Aged Care Manager interview questions

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What to expect

Interviews for Aged Care Manager roles focus on operations, compliance, people leadership, and how you handle the everyday pressures of residential care. Expect a mix of structured questions, scenario-based prompts, and conversations about your approach to families, staff, and regulators.

- **Operational and process:** Questions about how you run a facility day to day, including rostering, budgets, and quality systems.
- **Behavioural:** Questions asking for real examples of leading staff, managing change, or handling complaints.
- **Scenario and judgement:** Hypothetical situations involving residents, families, or compliance breaches that test your decision making.
- **Regulatory and compliance:** Questions on Aged Care Quality Standards, ACQSC audits, incident reporting, and AN-ACC funding.
- **Leadership and people:** Questions about building teams, managing performance, and creating a positive culture.
- **Family and resident communication:** Questions on how you liaise with families, resolve concerns, and keep residents at the centre.

A typical process starts with a phone screen with a recruiter or HR, covering your background and availability. If you progress, you attend a panel interview with senior management, a clinical lead, and sometimes a resident or family representative. Some providers include a case study or a written scenario, and you may be asked to tour the facility and meet staff. Final steps often include reference checks, a police check, and an NDIS Worker Screening Check.

1. Walk me through how you would manage a typical week as an Aged Care Manager.

Why they ask

This tests your ability to prioritise, delegate, and keep the facility running smoothly.

How to structure your answer

A process walk-through: start with Monday priorities, then show how you balance clinical rounds, compliance tasks, staff meetings, budget reviews, and family contact across the week. Finish with how you review and adjust.

Example answer

“I start Monday with a stand-up with the clinical care manager and rostering officer to review overnight incidents, staffing gaps, and any new admissions. Tuesday I do a walk-around of the home, speak with residents and staff, and check that care plans are being followed. Wednesday is budget and compliance: I review AN-ACC claims, care minutes, and any open audit actions. Thursday I chair the quality and safety meeting, and I hold one-on-one sessions with team leaders. Friday I catch up on family requests, write my report for the executive, and plan the following week. I keep Friday afternoons free for unannounced visits or urgent family meetings, because those often come up.”

2. Tell me about a time you led a team through a difficult change, such as new rostering or a compliance update.

Why they ask

Change is constant in aged care and employers want to see how you bring staff with you.

How to structure your answer

STAR: Situation, Task, Action, Result.

Example answer

“At my last facility we moved from paper rosters to AlayaCare. Staff were worried about shift changes and some were not confident with the software. I started by running short training sessions on each shift, not just during business hours. I identified two super users per team and gave them extra support. I set up a two-week trial where staff could swap shifts through the app and gave daily feedback. Within a month, unallocated shifts dropped from 14 per week to three, and I had no resignations related to the change. I also kept a paper backup for the first fortnight so no one felt stranded.”

3. A family member complains that their mother's care plan is not being followed. How do you handle it?

Why they ask

This is a common and sensitive situation that tests your communication and investigation skills.

How to structure your answer

Scenario judgement under pressure: acknowledge the concern, gather facts, involve clinical lead, meet the family, agree on actions, document, and follow up.

Example answer

“I would thank the family member for raising it and arrange a time to meet in person within 24 hours. Before the meeting I would speak with the care manager, review the care plan and daily notes, and check whether any changes were missed. In the meeting I would listen without interrupting, explain what I found, and if there was a gap, say so plainly and outline how we will fix it. I would agree on a review date and put everything in writing. I would also follow up with the resident to make sure they feel heard. After that, I would check in with the family member a week later to confirm the plan is being followed.”

4. How do you ensure your facility stays compliant with the Aged Care Quality Standards?

Why they ask

Compliance is a core part of the role and the interview panel will want to see your systems thinking.

How to structure your answer

Technical and process: describe your governance framework, education, audits, incident reporting, and regulator engagement.

Example answer

“I use a quality and safety calendar that maps every standard to a responsible person and a review date. Each month we do a self-assessment against one standard, and we run internal audits on high-risk areas like medication, falls, and wound care. Staff complete annual and refresher training, and I make sure new starters get an induction on the Standards. Incident reports go into our system within 24 hours and we review trends at the quality meeting. I also prepare for ACQSC visits by keeping evidence folders live, not scrambling at the last minute. When the Commission gave feedback, I led the action plan and closed all items within the agreed timeframes.”

5. Describe your approach to managing a budget when you need to reduce costs without compromising care.

Why they ask

This tests your financial judgement and your ability to protect care standards while making tough calls.

How to structure your answer

A judgement framework: identify non-negotiable care requirements, analyse data, consult clinical and support teams, implement changes, monitor impact.

Example answer

“I start by separating what is legally and clinically required from what is discretionary. Care minutes and safe staffing are non-negotiable. I use Excel and Power BI to look at agency spend, overtime, and supply costs. I meet with the clinical care manager and team leaders to find savings that do not touch direct care, such as renegotiating supplier contracts or reducing unused bed capacity. I would not cut training or maintenance because those costs come back later. Once we agree on changes, I monitor them weekly for the first month and check that care minutes and resident outcomes stay stable. If something is not working, I adjust early.”

6. How do you build relationships with residents, families, and external health professionals?

Why they ask

This role is relational and the panel wants to know you are approachable and trustworthy.

How to structure your answer

A behavioural and values-based structure: describe your routine practices, a specific example, and the outcome.

Example answer

“I make a point of walking the floor every day and learning residents' names and stories. I hold monthly family meetings and I am available after hours for urgent calls. With external professionals, I set up clear communication channels, like a shared email for allied health and a weekly call with the local hospital's discharge planner. In one case, a resident was being readmitted to hospital frequently. I worked with the GP, the pharmacist, and the family to review medications and set up a better monitoring plan. The readmissions dropped from four in three months to one in the following three months, and the family told us they finally felt listened to.”