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The health and social care interview, question by question

Care assistant, support worker, senior carer, healthcare assistant. Care homes, supported living, domiciliary care and NHS bank work.

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Read this first

Care interviews are not like other interviews. The manager is not mainly testing whether you can lift, wash and cook. They are testing whether you are safe to leave alone in a room with somebody who cannot protect themselves. Almost every question below is that question wearing different clothes.

That is good news, because it means you can prepare. There are perhaps fifteen things a care manager needs to hear, and they come up in every interview in the country. What follows is those fifteen things.

One rule before you start: do not memorise these answers. An interviewer who has run two hundred interviews can hear a memorised answer in four words, and it costs you the job on the spot. Use each answer below as a shape, and put your own true story into it.

What to have ready before the day

Put all of it in one plastic wallet the night before. The most common thing that goes wrong in a care interview is not a bad answer. It is a person arriving without the certificate that proves the good answer.

1. Your CV, on paper, two copies. One for you, one for them. Interviewers lose CVs.

2. Passport or BRP or eVisa share code, plus your National Insurance number if you have one.

3. Your NVQ or RQF certificate, or the enrolment letter if you are still studying. Take the paper, not a photo of the paper.

4. Care Certificate, moving and handling, safeguarding, medication and first aid certificates, whatever you hold. Old ones still count and show a history.

5. Driving licence, and the DVLA check code if you can get one. In home care this is worth more than a qualification.

6. Two referees with working phone numbers and email addresses. Tell them first. A referee who is surprised by the call is a slow reference, and a slow reference loses you the start date.

7. Your DBS certificate number if you are on the update service. If you are not, say so honestly; most employers will pay for a new one.

8. The name of the person interviewing you, and the name of the home or the service. Say both out loud once before you go in.

The questions they always ask

Tell me about yourself.

Sixty to ninety seconds, three parts. What you have done, why care, where you want to go. For example: how long you have worked in care and with which client group, one sentence on why you chose it that is actually true for you, and what you want next, such as senior carer or NVQ Level 3. Do not start at school. Do not tell them your life story. If you have no paid care experience, say what you have done instead that is relevant: caring for a family member, hospital volunteering, hospitality, retail, security, anything where you handled people who were upset.

> *What they are listening for: Whether you can speak clearly, whether you will still be here in a year, and whether you picked care on purpose or by accident.*

Why do you want to work here, at this home?

Name something specific about them. Their latest CQC report and its rating, the client group they specialise in such as dementia, learning disability or end of life, the fact that they run their own training, the size of the home. Ten minutes on their website and on the CQC site before the interview is enough. Then connect it to you in one sentence.

> *What they are listening for: Whether you applied to them or to everybody. A manager who thinks you applied to fifty places will not invest in you.*

What does dignity mean to you in care?

Give a picture, not a definition. Knocking and waiting before entering. Closing the door and covering with a towel during personal care. Asking what they would like to wear rather than choosing for them. Using the name they want, not love or darling. Talking to the person and not over them to a colleague. Then one true example of when you did it.

> *What they are listening for: Whether dignity is a word you learned for the interview, or a thing you actually do at three in the afternoon when you are behind.*

What is person centred care?

It means the care plan is built around who this person is, not around what the shift finds convenient. Their routine, their preferences, their history, their religion and their food. The practical version: you read the care plan, you ask the person, and when the two disagree you ask the person and then tell the senior so the plan gets updated.

> *What they are listening for: Whether you know that the care plan is a living document and not a form.*

Tell me about a time you dealt with a difficult situation at work.

Use four steps and keep it to two minutes. What the situation was, what you were responsible for, what you actually did, and how it ended. Pick something real and ordinary. A resident who refused personal care. A family member who was angry. A colleague who cut a corner. The ending matters more than the drama: say what you learned, and say who you told.

> *What they are listening for: That you did not handle it alone when you should have escalated, and that you did not freeze.*

How do you handle someone who becomes aggressive?

Stay calm, keep your voice low and slow, give them space, do not crowd or grab, remove the trigger if you can see it, and get help. Then afterwards: record it, report it, and look for the reason. Aggression in dementia care is almost always communication. Pain, fear, needing the toilet, too much noise, a stranger in their room. Say that.

> *What they are listening for: That you will not restrain somebody, and that you understand behaviour is a message.*

What would you do if you saw a colleague being rough with a resident?

There is one correct answer and it has no softening. You stop it if the person is in immediate danger, you make the person safe, and you report it that day to your manager or the safeguarding lead. You do not wait until you are sure. You do not discuss it with the colleague first to be fair to them. If your manager is the problem, you go above them, to the local authority safeguarding team or the CQC. Say you know you are protected by whistleblowing law.

> *What they are listening for: This is the single most important question in the interview. Any hesitation, any it depends, any I would talk to them first, is usually the end of the interview.*

What is safeguarding, and what are the types of abuse?

Safeguarding is protecting adults at risk from abuse and neglect. Name the types: physical, sexual, psychological or emotional, financial, neglect, discriminatory, organisational, domestic, modern slavery, and self neglect. You do not need all ten, but naming six confidently is far better than saying hurting people. Then say the rule: if you suspect it, you report it. It is not your job to investigate or to be certain.

> *What they are listening for: That you know financial abuse and neglect count, because those are the two that get missed.*

A resident tells you something and asks you to keep it a secret. What do you do?

You never promise confidentiality before you hear it. If it is about their safety or somebody else's, you have to pass it on, and you tell them that, gently and honestly: I cannot promise to keep that to myself, but I will only tell the people who need to know to keep you safe. Everything else stays private and out of the staff room.

> *What they are listening for: That you will not make a promise you have to break, and that you understand confidentiality has a limit.*

What would you do if a resident refuses their medication?

You never force it, never hide it in food unless there is a signed covert administration plan agreed with the GP and the family, and never sign for it as given. You ask why, you offer again a little later, you record the refusal on the MAR chart with the correct code, and you tell the nurse or senior. If refusing is new for that person, that itself is information.

> *What they are listening for: That you know refusing is their right under the Mental Capacity Act, and that a false signature on a MAR chart is the end of a career.*

What do you know about the Mental Capacity Act?

Five principles, and you can say them simply. Assume capacity unless proved otherwise. Help the person decide before deciding they cannot. An unwise decision is not the same as lacking capacity. If they lack capacity, act in their best interests. Choose the least restrictive option. Capacity is decision specific and time specific: somebody can choose their lunch and not be able to manage their money.

> *What they are listening for: Anybody can learn these five lines, and most candidates have not. It is cheap marks.*

Talk me through moving and handling.

You follow the person's moving and handling risk assessment, you use the equipment named in it, you never lift a person manually, you check the hoist and the sling for damage and for the correct size and loops, you tell the person what you are doing before and during, and if it needs two people you wait for the second person. Say the last part clearly. Being short staffed is not a reason to hoist alone.

> *What they are listening for: That you will wait rather than injure a resident or your own back on a busy shift.*

How would you support someone with dementia who is distressed and wants to go home?

You do not argue with their reality and you do not lie elaborately. You sit at their level, you listen, you validate the feeling, and you redirect gently: you are missing home, tell me about your house. Look for the unmet need underneath: pain, hunger, the toilet, tiredness, too much noise, sundowning in the late afternoon. Record what triggered it so the pattern can be found.

> *What they are listening for: That you will not say your husband died twenty years ago, and that you look for a cause.*

What would you do if you found someone on the floor?

Do not move them. Check for response and for breathing, check for injury, reassure them and keep them warm, call for help and for the nurse or senior, call an ambulance if there is a head injury, if they take blood thinners, if they are in pain or you suspect a fracture. Use equipment for an unassisted lift only if the protocol allows it. Then record it, complete the accident form, and make sure the family is informed.

> *What they are listening for: The words do not move them, in the first five seconds.*

How do you cope with the emotional side, including a resident dying?

Be honest. It affects everybody, and pretending it does not is a warning sign rather than a strength. Say what you actually do: talk to the team, use supervision, the debrief after a death, a colleague you trust, your own routine outside work. If you have been through it, say one calm sentence about what you learned. End of life care done well is the part of this work people are proudest of.

> *What they are listening for: That you will not burn out silently and leave in three months.*

Are you happy working shifts, nights, weekends and bank holidays?

Answer straight. If you can, say yes and say which. If you have a genuine restriction, say it now rather than after you are offered the job. Managers build rotas; they can work with honesty and they cannot work with a surprise in week two.

> *What they are listening for: Whether the rota will work. In care this is often the real reason a candidate is rejected.*

When and how to raise sponsorship

This is the part people get wrong, and it costs them interviews they had already won.

Do not raise it in the first minute, and do not hide it until the end. The natural moment is when they ask about your right to work, or at the close when they ask whether you have any questions. Before then, spend your time proving you are worth sponsoring, because sponsorship costs the employer money and paperwork and they only pay it for somebody they want.

Do you have the right to work in the UK?

Answer the question that was asked, accurately, in one line. If you hold a visa that lets you work, say which and say when it expires. If you would need sponsorship, say so plainly: I would need Skilled Worker sponsorship, I understand you hold a licence, and I know the employer applies for the certificate, not me. Never say you have the right to work if you do not. The check happens before you start and it is not survivable.

> *What they are listening for: Whether they are about to waste four weeks. Honesty here earns you more than it costs you.*

Do you know how sponsorship works?

Show that you know their side of it. The employer holds a licence, the employer assigns a certificate of sponsorship, the employer pays the fees, and nobody may charge you for the certificate. Say that you know the job has to meet the salary and skill rules, and that you are not asking them to bend anything. An employer who has been burnt by an applicant who thought sponsorship was something you buy will relax visibly.

> *What they are listening for: That you will not become a problem for their compliance manager.*

You ask them: does your licence cover the Skilled Worker route, and have you sponsored for this role before?

A fair question, asked politely, at the end. Some licensed employers only sponsor nurses and not carers. Some hold a licence they have never used. Knowing before you accept a job saves months. You can check any company yourself on our free licence check before you even apply.

> *What they are listening for: You are also showing that you did your homework.*

The questions you ask them

Never say no, I think you covered everything. Ask three. These are the ones that get good answers.

1. What does a typical shift look like, and how many residents would I be supporting?

2. What does the induction and the Care Certificate look like for a new starter here?

3. Do you support staff through NVQ Level 3, and who pays for it?

4. How does supervision work, and how often?

5. What was your last CQC inspection like, and what are you working on since?

6. What is the staff turnover like on this unit?

7. When would you want someone to start, and what are the next steps?

The five things that lose the job

1. Hesitating on the abuse question. Report it, that day, no exceptions.

2. Saying you would move somebody who has fallen.

3. Saying you would hide medication in food without a covert administration plan.

4. Not knowing anything about the home, including its name and its rating.

5. Saying I am good with people, and nothing else. Every candidate says it. None of them is scored for it.

Afterwards

Send a short thank you email the same day, four lines, naming one thing you discussed. Almost nobody does this and managers remember the ones who do.

If you do not hear back within the time they said, ring once, politely, after that time has passed. One call is keen. Three is a warning sign.

If you are turned down, ask for feedback in one sentence. About a third of managers will give it, and it is the cheapest training you will ever get.

This is interview practice, not legal or immigration advice. For your own case speak to a regulated adviser or a support organisation. We are a job alert service and we do not charge for any of this.