# Hearing Loss in Care Homes - a Call to Action

Engage
Hearing Matters for Outstanding Care

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BY NIGHTINGALE HAMMERSON
OUR EXPERTISE FOR YOU TO CARE AT HOME

# CONTACT INFORMATION


PADRAIC GARRETT

Head of Engage



ANDREW GOODWIN

Service Manager for Engage



NUNO SANTOS LOPES

Director of Research
& Innovation for
Nightingale Hammerson



RICHARD AYRES

Social Care Advisor
for Care England


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## ENGAGE

Engage was set up in 2016 by JDA, in response to the RNID's World of Silence report 2012. It is dedicated to transforming the lives of people living with hearing loss in care services. Engage works with care teams to promote learning and development on hearing loss. They work collaboratively with managers to develop environments that are deaf friendly and put polices and procedures in place that maintain outstanding levels of support for people with hearing loss.

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The leading representative body for small, medium and large providers in England.

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## REACH BY NIGHTINGALE HAMMERSON

A new charitable initiative from Nightingale Hammerson to support older people with care needs and their carers to live better for longer at home.


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REVENGE

# Executive Summary

# EXECUTIVE SUMMARY

With at least 80% of residents of care homes for older people living with hearing loss, this Paper has been written to highlight research and literature that supports an evidence-based response to the challenges they face. The problems are outlined and solutions are proposed, based on research papers and almost 10 years' experience of Engage's hearing loss projects in over 35 care homes. The Paper has been written in close cooperation with Care England and with Nightingale Hammerson where the Engage project has been running for over three years.

The recommendations to care providers are:

- Carry out hearing loss environmental audits
- Implement protocols for supporting residents with hearing aids
- Provide experiential hearing loss training to care workers
- Ensure amplifiers are available for interim use when hearing aids are lost or broken, or as an alternative to hearing aids for those who can't tolerate them
- Provide residents and relatives with information on assistive equipment
- Improve access to hearing tests, audiology services, and earwax removal (microsuction).
- Appoint Hearing Loss Champions.

As single entities, care homes have only limited influence, but by uniting, the care home sector can be a force to lobby for change.

The paper not only outlines the ethical necessity of addressing the issues residents with hearing loss face but also indicates the business and financial advantages of homes being able to provide outstanding hearing loss support.

# Problem

# PROBLEM

Inadequate support for people with hearing loss in care homes impacts negatively on their overall health and wellbeing.

### Scale of the problem

Hearing loss affects at least 18 million people in the UK and at least 80% of people over the age of 70 experience hearing loss (RNID 2024). Nearly 400,000 people live in care homes in England at any one time and around 70% of care home residents have dementia. The vast majority are living with both hearing loss and dementia. The number of people in care homes is expected to double in the next 30 years (Kings Fund 2024). The negative impact of untreated hearing loss on residents includes increased risks of falls, communication barriers, relationship breakdowns, anxiety, depression and cognitive decline.

### Inadequate access to hearing tests and hearing aids

A World of Silence report (RNID 2012) highlighted the high levels (75%) of undiagnosed hearing loss in care home residents. The Royal National institute for Deaf People (RNID) pledged to push for the diagnosis of and management of hearing loss in care homes. This call to action needs to be renewed. Most care home residents still do not have easy access to audiological services and endure unacceptable waiting times for hearing tests and hearing aid repairs. From a safeguarding perspective, failure to respond to residents' deafness that is severely impacting on their quality of life could be considered as institutional abuse.

### Hearing aids not being used or maintained

The number of people who live in care homes and wear hearing aids is low (Cross et al., 2022 ). Nationally, fewer than 25% of people who could benefit from hearing aids, actually use them. In care homes, many residents with dementia lack insight into their own hearing loss and therefore do not realise when their hearing aid is faulty. Staff must be aware of how to maintain and manage residents' hearing aids and provide complete support.

The RNID have guidance for care homes on the management of hearing aids and the use of loop systems and other assistive technology. However, the research referred to in this Paper suggests that the guidance is underutilised and is not been adhered to. In the World of Silence report (RNID 2012), they highlighted poor access to GP, Audiology and ENT services and the negative impact this had on residents with hearing loss. They strongly recommended for better systems to be put in place to support hearing aid use and maintenance in care homes. However, despite successive governments, no such system is in place.

Andrusjak et al., (2020) found that the care staff they surveyed reported that only 20.8% of residents were able to take care of their own hearing aids. This includes hearing aid batteries not working i.e. not changed regularly, hearing aids not fitting or put in properly, blocked tubes and untreated earwax. They recommended that staff should be sufficiently knowledgeable to effectively manage residents' hearing loss.

### Inadequate training for care staff results in poor management and under identification of hearing loss

Andrusjak et al found that care staff were not knowledgeable about hearing loss and also there was poor identification and management of hearing loss in UK care home settings.
In 2024, Cross et al published the results of a survey highlighting the communication needs for residents with hearing loss and dementia. They found only 50% of residents with dementia in UK care homes are given help with hearing loss. In addition, they found that only 27% of care home staff reported checking or testing residents' hearing aids. Engage has found in the homes they have worked with, this figure to be even lower.

### Problematic environments

Pryce and Gooberman-Hills (2012) in their paper described the problematic environments that many care homes present for people living with hearing loss. They highlighted that "environmental noise restricted residents' communication choices". Dining rooms and lounges are often far too noisy for maintaining conversations even for residents with good hearing. For those with hearing loss it is not uncommon to see these residents giving up and withdrawing into social isolation.

## What are the consequences of unmanaged or poorly managed hearing loss for residents?

### a. Dementia and cognitive function

The Alzheimer's Society outlines the links between hearing loss and dementia. People who develop hearing loss during mid-life have increased risk of developing dementia. They advise that it is important to have hearing tests and use of hearing aids when prescribed. Hearing loss is a modifiable risk factor for dementia and it important to address it as soon it becomes an issue.

The World of Silence (RNID 2012) report explains very clearly that there are complex reasons why many care home residents choose not to wear hearing aids, even though they could benefit from them. This includes the psychological aspects (e.g. giving up with

a sense of inevitable losses associated with age), social aspects (embarrassment and stigma) and the challenges of getting used to wearing them (not being able to block out background noise). If care homes want to increase the number of people wearing hearing aids, it's vitally important that they work with residents in person-centred ways to explore their personal obstacles to accepting hearing aids.

Systematic evidence review (Cross et al., 2022) also highlights the importance of hearing care within care homes particularly for those with cognitive impairments. Considering we now understand how common it is that unaddressed hearing loss increases the risk of cognitive impairment and dementia, there is a strong moral and physical argument for taking up the challenge to work with residents to do something about it.

### b. People with hearing loss are three times more likely to have a fall and will experience falls with greater injuries

Falls are one of the leading causes of death in older people (WHO, 2021) . Around a quarter of falls occur in care homes. According to NICE the cost to the NHS for falls is around £2.3 billion annually (this estimate dates from 2013 and it is likely to be much higher now). There are a number of factors that care homes need to consider reducing the risk of falls for residents with hearing loss:

1. High percentages of residents not wearing hearing aids (when they could benefit from them), and residents not accessing hearing tests. Hearing aids can help with balance and spatial awareness, not wearing them puts the person with hearing loss at higher risk of falling. Campos et al., (2023) research found that not wearing hearing aids, that is, not getting hearing aids when needed, or not wearing them is a contributory factor to falls in care homes.

2. Environments that are noisy, too dark, disorienting and anxiety-provoking for residents with hearing loss.

3. Low levels of communication skills levels of staff when relating to people with hearing loss, for example assuming shouting is helpful if someone is hard of hearing or getting their attention by tapping them from behind, causing the person to get startled. Communication issues are a falls risk because the confusion that comes with it causes stress and anxiety. The ensuing disorientation may contribute to falls.

### c. Social isolation

In the 2024 RNID report, 'It Does Matter', they presented the extent to which people with hearing loss had negative experiences that made them feel lonely, isolated and patronised. It made them want to withdraw and avoid interacting with others. 57% of deaf people felt excluded and 40% felt lonely and isolated. The care home experience is no different and probably worse as residents typically live with several other conditions and disabilities.

Cross et al., 2025 explored the impact of hearing loss on relationships between residents and their loved ones. Residents experience negative attitudes about their hearing loss from staff, residents and family members who are often unaware that their behaviours and attitudes are negatively affecting residents with hearing loss. Examples include: family and friends making jokes about the resident's hearing loss, or staff making comments like, "he can't hear so we won't disturb him with questions" or "they can hear when they want to".

### d. Mental health and wellbeing

Du Feu and Fergusson (2018) wrote about the impact of sensory impairment on mental health. For people who became deaf in adult life they often undergo a bereavement reaction, and, unless they can work through it, they may be left with anger and denial. Social withdrawal is often a way of dealing with the difficulties. Some people experience paranoid symptoms and people often feel vulnerable and isolated.

For residents in care homes, it is very important to watch out for depression and anxiety that may be associated with their hearing loss.

Bigelo et al., (2020) in a recent paper reported, "In a large nationally representative sample of US adults, self-reported hearing loss was associated with both greater psychological distress and increased rates of antidepressant and antianxiety medication use and utilisation of mental health services." They go on to say that, "Among individuals with moderate hearing loss, those with hearing aids were less likely to experience psychological distress than those without hearing aids."

### e. People with hearing loss are more likely to develop cardiovascular disease

Shaver et al., (2024) reported that middle-aged and older adults with trouble seeing, hearing or both may face a higher risk of having a stroke or heart attack than those with good eyesight and hearing according to a new study in China. From research with over 11,000 participants, those with hearing loss were found to be 20% more likely to develop cardiovascular disease than those who did not have hearing loss. While there is disagreement around the relationship between hearing loss and cardiovascular disease, many studies conclude that an association does exist.

### f. Impact on staff and the consequences to the care home

Cross et al., 2024 found that most participants (care staff) reported lacking knowledge of hearing loss and how best to manage residents' hearing difficulties, placing emphasis on their variable knowledge of hearing aids. All but one expressed a desire for training "We're just winging it and hoping what we're doing is the best…not that any professional has told us what's going to help that person".

One nurse (23 years in the profession) described it like this "I don't really know what to do with these hearing aids. How am I meant to clean them? What am I meant to clean? What bits can I take apart?....we don't really ever get told any of these things" (Cross et al., 2024)."

Care staff recognise that helping residents with hearing loss is important and beneficial. However, poor collaboration between care homes and audiology services, apprehension about the use of hearing aids and lack of personal responsibility was seen as barriers to the provision of hearing loss support (Cross et al., 2024).

The result for staff is feelings of inadequacy that detract from their professionalism.


JEWISH CARE

# Solutions

# SOLUTIONS

In 2016, the charity Jewish Deaf Association (JDA) www.jdeaf.org.uk set up the Engage service www.engagecare.co.uk to work with care homes to become fully accessible to residents with hearing loss, whether hearing aid wearers or not.

Engage has worked with over 35 care homes, 2 extra care services and 3 domiciliary care services in England. They have trained over 3,500 staff and indirectly supported thousands of residents and their families. The learning from their extensive experience is outlined below and enhanced by real-life care home scenarios and case studies. It provides a pathway for care homes to incorporate into their response to meeting the needs of residents with hearing loss.

### 1. Initial assessments before a new resident comes into the home

With 80% of people over 70 experiencing hearing loss of some level (RNID), it is vital to find out how they are managing it at the point of their initial assessment. For those who have already had hearing tests, it is important to capture the details of their test i.e. date and findings. People should be tested every two years because hearing loss is degenerative, so their next test should be diarised. If the person is a hearing aid user, details of the hearing aid and how they maintain them needs to be recorded. If they need assistance with the hearing aid, details of how they would like to be assisted should be recorded.

If permanent residents have not had a test within the last two years or does not have hearing aids, they should be offered the opportunity to be referred for one at the earliest opportunity.

### 2. Audiology services need to be accessible for people in care homes

Residents in care homes generally find it very difficult to access audiology services (both Private and NHS) due to ill health and comorbidities (Cross et al., 2024; Cross et al., 2025) In addition, they frequently endure long waiting times (Cross et al., 2024). The care home sector needs to lobby for better services from Integrated Care Boards (ICBs) and private providers. The same is true for ear wax removal. RNID's Stop the Block campaign has highlighted the impact of withdrawal of NHS services for ear wax removal, leading to an increase on demand of ENT services. The cost of private services are not affordable for many people.

## 3. Policies, procedures and protocols

Protocols for the care and maintenance of hearing aids should set the expectations and set up recording procedures. This should include putting the hearing aids on and taking them off, changing batteries or recharging, daily routines for cleaning the aids, checking tubes and, when necessary, changing them and cleaning the moulds. The recording of these tasks should routinely be monitored and evidenced through audits. Policies should also address the environment, equipment and communication as well as meeting the Care Act 2014 and the Accessible Information Standard 2016 . In exceedingly busy environments, these things can get easily missed. If these policies and procedures are not in place, then residents lose out. In the worst-case scenario, they end up being neglected.

## 4. Environments

It is recommended for care homes to do regular environmental audits of care home environments followed up by smart action plans (Specific, Measurable, Attainable, Realistic and Time-specific). The King's Fund EHE environment assessment tool was developed for environments for people living with dementia. A similar audit used by Engage includes:

- **Noise levels** - Treatments to reduce noise levels could include soft furnishings, noise absorbent wall hangings, carpets, curtains, tablecloths. Other measures could include simple things such as fixing noisy trolleys. Televisions should always have subtitles and should be switched off when not in use. Staff should utilise pagers instead of call bells and alarms that ring throughout the whole care home.
- **Light levels** - Very important for lip reading and interpreting body language. Recommended ambient light levels in living areas for people over 80 is 300 lux.
- **Technology** – Good quality microphones and speakers for events can make a huge difference. Loop systems and Bluetooth systems in communal areas where residents attend entertainment and events can make the events accessible for hearing aid users with different types of technology.
- **Assistive equipment** – Are handheld amplifiers in use? Do residents have information about assistive equipment including amplifiers, amplified phones, TV listeners and flashing doorbells?
- **Communication** – How are staff communicating? Are they using person-centred approaches? Is anyone shouting instead of using good communication skills when addressing a resident with hearing loss?

## 5. Fire safety

Fire alarm systems need to be accessible to people with hearing loss. They should have a visible component, such as a flashing light. There are ways to adapt existing systems to have a visible alert.

Homes should also consider a vibrating alert system. One such system would sit underneath the pillow to wake people up.

Personal evacuation plans (PEP) need to consider at least two things:

1. How are people going to be alerted that they need to evacuate according to their individual communication preferences?
2. How are people going to receive instructions on where to go, for example, is it written or verbal?

## 6. Training to improve care practice and communication

It is recommended that hearing loss training is rolled out across care teams, including management teams. It can be delivered, for example, with a two-hour experiential face-to-face course, or a 60-90 minutes modular e-learning course.

Hearing loss training includes:

- the experience of hearing loss
- the biological, psychological and social impact of hearing loss
- good communication
- hearing loss support care plans
- links with dementia
- useful equipment, technology and apps
- hearing aids (putting and taking out, maintenance and batteries)
- managing earwax.

The training upskills staff in identifying that the majority of residents have hearing loss, not just the small number with hearing aids. Therefore, using good communication skills are their greatest tool to connect with residents and ensure that they are not isolated. Management support and buy-in can make all the difference for embedding the training in everyday practice.

Through training, subconscious attitudes toward people with hearing loss, self-awareness, and communication skills can be improved. Training gives staff the opportunity to reflect on their attitudes and behaviours towards people with hearing loss, for example, making assumptions that the person is grumpy or happy to be left alone, based on their behaviours and not recognising the effect of hearing loss on them. Often unhelpful ways of working and communicating are challenged in the training courses, for example, shouting or speaking too quickly is shown to be unhelpful and can have negative impacts. Whereas, speaking slower and clearer has more positive outcomes.

### 7. Hearing Loss Champions

It is recommended to establish Hearing Loss Champions within the organisation. They receive a further 4 hours training to equip them with the skills on hearing aids maintenance e.g. cleaning and replacing tubes, troubleshooting and identifying earwax issues. Champions advocate on behalf of people with hearing loss and provide information about equipment e.g. amplified telephones and personal amplifiers. Systems need to be put in place for Champions' ongoing support, mentoring and accountability. Champions need to have clearly defined role descriptions.

Because of staff turnover, it's important to have systems in place so that Champions can share their skills and support new Champions as they come on board. Alongside of this, the home needs to have a system of checking that the skills of the Champions are up-to-date.

### 8. Promote the use of assistive equipment

It is vitally important that care homes make information available to all residents (including non-hearing aid users) about assistive equipment, technology, apps and organisations that can help. This can be done through information leaflets and online platforms. It is recommended that equipment is available in the home, for example, personal amplifiers, tv listeners, flashing doorbells and amplified telephones.

Personal amplifiers could be used temporarily if hearing aids fail or are not suitable (sometimes hearing aids are not suitable due to the level of hearing loss or are not wanted due to complex reasons). Some residents may benefit from using amplifiers on an ongoing basis, for example some people with dementia who refuse hearing aids, will sometimes accept the amplifiers for shorter periods of time.

It is helpful to include residents in training (either with staff or separately). Engage has successfully done both. When residents and family members have information through training, talks and literature, they are in a better position to make choices. Cross et al., 2025 found that family members were looking for alternative for hearing aids, but did not know anything about assistive devices.

Sometimes, people still refuse to wear hearing aids or use assistive equipment. It is recommended to agree personalised communication care plans with these residents so that the best ways of communicating with them can be implemented e.g. which piece of equipment they prefer, using written prompts, level of speaking voice, facing the person, the need to reduce background noise.

For more information on equipment, please contact Engage - hello@engagecare.co.uk

## 9. Supporting people living with dementia and hearing loss

Findings and recommendations of Engage's work for people living with hearing loss and dementia are:

- Good person-centred communication. This involves not speaking too fast. Slow down to the pace of the person living with dementia. Keep sentences clear and uncomplicated. Use visual aids. Face the person and be at their level. Build a relationship with the person so that they can feel relaxed and safe.

- Support hearing aid users to continue to wear them so that their hardwired routines for putting them on in the morning and taking them off in the evening are maintained. Give them the extra support and reminders to put them on, help them to keep them clean and to change the batteries every week or charge them overnight.

- Keep background noise to a minimum. People living with dementia are more prone to sensory overload; it can lead to emotional irritation and anxiety, frequently resulting in the person taking off the hearing aids.

- Losing hearing aids can be a big issue. Individualised strategies need to be put in place and these often include, checking in with the resident several times a day (based on their routines), using retaining devices e.g. cord connected to the hearing aids and attached to clothing, utilising Bluetooth hearing aids connection with smart phone apps, or external tracking devices connecting via an app.

- Have regular hearing tests. Sometimes it is deterioration in hearing loss that causes communication difficulties and confusion more than the deterioration due to dementia. When there is a change or deterioration in a resident's cognitive function or behaviour, it is vital to consider hearing loss. Check the person's ears for excess ear wax, check the hearing aids or amplifier are working, check for ear infections or deterioration in their hearing. Too often hearing loss is not considered and a deterioration in cognition is assumed.

- Have personal amplifiers available in all households and they should always be offered to somebody if their hearing aids are lost or broken, until they get them back.

- Provide training to staff on hearing loss in the context of dementia.


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# Case Studies

# CASE STUDIES

## Case Study 1 - Nightingale Hammerson – Hearing Loss Project Implementation

Nightingale Hammerson is an independent charity with two care homes in London providing all the levels of care within care homes for older people (residential, nursing, dementia, palliative care, respite and rehabilitation).

The Engage project started in Hammerson House in December 2021 and in Nightingale House in November 2022.

The overarching aim agreed between Engage and Nightingale Hammerson was:
To increase the overall wellbeing and/or reduce ill-being for people living with hearing loss through greater levels of social engagement, self-expression and occupation (being involved in activity in a way that is personally fulfilling).

The project commenced in both homes by observations and assessments carried out by Engage. These are the findings of initial observations, interventions made and outcomes:

### Environments

The acoustics and noise levels in the communal areas of the homes were observed. A noise meter app and a light meter app on a smart phone were used to help with the observations. Hammerson House is a new purpose-built home and the overall acoustics and lighting are considered good. Nightingale House incorporates buildings from different eras and had more challenges. Issues found and interventions made to address them included:

### Noisy dining rooms and lounges

Some of the dining rooms were noisy during mealtimes. This was a source of distress for residents with hearing aids , affecting the ability to communicate with them. The homes already had tablecloths in use which helped reduce and absorb noise. Recommendations that were implemented after the audits included:

- Staff being more aware of reducing noise from serving areas (reducing the clattering of cutlery, crockery, containers)
- Staff being more aware of keeping a lower voice
- Addressing issues with noisy trolleys
- Improving acoustics by wall hangings and plants
- Where call bells were very loud in some households the sound levels were lowered
- TVs were switched off in lounge areas, when no one was watching. Subtitles were always on so that people with hearing loss can follow more easily.

The combined effects of increased awareness from staff and the physical adjustments have made the communal areas much more comfortable for residents with hearing loss and more conducive to conversations and social interaction.

### Induction loop systems

Neither home had induction loops. They are now being fitted in the communal halls in both homes where entertainment is held. Induction loop systems connect to microphones. When a speaker uses the microphone, hearing aids with this function switched on connect directly to it (blocking out background noise). For hearing aid users this transform their ability to hear and enjoy entertainment and to take part in meetings held in these areas. Similarly, the fitting of loops at reception has made the home more accessible for visitors with hearing loss.

### Poor lighting

In some lounges, corridors, and dining rooms the lighting levels were low. Often this was easily remedied by remembering to turn on the lights and replacing lights that were not working. Staff awareness of the importance of good lighting for older people with hearing loss was reinforced through training. It was also reinforced through team meetings and handovers.

### Communication

Nightingale Hammerson strives to achieve person-centred and relationship-centred approaches to care. This was evident in Engage's initial observation. Lots of great examples of warm, empathetic and respectful communication was seen between care staff and residents. However, incidences were noticed that showed some staff members' communication skills for people living with hearing loss were inadequate. This included raising voices, not facing the person, noisy backgrounds and speaking too fast.

Nightingale Hammerson agreed to address these gaps in knowledge though Engage's training program. Over 80% of their care staff have attended the training course. In the training they had the opportunity to experience the frustrations of not being able to hear well and trying to understand what people are saying. These experiences were given through simulated soundtracks and by wearing earplugs and ear defenders whilst trying to communicate in environments with loud background noise. They were able to connect with the emotions a person with hearing loss may feel and how that can affect their behaviour. They learned to implement the four golden rules of good communication - get their attention first – repeat only once – rephrase - write it down.

Engage has run follow-up observations since training was implemented. Staff communication has improved. For example, speaking at the right volume, slower, using clear language, getting someone's attention in a positive way first before speaking and being aware of the background noise and light levels.

### Hearing aid support

During the initial observations care staff were asked to demonstrate their skills with hearing aids, for example, taking them off and putting them on a resident, changing batteries or recharging, and procedures for keeping them clean. Abilities varied considerably between staff. During the observations some residents were seen to have hearing aids that were not put on properly leading to whistling aids or developing sores through earmoulds rubbing, causing discomfort and distress to the resident. These gaps in skills and knowledge were dealt with through the Engage training course and by implementing protocols:

- Batteries are changed on the same day every week (free on the NHS)
- Earmoulds or domes are wiped clean every night
- Earmoulds are washed every month
- Tubes are checked regularly and changed when necessary
- Open-fit tubes are cleaned weekly
- Ear wax is monitored (simple visual inspection of the outer ear) and, when issues are noticed, referred to the GP
- Hearing tests take place at least every two years
- Monitor the wear and tear on earmoulds/domes and refer to audiology for change when necessary.

The outcomes for residents with hearing aids are that they are getting consistent support that enables them to have higher levels of satisfaction with hearing aid use.

### Hearing aid maintenance

Engage's observations included looking at the maintenance of residents' hearing aids, blocked tubes, earwax build-up and systems for repairing. Again, a range of skills and abilities was evident, from no knowledge at all for identification of hearing aid issues to one or two staff who knew how to change a tube. Nightingale Hammerson addressed this by having Engage train Hearing Loss Champions. From each household, two or three staff who showed interest in the role trained. They were trained to identify basic issues with hearing aids and how to retube. The Champions were given a role outline and have regular meetings to exchange experiences and collectively build up knowledge.

The outcome for residents is that their hearing aids are well maintained. When a tube needs to be replaced the Champions can do it without a delay. Residents have issues resolved quickly and if a hearing aid needs to be sent to the Audiologist, the resident is offered a personal amplifier until it comes back. At Hammerson, the response is very quick as there is an in-house audiologist. The outcome is that the resident can hear better, communicate more effectively with the people around them, understand what is going on and be included in life in the home.

### Activities

Both homes have very attentive and proactive Engagement Leads who coordinate and organise a range of activities with residents. Initial observations found that they had good awareness of hearing loss. However, some areas were identified for them to improve and these included:

- Ensuring hearing aid users are wearing them when participating in activities
- Controlling environments by limiting background noise and ensuring there is good lighting
- Using good quality microphones and speakers (with larger groups)
- Using and promoting the use of assistive equipment including personal amplifiers
- Making sure the microphone is used for activities in rooms with the induction loop and that residents are reminded to switch on the loop setting on their hearing aids
- Better management of group activities, for example, one person speaking at a time and repeating/or summarising to the group when a participant speaks.

Overall awareness of the importance of addressing hearing loss when planning activities has been strengthened and has resulted in greater participation and enjoyment of people with activities in the life of the homes.

## Equipment

At the outset of the project there was very little knowledge or information about assistive equipment in both homes. Personal amplifiers are now in use in both homes. They are particularly helpful for people who do not want to wear hearing aids. Some residents use them every day and some use them in particular circumstances, for example, when family members visit or for a medical appointment. Both homes have some TV listeners, amplified phones and flashing doorbells available for residents to sample and information and support is provide for those who want to use them. Information about this equipment is also available for relatives.

The attitude in the home has become solutions focused and residents with hearing loss are more engaged.

## Pre-admission assessments

Initial Engage observations looked at the preadmission assessments used by the homes. They had some basic questions around hearing loss. However, they were insufficient to support a thorough hearing loss care plan. Through the project the pre-admission assessments have been reviewed to include these questions:

1. Level of hearing loss – good/no impairment
2. Some impairment/needs assistance: (R/L)
3. Total impairment (check if they use BSL or other communication methods)
4. Hearing tests
    - When was the last test completed? Date of test
    - Where was the last test completed? Details of hospital/dispenser.
    - Does the person have hearing aids? 1 or 2?
    - Does the person have a manual with their hearing aids?
    - Where does the person get their batteries and consumables from?
    - Is one ear better than the other? Right/Left
    - Will the person require help to take part in activities?
    - Does the person suffer from Tinnitus?

This comprehensive information is helpful to make sure that the right hearing loss support can be put in place from the first day of the resident's life in the home. Settling in can be overwhelming, but for somebody with hearing loss is so much worse if their hearing needs are not taken into consideration. For one resident at Nightingale Hammerson, on her initial assessment, staff were struggling to be understood due to her hearing difficulties. When they used a personal amplifier, her experience was transformed, her stress levels reduced, and her anxiety dissipated. Please see case study 2 on page 29.

### Access to Audiology

Hammerson House is a newly built home. With Engage's guidance they now have a local audiological service working from the home. It is open five days a week to NHS and private patients and open to the general public. It has been transformative for residents in Hammerson who now have quick and easy access to audiology.

The percentage of residents with hearing aids at Hammerson is now over 40% which is very high compared with the national average of only 25% of people who could benefit from them who wear them or compared with the number of people wearing hearing aids in Hammerson House in 2017 when it was around 10%. In 2025, in residential and nursing households, around 70% of residents wear hearing aids, in dementia households, around 20% wear hearing aids.

It is crucially important for care homes to develop good working relationships with local audiology services. This relationship can assist with getting quicker appointments and getting hold of NHS supplies, such as batteries, tubing and wax guards.

## Case Study 2 – Nightingale Hammerson – Using the personal amplifier

A new resident came to stay at Nightingale House. The Therapy Team were the first to see her and to carry out their initial assessment. It became clear she had hearing aids that didn't work and could not hear anything that was being said. She had delirium and was very confused. Initially people were trying to write things down for her but it wasn't ideal.

The Therapy Team decided to try the personal amplifier and her whole face brightened up as soon as she began using it. She was able to engage and talk and kept taking the headphones off and putting them back on so she could experience the difference and compare. It completely changed the whole assessment. There were smiles and a sense for the first time that she could engage. Her sense of confusion and disorientation was greatly reduced. The device stayed with her until she had a hearing test and received new hearing aids.

The period between admission to the home and until getting her new hearing aids was transformed by the availability of the personal amplifier. She was enabled to communicate with staff and other residents. Her sense of isolation was greatly reduced. Staff were able to have conversations with her and the process of getting to know one another was made possible. Trust was built and this enabled relationship-centred care.

# Return on investment

# RETURN ON INVESTMENT

## Financial outlay

For £500, a care organisation could have a choice of:

- Half day's face-to-face training for up to 15 staff
- Half day's consultancy on one of the following:
  - Environmental assessment
  - Policy and procedure assessment
  - Care plan assessment
  - Action planning
- Access to online e-learning for up to 33 staff
- Half day's face-to-face training for Hearing Loss Champions.

Care homes have many competing priorities with associated costs and whilst there is a strong ethical case for investing in support around hearing loss, it is important to also consider that there are many financial and non-financial returns on investment to justify the outlay.

## Financial benefits of investment in hearing loss

1. **Staff training – contributes to reducing staff turnover**
   At least 80% of residents are likely to have hearing loss. Therefore, the impact of not training staff about something so prevalent can have a negative impact on their sense of professionalism and job satisfaction. In 2024, Skills for Care reported on the state of the care industry and said that the average turnover in care homes was over 28% and that "turnover is higher for staff who do not receive regular training and those without social care qualifications." The King's Fund reported that, on average, turnover went down by 10% for those with regular training. Cross et al., (2022) found evidence for reduced staff turnover, following communication training, in their systematic review.

2. **Unique Selling Point that sets home(s) apart from others – potential enhancer for occupancy.**

   By providing the best hearing loss care, care providers are going to stand out in the market. Being a leader in supporting people with hearing loss shows support for a concern that at least 80% of potential residents may have. It can be beneficial to publicise that you are working with a hearing loss organisation or have a kite mark on display.

3. **Improving rating - enhanced reputation**

   When care providers are confident they are addressing hearing loss through comprehensive measures they should highlight it in their Provider Information Return (PIR) for the Care Quality Commission.

4. **Reduction in health and medical costs**

   This paper has outlined the negative consequences for people when they do not address their hearing loss. It includes increased incidences of mental health issues (anxiety and depression), higher risk of developing dementia and up to three times increased incidences of falls.

   By supporting people to address their hearing loss and putting solutions in place such as wearing hearing aids, using assistive equipment, quieter and deaf friendly environments, there will be a consequent reduction in medical and health bills.

   To put this in perspective, the Office for Health Improvement and Disparities (OHID) states that, “the total annual cost of fragility fractures to the UK has been estimated at £4.4 billion which includes £1.1 billion for social care; hip fractures account for around £2 billion of this sum.”

   The Alzheimer’s Society reports that the current total cost of dementia in the UK is estimated at £42 billion.

## Other benefits of investment in hearing loss

Alongside the financial impacts of investment in hearing loss, there are several non-financial related impacts. These can be more challenging to measure but are impactful to the business of care.

### 1. Benefits to staff

#### a. Staff feeling invested in, enjoying the role more and performing better

Data from Skills for Care in their 2024 report shows that the significant impact which ongoing learning and development has on retention is likely due to staff who are receiving regular training feeling happier, more valued and more confident in their role. One staff member who had been on an Engage course fed back, "I was with a resident and their hearing aid was whistling. I knew exactly how to fix it, noticing that it was not put on properly. The resident was overjoyed and I was too."

#### b. Promotion and career development

Research by Skills for Care 2024 shows that movement for carers to senior carers is low, whilst senior carers to management is significantly higher. Opportunities such as training as Hearing Loss Champions will help to bridge the gap. This reduces the need to recruit senior carers externally.

#### c. Reduce risk of noise damage in care homes

By raising awareness and training about background noise levels and introducing measures to address it, care providers are helping not only residents with hearing loss but also enabling a healthier work environment for everyone.

#### d. Staff are more proactive in taking care of their hearing

Hearing loss becomes increasingly prevalent by 40 years of age. The average age of care home workers in the UK is around 45 years old and they are at risk of neglecting their own hearing. Providing hearing loss training to staff makes them more aware of their own hearing and they are encouraged to have hearing tests. Staff who hear better, with the right support, are more likely to perform better.

2. **Reduction in complaints**

   Complaints about hearing aids and social isolation are high on the list for Registered Managers. By having effective strategies in place, including management of hearing aid use and maintenance, concerns around the effectiveness of hearing aids can be reduced and opportunities to improve social interaction are increased.

3. **Improved relationships with relatives.**

   Given age related hearing loss starts to be noticeable around mid-40's and most relatives will be in their 60's, around 20 years younger than the average age of a resident at 86, hearing loss is also very prevalent with relatives. If a relative with a hearing aid visits a home and is able to communicate effectively with staff who have received training around communication, this is a more positive experience. Similarly, if good microphones and induction loops are in place, residents' and relatives' meetings are likely to run more smoothly.

# Conclusion

# CONCLUSION

This paper issues a clear call to action for care home providers and the wider sector to recognise and prioritise the hearing needs of residents.

Improving support for residents with hearing loss is not only a matter of better care, but also a matter of dignity, equity and quality of life.

Care home managers are urged to reflect on the evidence and insights presented here and to take decisive, informed action to enhance hearing care in their settings. The ethical imperative is undeniable: failing to address hearing loss contributes to isolation, cognitive decline and reduced wellbeing among residents.

The financial rationale is equally strong. With at least 80% of care home residents affected by hearing loss, it is in the care sector's and national and local government's interest to address the issues highlighted in this paper.

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Engage
Hearing Matters for Outstanding Care

Julius Newman House,
Woodside Park Road, London, N12 8RP
hello@engagecare.co.uk
www.engagecare.co.uk
020 8369 8329