Guide to Choosing Aged Care Services | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/choosing-the-right-aged-care-services-for-your-loved-one/

Details:

Choosing aged care comes down to four checks. Get the right assessment through My Aged Care so the funding matches the actual need. Confirm the provider is registered with the Aged Care Quality and Safety Commission and look up its audit results. Read the service agreement before signing, especially the parts about costs, cancellation and what happens when needs change. And know that the older person, not the family and not the provider, holds the decision-making rights under the Aged Care Act 2024.

One important update before anything else.

What has changed since this article was written

The article above refers to Home Care Packages. That program no longer takes new entrants. Support at Home replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025. People who were already on a package moved across to a transitioned Home Care Package classification at an equivalent level of funding, and a no worse off principle protects the contributions of people who were receiving, waiting for, or assessed as eligible for a package on or before 12 September 2024.

The practical differences: eight ongoing funding classifications instead of four package levels, quarterly budgets instead of annual ones, and a defined service list split into Clinical Supports (fully funded by the government), Independence Services and Everyday Living Services (which may attract a contribution based on financial circumstances). For the full comparison, see Support at Home vs Home Care Packages .

The Commonwealth Home Support Programme (CHSP) has not changed. It continues to operate separately and is scheduled to transition into Support at Home no earlier than 1 July 2027.

The rest of this section covers the part the article above does not: how to actually check a provider, what the law now guarantees, and what to do when something goes wrong.

Your rights come first, and they belong to the older person

The Aged Care Act 2024 is built around a Statement of Rights . It sets out what an older person should expect when seeking or receiving government-funded aged care. Under it, an older person has the right to:

make their own decisions about their own life, and have those decisions respected rather than merely noted

get information and support to help them make those decisions

communicate their wishes, needs and preferences

be involved in deciding who provides their care, and when, where and how they get it

have a say in what daily activities they take part in

feel safe and respected, and have their culture and identity respected, including communication in their preferred language with interpreters where needed

for Aboriginal and Torres Strait Islander people, stay connected to Country or Island home

receive safe and quality care

speak up about any issue with their services, however small, without fear of punishment or unfair treatment

For families, this reframes the whole exercise. Your role is to help the person decide, not to decide for them. If the person you are helping can express a preference, that preference carries legal weight.

The registered supporter role

The Aged Care Act 2024 created a registered supporter role. A registered supporter is someone the older person trusts, often a family member or friend, who is authorised to help them make and communicate decisions while the older person stays in control. A registered supporter can help with decisions, communicate the decisions the person makes, and receive copies of their information.

A few points that come up often:

The starting presumption is that an older person can make their own decisions.

Someone can still ask a trusted person for help without registering them. Registering simply makes it clear who that person is.

Having a supporter does not stop the older person from doing things themselves.

If someone had a regular or authorised representative active in My Aged Care on 31 October 2025, that person automatically became a registered supporter under the new Act unless they opted out.

Supporters are registered through My Aged Care on 1800 200 422.

Checking a provider properly

This is the step families most often skip, and it is the one with the most public information behind it.

Registration and audits

The Aged Care Quality and Safety Commission registers aged care providers and monitors their compliance. Registration is renewed every three years. The Commission audits providers when they first apply to register, when they apply to renew, and when they apply to add new service categories.

Providers receive a conformance rating against each standard:

Conformance means the provider demonstrated it can meet the standard

Minor non-conformance means limited issues were found

Major non-conformance means significant issues that pose risks to the health, safety and wellbeing of older people

The Commission publishes audit results on its Find a Report page. That is public, free, and specific to the service you are considering. Read it before you read the provider's own brochure. Where non-conformance is found, the Commission requires corrective action proportionate to the risk, and can impose additional monitoring, issue notices, or apply enforcement measures including fines and civil penalties for serious breaches.

The Strengthened Aged Care Quality Standards

The Strengthened Aged Care Quality Standards took effect on 1 November 2025 under the Aged Care Act 2024, replacing the previous eight-component framework with seven standards:

The Individual

The Organisation

The Care and Services

The Environment

Clinical Care

Food and Nutrition

The Residential Community

Each standard has four parts: an intent, an expectation statement setting out what older people can expect, outcomes that providers are assessed against, and actions providers can take to meet those outcomes. The strengthened standards are more detailed and more measurable than the ones they replaced, and follow the recommendations of the 2021 Royal Commission into Aged Care Quality and Safety, which identified dementia care, provider governance, food and nutrition and clinical care as areas needing improvement.

When you visit a service, these seven headings are a better checklist than a general impression. Ask how the service performs against clinical care and against food and nutrition specifically, because those were singled out for a reason.

What else to weigh up

Experience with needs like these. A provider experienced with dementia, or with post-stroke recovery, or with the specific condition involved, will understand the pattern without being told.

Staff qualifications. Ask what qualifications the staff who will actually attend hold, not what the organisation employs somewhere.

Range of services. Personal care, domestic assistance, nursing, allied health, respite, home modifications and assistive technology. A provider covering more of these means fewer handovers as needs change.

Reputation. Reviews and ratings on the My Aged Care website, alongside the Commission's published reports.

What you see on a visit. Watch how staff speak to residents when they are not being shown around. Ask about activities and meals. Look at cleanliness and safety.

Reading the service agreement before you sign

The service agreement is a formal written contract. It should be signed by both parties before services start, and it should be available in an accessible format such as Easy Read so the older person can genuinely understand what is being agreed.

Ask these before you sign. Do not accept a verbal answer to a question about money.

Services and scope

What exactly will be provided, and how often?

How many hours are authorised, and who confirms them?

Where will services be delivered: at home, at a facility, or a mix?

What happens if needs change between reviews?

How often is the care plan reviewed and adjusted?

Costs and funding

What is the full cost breakdown?

Is it charged hourly, per session, or as a package?

What additional costs can apply, including travel?

How does billing work and what payment methods are accepted?

Do the prices sit within the applicable government funding limits?

What will be out of pocket?

Cancellation and communication

What notice is required to cancel, and what applies if less notice is given?

How will the provider communicate about service delivery?

How are appointments scheduled and rescheduled?

How quickly will they respond to a concern?

Rights, privacy and consent

What privacy and confidentiality protections apply?

How is personal information collected, stored and used?

What consent is required before services begin?

What is the complaints procedure?

Every provider sets its own commercial terms, and those terms belong in the agreement rather than on a web page. Ask for them in writing and read them before signing. For Bloom's terms, call 1300 771 465 and ask.

In-home support or residential care

The honest version of this decision is that it is usually made by circumstance rather than preference, but there are markers.

Home-based support suits people whose needs can be met safely with scheduled help, who want to stay in a familiar environment, and who benefit from the routine and independence of their own home. Support at Home is designed to keep people at home for as long as that is safe.

Residential aged care becomes the right answer when someone can no longer live independently and needs continuous, 24-hour care that cannot be safely delivered at home. That usually means complex health and mobility needs, or supervision requirements that exceed what a scheduled service can provide. Residential care offers 24-hour professional care and supervision, accommodation, meals, on-site nursing and general health services, social and recreational activities, and daily living assistance in one place.

The trade-off is real in both directions. Home care preserves familiarity but may not cover complex medical need. Residential care covers the need but requires adjusting to communal living, which some people find hard.

One thing that helps: the decision is not permanent or singular. Many people move from home-based support to residential care as their needs increase, and the aged care assessment through My Aged Care is what determines the appropriate level at each point.

Respite is not the same decision

Respite care gives a family carer temporary relief while the person continues to receive support. It can run from a few hours to longer periods, and comes in two main forms: in-home respite, where the

person stays in their own home, and residential respite, where they stay temporarily in a residential setting.

Respite is available as an Independence Service under Support at Home, and as a short-term option within residential aged care. Carers who are close to burning out often delay asking for it because it feels like giving up. It is the opposite: respite is what makes a long caring arrangement sustainable.

What things cost

We do not publish dollar figures here, because the amounts depend on the individual and change over time. What is worth understanding is the structure.

Under Support at Home , Clinical Supports such as nursing and allied health are fully funded by the government. Independence Services and Everyday Living Services may require a participant contribution that depends on financial circumstances. A lifetime cap of $130,000 applies to non-clinical care costs, across both in-home and residential care.

In residential aged care , the cost structure includes basic daily fees for care and services, separate accommodation costs, and means-tested contributions that vary with the level of care needed and with income and assets. Government subsidies reduce what is paid out of pocket.

Because contributions are means tested, you will be asked for financial documentation, typically recent tax returns, pension or superannuation statements, and details of income and assets. This is what determines both the government contribution and the individual one.

For an actual figure for an actual person, the source is My Aged Care on 1800 200 422 or Services Australia, not a provider. Providers can tell you their prices; only the government can tell you your contribution.

When something is wrong

Older people have the right to speak up without fear of punishment or unfair treatment. There is a defined path.

Step 1: raise it with the provider. Every registered provider is required to have a complaints management system and must listen, respond promptly, and act to resolve the issue quickly and fairly.

Step 2: escalate. If the provider does not respond appropriately, or you are not satisfied with the response, take it to the Aged Care Complaints Commissioner. You can complain online, by phone, by letter, or anonymously. Complaints can be about a person or an organisation not following aged care law, or about the quality or safety of care.

Protections. You cannot be punished or treated unfairly for making a report. Your identity and identifying information are protected, with limited exceptions such as sharing with the Commission or a lawyer, or where necessary to prevent a serious threat to safety. The Aged Care Act 2024 includes specific whistleblower protections covering older people, the people close to them, and aged care workers.

Concerns can also be reported to a registered provider, a responsible person of a registered provider, an aged care worker, a police officer, or an independent aged care advocate.

Free independent advocacy. Independent aged care advocacy support is available at no cost. The Older Persons Advocacy Network can help with making a complaint or with understanding aged care rights. You do not need to manage a complaint alone, and you do not need to pay for help with one.

Where allied health fits in

Under Support at Home, allied health sits inside Clinical Supports, which means it is fully funded by the government. That matters for the choosing decision, because these are often the services that determine whether staying at home remains realistic.

Bloom Healthcare's aged care allied health team covers occupational therapy, physiotherapy, exercise physiology, speech pathology, psychology and counselling, dietetics, and positive behaviour support. Services are delivered in people's own homes, in the community, in residential aged care facilities alongside the facility's care team, and by telehealth where that is clinically appropriate.

The in-home model exists for a practical reason: getting to a clinic is itself a barrier for many older people, and a therapist who sees the actual bathroom, the actual back step and the actual kitchen gives better advice than one working from a description.

How to start with Bloom

Referrals come from GPs and other health professionals, aged care assessment teams and coordinators, residential aged care facilities, family members and carers, and from older people themselves.

Phone: 1300 771 465

Email: hello@bloom-healthcare.com.au

Online: the referral form on the website

Office hours are Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, and Saturday by appointment. Bloom aims to respond to referrals within 24 hours. Include as much detail as you can about the person's needs, goals and circumstances. If you are referring as a nominee or guardian, or on behalf of someone else, say so clearly so your role is documented.

Common questions about choosing aged care services

Do Home Care Packages still exist?

Not for new entrants. Support at Home replaced the Home Care Packages Program on 1 November 2025. People already on a package were moved to a transitioned Home Care Package classification at an equivalent funding level, so nobody had to reapply.

Where do I actually start?

My Aged Care, on 1800 200 422 or through the website. Register, then be referred for an assessment by an Aged Care Assessment Team (ACAT) or a Regional Assessment Service (RAS). Nothing government funded happens without that assessment.

How do I check whether a provider is any good?

Three sources. The Aged Care Quality and Safety Commission publishes audit results on its Find a Report page, showing conformance or non-conformance against the standards. The My Aged Care website carries provider information and ratings. And a visit, where you watch how staff interact with residents rather than listening to the tour.

What are the Strengthened Aged Care Quality Standards?

Seven standards that took effect on 1 November 2025 under the Aged Care Act 2024: The Individual, The Organisation, The Care and Services, The Environment, Clinical Care, Food and Nutrition, and The Residential Community. They replaced the previous eight-component framework and are more detailed and measurable, following the 2021 Royal Commission.

Can I make a complaint without my parent's provider retaliating?

Yes. The right to complain without fear of punishment or unfair treatment is in the Act, your identity is protected with limited exceptions, and the Aged Care Act 2024 includes whistleblower protections. Raise it with the provider first, then escalate to the Aged Care Complaints Commissioner online, by phone, by letter or anonymously.

Is there free help if I am struggling with this?

Yes. Independent aged care advocacy is available at no cost, and the Older Persons Advocacy Network can help with complaints and with understanding rights. My Aged Care on 1800 200 422 can also explain the process.

My mother refuses to accept help. What are my options?

Under the Act, an older person has the right to make their own decisions and to have those decisions respected, and the presumption is that they can make them. That right holds even when family disagrees. What often helps is registering as a supporter through My Aged Care so you can help her weigh up options and communicate decisions, and starting with something small and clinical, such as a physiotherapy visit after a fall, rather than a full care package.

Is allied health free under Support at Home?

Clinical Supports, which include nursing and allied health such as physiotherapy and occupational therapy, are fully funded by the government under Support at Home. Contributions apply to Independence Services and Everyday Living Services, based on financial circumstances.

How do I get a break as a carer?

Ask about respite. It runs from a few hours to longer periods, and can be delivered in the person's own home or as a short stay in a residential setting. It is available as an Independence Service under Support at Home and as a short-term option in residential care.

What should I bring to the aged care assessment?

A written list of the tasks that are difficult, any falls or near misses, medications, existing reports from doctors and therapists, and a description of what a bad week looks like. Have someone present who sees the person daily. The plan reflects what the assessor is told, and people routinely understate their difficulties.

Can Bloom see someone who is in a residential aged care home?

Yes. Bloom's therapists work in residential aged care facilities alongside the facility's care team, as well as in people's own homes, in the community, and by telehealth where clinically appropriate. Call 1300 771 465 to check availability in your area.

Does the NDIS cover any of this?

The NDIS and aged care are separate schemes with separate eligibility, funding and assessment processes. Do not assume a rule or a support from one applies to the other. If you are unsure which system applies, say so when you call rather than guessing, and ask to be pointed to the right pathway.

What is the main topic of this Bloom Healthcare blog article?

The article, titled 'Choosing the Right Aged Care Services for Your Loved One,' focuses on helping families navigate aged care choices, comparing home care and residential options to help their loved one maintain dignity and independence.

Why does choosing the right aged care services matter, according to the article?

Choosing the right aged care services matters because it ensures independence (services tailored to help manage daily tasks while maintaining autonomy), comfort (a familiar and nurturing environment meeting physical and emotional needs), and quality of life (opportunities for social connection, mental stimulation, and personal fulfilment). It also provides families with peace of mind knowing their loved one is supported in a way that aligns with their values.

What are aged care services designed to do?

Aged care services are designed to support older Australians to live independently and safely, whether in their own homes or in residential care facilities, encompassing support options like help around the house, personal care, and respite care, with the goal of maintaining quality of life and independence for as long as possible.

What funds in-home aged care now that the Home Care Packages Program has been replaced?

The Support at Home program replaced the Home Care Packages Program on 1 November 2025 and is the main way in-home aged care is funded. It is government-subsidised and designed to support older people who want to stay in their own homes, and allied health is funded within it as a clinical support.

What is Bloom Healthcare and what services does it provide?

Bloom Healthcare is a boutique disability and aged care allied health provider that aims to change the status quo by ensuring all people have the right to access quality healthcare. Its healthcare model focuses on evidence-based practice and client centricity, delivered by highly qualified health practitioners across Australia.

How can someone contact Bloom Healthcare?

Bloom Healthcare can be contacted via email at hello@bloom-healthcare.com.au or by phone at 1300 771 465.

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