors, nurses, families and internal teams when services do not line up.
- **Compliance and quality:** Your understanding of the Aged Care Quality Standards, record keeping, privacy and safeguarding.
- **Technical care planning:** How you build, review and adjust a care plan around goals, risks and reablement.

Typically starts with a phone screen or short interview with a coordinator or manager, then a longer interview with the care manager and sometimes a clinical lead. You may be asked to walk through a care planning example or respond to a scenario. Some employers include a short written task or values based questions about client choice and dignity.

1. Walk me through how you would take a new client from first enquiry to an active care plan.

Why they ask

This checks your understanding of My Aged Care, assessment, care planning, service coordination and documentation.

How to structure your answer

A step by step walk-through. Name each stage, the system or form you use, who you consult and how you record consent.

Example answer

“I would start by confirming the client's details and consent, then check whether they have a My Aged Care reference number and an assessment or referral. If they are not yet assessed, I would explain the pathway and help them contact My Aged Care or their assessor. Once I have the assessment and package details, I would meet the client and family to talk about goals, routines, cultural needs, risks and what is working now. I would draft a care plan with services such as personal care, nursing, social support and allied health, then confirm provider availability and start dates. Before services begin, I would document the plan, share it with the client and providers, and set a review date. I would also note any safeguarding, medication or manual handling requirements so everyone knows their responsibilities.”

2. Tell me about a time you had to review a care plan because a client's needs changed.

Why they ask

This tests your ability to monitor wellbeing, communicate with families and escalate clinical concerns appropriately.

How to structure your answer

STAR: situation, task, action, result. Keep the result focused on client safety and continuity.

Example answer

"At a previous home care provider, a client I coordinated began missing appointments and losing weight. I spoke with the client and their daughter, completed a new needs check and contacted their GP. I updated the care plan to include nursing input, meal support and a medication review, and I arranged shorter, more frequent personal care visits. I documented the changes and called the family after a week to check how it was going. The client stayed at home with more consistent support, and the family told me they felt heard."

3. A support worker calls in sick an hour before a client's morning visit, and the client needs help with showering and medication. What do you do?

Why they ask

This is a common coordination pressure and tests your judgement, safety focus and communication under time pressure.

How to structure your answer

A prioritisation structure: safety first, then options, then communication, then follow up.

Example answer

"I would first check the client's care plan and risk profile to understand what is essential and whether medication assistance is due. I would call the worker to confirm the absence and see if they can cover a later shift. Then I would contact other workers on the roster who know the client and ask if anyone can cover, while also checking with nearby providers or the on call nurse. If no one can attend, I would call the client or family straight away, explain the gap and make a safe alternative plan, such as a family member helping with the shower and a nurse advising on medication. I would document the incident, notify my manager if it is a missed essential service, and review the roster to reduce the chance of it happening again."

4. A family member disagrees with the services in their parent's care plan and wants more hours than the package can fund. How do you handle it?

Why they ask

This probes stakeholder management, budget awareness, transparent communication and person centred practice.

How to structure your answer

A negotiation and de escalation structure: acknowledge, clarify, explore options within scope, document.

Example answer

"I would start by acknowledging their concern and thanking them for advocating for their parent. I would explain what the package can fund and what the assessed needs are, using plain language rather than jargon. Then I would ask what they are most worried about, because the issue might be a specific task like meal preparation or overnight support. I would explore options such as reallocating hours, using community services, checking for a review of the assessment, or bringing in family and volunteers where appropriate. I would be clear about what I can and cannot change, and I would document the conversation and any agreed actions. If the disagreement continued, I would involve my manager and offer a complaints process so the family knows their rights."

5. What does the Aged Care Quality Standards mean in your day to day work?

Why they ask

This tests whether you understand compliance as practical client care rather than a paperwork exercise.

How to structure your answer

A practical mapping structure: theme, example, record. Link each theme to something you actually do.

Example answer

“For me, the standards show up in everyday decisions rather than a folder on a shelf. They mean dignity and choice, so I ask clients what matters to them and record their preferences. They mean ongoing assessment and planning, so I review care plans on time and involve the right people. They mean safe personal and clinical care, so I make sure workers have instructions and training for tasks like medication or manual handling. They mean services and supports are delivered as agreed, so I check provider performance. They also mean good governance, so I report incidents, keep accurate records and follow privacy rules. I use the standards when I audit a file or prepare for a visit from the Commission.”

6. How do you keep multiple providers and a family on the same page when services overlap?

Why they ask

This tests coordination, communication and your ability to maintain a single clear plan across a team.

How to structure your answer

A communication plan structure: single point of truth, regular check ins, escalation.

Example answer

“I would make sure there is one current care plan and one communication record that everyone can see, whether that is in LeeCare, iCare or another system. I would confirm each provider's role, contact person and visit times in writing, then set a regular check in for complex clients. If a family member is the main contact, I would agree on how often we speak and what we report. When something changes, I would update the plan first, then email or call the providers and family with the same message. If there is a disagreement or a missed service, I would bring everyone together by phone or a case conference and record the agreed actions. I would also flag anything clinical to the nurse or care manager.”