Engage

Hearing Matters for
Outstanding Care

Deaf Awareness Handbook

Contents

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Home Instead
SENIOR CARE
To us, it's personal.

Introduction

Our Mission

By informing, supporting and educating care staff, our mission is to transform the lives of older people with hearing loss who are living in care or receiving care, by means of improved access, independence, equality and inclusion, therefore breaking down barriers and supporting overall wellbeing.

Values

Inclusive – We value and celebrate diversity

Enabling – Identifying and restoring abilities that may have been lost as a result of hearing loss

Collaborative – Actively listening to our partners and working collaboratively with care management to ensure the most positive outcomes
Solutions focused – Tackling beliefs that nothing can be done about hearing loss and exploring and putting in place workable solutions

What we do

To bring about a real culture change within care services, we provide:

- **regular and continual support to persons and staff**
- **high-quality bespoke training courses for all types of job roles**
- **assistance to management in the development of appropriate policies and protocols, pre-assessment questions and care plan advice**
- **bespoke workshops for activity staff**

On the following pages, you'll find detailed information that was covered in your training course, as well as extra information that you may find useful in your role. If you have further questions relating to hearing loss, please do contact Engage and we will help you as soon as we can.

Audiology

Everyone needs a hearing test every two years. It should be policy in the home to refer persons for hearing tests as soon as possible once in the home and every two years afterwards. In addition, if there are any changes in behaviour or if the person complains of poor hearing, do refer them to audiology as soon as possible. Below is more information on hearing loss.

Background information on hearing loss

Clarity of sound is the biggest challenge to overcome

If we put on corrective glasses, we get an approximation of perfect vision, like the image below.

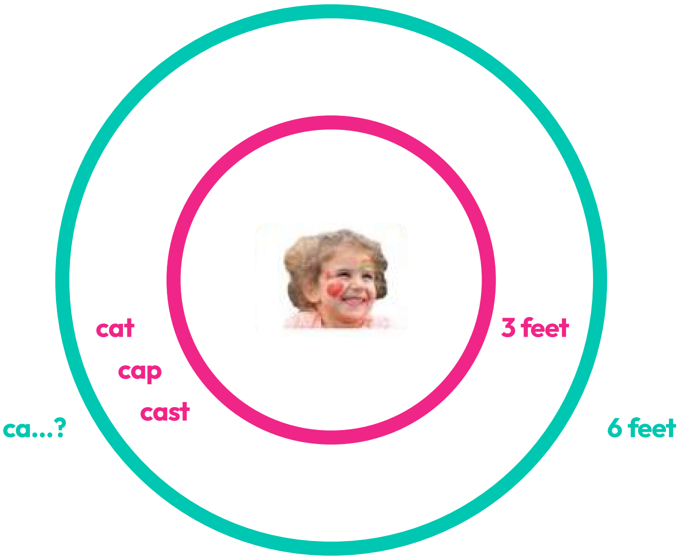
Vision issue	airplane
Correction: glasses make things clearer	airplane

However, if you increase sound to make it louder, for example raising our voice, it doesn't make comprehension of speech any better. In addition, hearing aids amplify ALL sound, just making it louder, not clearer. If you add background noise to speech, it becomes even more difficult to hear.

Hearing issue	✔ⓘ✕🚖✦✔●🎁
Correction: hearing aids just makes things louder	✔ⓘ✕🚖✦✔●🎁

The distance a person is from the speaker will also affect the clarity. Softer sounds such as "sh", "th" and "ss" will be lost after approximately 3 feet. Words such as "Cat" become "ca" and "That" become "at", leading to some confusion.

This is known as the "Speech Bubble".



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Hearing aids and cochlear implants pick up sounds very well up to around 3 feet away. Beyond this, sound becomes fragmented. A person with hearing loss can "hear" but not all the speech sounds are easy to comprehend. If you add noise, then the distance that sounds can be comprehended shrinks. For this reason, removing background noise is crucial in helping a person to understand speech.

In our experience of supporting care homes, there will be a TV on in a communal area. It makes no difference if anyone is actually watching it or not. There can be issues with some people wanting the volume on louder than other people find comfortable.

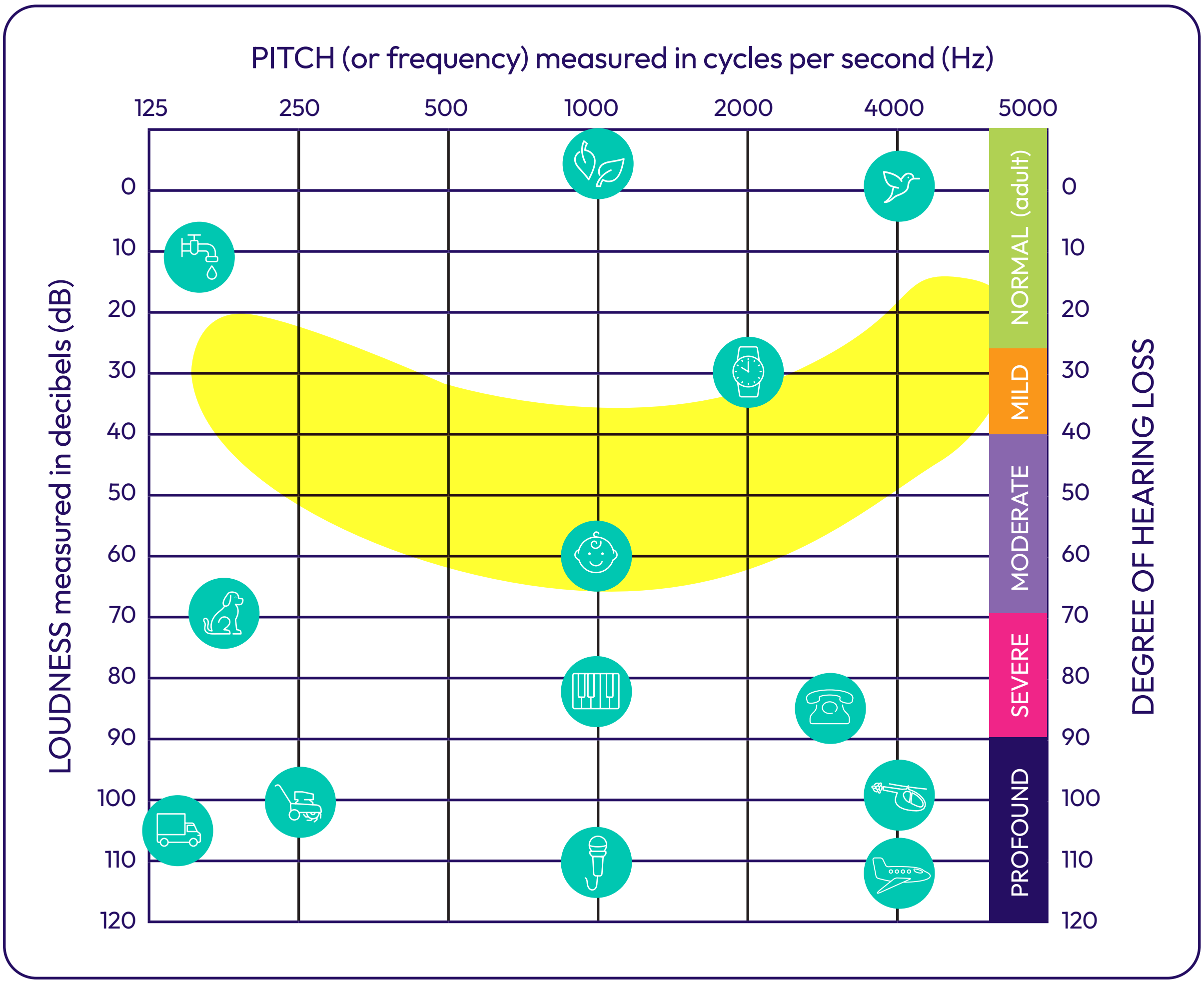
In dining areas, background music is often played in order to create a nice ambiance. However, if played too loudly, it can contribute to the background noise. We have found that noise levels in dining areas can be uncomfortable for those wearing hearing aids. Think of cutlery clattering on plates, soup ladles crashing against pans, cups and glasses being slammed down on a hard table. All contribute to a general noise level that can overwhelm hearing aid wearers, (who have been known to drop hearing aids in cups of tea in their haste to pull them out!)

See the Information & good practices section for some good suggestions on reducing the level of background noise.

The Speech Banana

Understanding how easy/difficult some sounds are to hear can also help when speaking. When plotted on an audiogram, certain phenomes, or sounds of human speech, take the shape of a banana. This is where the term "Speech Banana" comes from. While many sounds fall outside the speech banana, audiologists are more concerned with the sounds inside it. A hearing loss that occurs inside this area can affect the person's ability to hear speech.

Any equipment that boosts sounds, removes background sounds and make sounds clearer, such as a Mino, uses technology to boost the frequencies within the banana. These are more effective than simply raising your voice. Raising your voice can be uncomfortable for you and can make you come across as aggressive or angry, so using technology can lead to a more pleasant experience, both for you and the person with hearing loss.



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Earwax

Earwax is a natural substance produced in the ear to keep it clean, reduce germs and remove debris. However, roughly once over the age of 65 and wearing hearing aids, people can suffer from excess wax. The home should have a policy on how this is dealt with and what company or GP practice is used. Speak with your manager for confirmation.

There are currently four types of ear wax removal systems:

1. Microsuction
2. Irrigation
3. Syringing
4. Complementary medicine (such as Ear candles)

Of these methods, only the first two are recommended by NICE. As of March 2023, there are no methods of wax removal available on the NHS. Some GP practices may offer services out of their own budget instead.

Microsuction

This method uses an air pump and a nozzle to gently suck wax out of the ear canal. It's non-invasive and unlikely to cause any issues in the ear. The nozzle is designed not to reach the ear drum, cutting down on any risk of damage to it. A trained specialist can remove dry wax as well as wet, meaning that adding oil beforehand isn't essential.

The only risk with microsuction is the nozzle can catch a skin tag and pull this off the lining of the ear canal. It can feel like a sharp quick pain, but no lasting effects, unless on blood thinners

Irrigation

This method uses a pump to force water from a reservoir through a nozzle to blast any detritus in the ear out. There are risks involved:

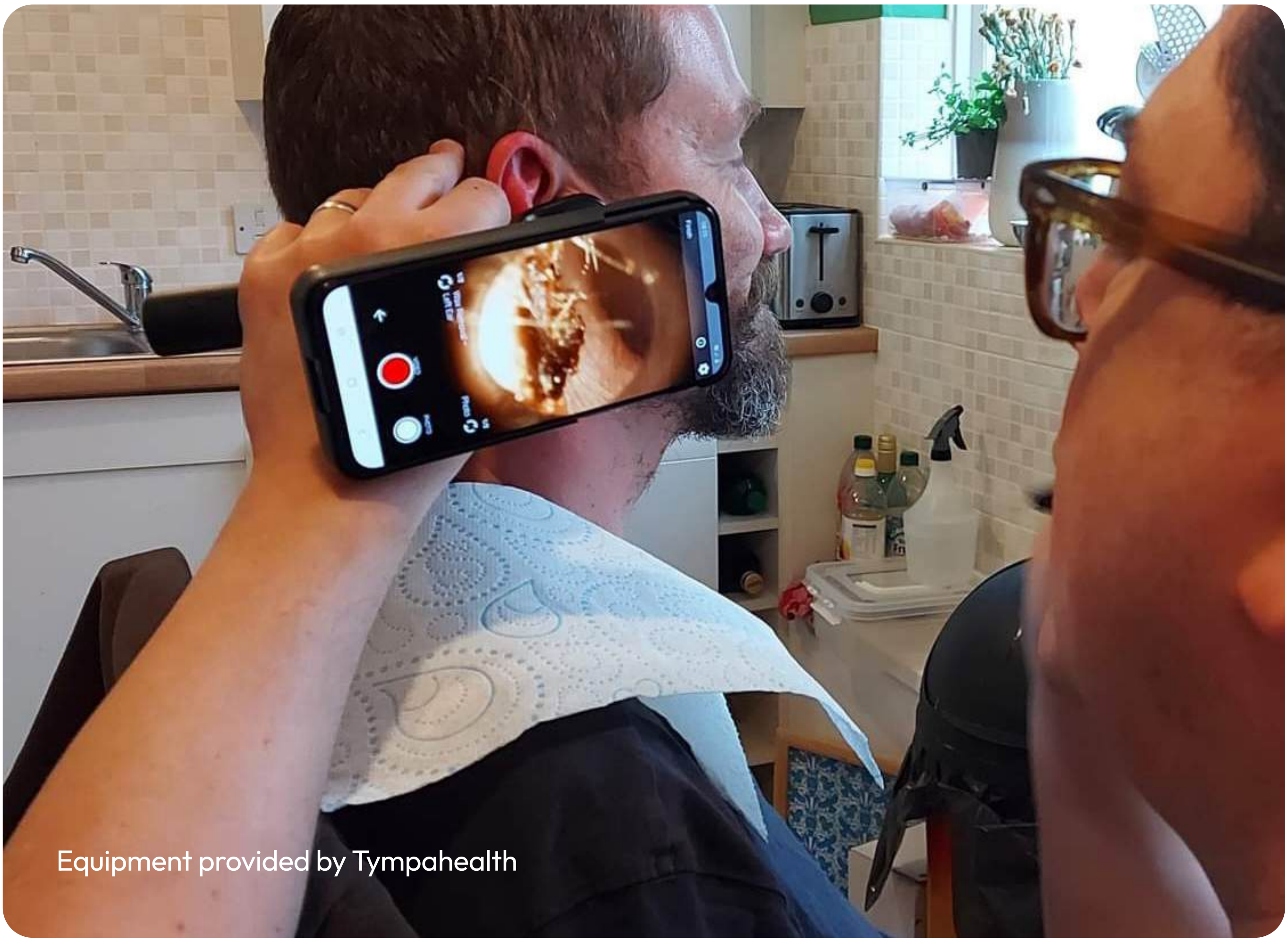
1. If the nozzle is directed at the ear drum, it could burst it
2. If the water is not 100% sterile, it can cause an ear infection
3. If there is any detritus left in the ear canal and it traps water behind it, that might also lead to an infection

Syringing

Uses literally a syringe full of sterilised water that is forced into the ear. With this method, it is hard to judge where the water is ending up and the risks of bursting the ear drum is much higher. For this reason, syringing is no longer recommended by NICE and is not practised within the NHS.

Complementary medicine

Ear candles have been banned in many countries around the world, mostly because of the risk of burning the hair, face or eyes from stray burning flakes of the candle. There is no evidence that they are successful in removing wax or that any wax found on the candle after use is from the candle itself. There are many drops and treatments available that claim to remove wax and cure tinnitus, none of which have any evidence of working. Usage of any treatment not prescribed by a GP or ENT specialist is at the patient's own risk.



Equipment provided by Tympahealth

Communication skills for people living with hearing loss and dementia

Voice & Tone	Speak just a little slower than you normally do and at your normal volume. Use short familiar words and simple sentences, avoiding slang or abbreviations.
Setting the agenda and context	For a person with hearing loss, it is helpful for them to know the context of a conversation. This is essential for lipreaders. For people living with dementia and hearing loss, explaining the context is vital. If you have planned an activity, be flexible - it may not happen. If possible, let them set the agenda and go with that. Allow them to express their feelings (even if they are negative). Allow the silences - it's not necessary to talk all the time
Topics	Find out something from their background Bring in objects from their past that might interest them (once you know a little about them) and build a conversation around these subjects Develop small talk e.g. the weather
Repetition	Allow the person sufficient time to respond. If he or she doesn't respond, it is ok to repeat your question using the same wording as before, just once more.
Confusion	Avoid asking, "Do you remember…?" Avoid correcting mistakes e.g. your name, where they are, the time of day Focus on what they are talking about or if they seem anxious, distract them Avoid questions that require a lot of thought, memory and words, or that could "put them on the spot". For example, asking a person with dementia, "Can you tell your brother about the film we saw this afternoon?" may be overwhelming, because there are several different sub-jects of that question and it could be difficult to process.
Arguments	Because dementia affects reasoning and logic, arguing or disagreeing with someone living with dementia is futile. For example, they often become confused about the past and think that someone who has died is still alive. It is not helpful – and could be emotionally damaging – to try and convince them that person is actually dead. Instead, use the validation techniques described next.
Validation	Validation techniques involve addressing the feeling of a person living with dementia rather than focusing on the facts or accuracy of what is being said. For instance, if the person thinks that the year is 1970, as this is not harmful or hurting anyone else, let it go. Avoid trying to "reorient" the person to the correct year. Instead, try to identify feelings related to 1970. Is the person reminiscing about a pleasant time in his or her life? Tap into this pleasant feeling by asking about it
Instructions	Ask only one question or give one direction at a time. Although it seems as though this will take longer than combining questions or instructions, it will save time as the person living with dementia is less likely to become overwhelmed or confused. Give positive instructions - avoid saying "don't" or giving negative commands. For example, instead of saying, "Don't go into that room", try saying, "Let's go over here."

When considering what communication skill to use with a specific person, also take into account that these techniques can also help those with dementia. Alzheimer's for example, affects the temporal lobe first, early on in the development of the disease. This is the area of the brain that processes speech and language. So, if someone has hearing loss AND dementia, it is extremely challenging and will need double the patience and care from you.

Common feelings and emotions associated with hearing loss and dementia

During the training course, there is a session where we ask attendees to wear ear defenders and ear plugs and have a conversation while there is an intrusive amount of background noise being played. This allows the experience of a temporary hearing loss of around 45db; enough to make conversation rather difficult. It makes conversation very difficult if there is background noise. People participating in our training courses used the following words to describe how the experience of hearing loss made them feel. This is not an exhaustive list and is being added to on a regular basis.

Common emotions

- angry
- annoyed
- anxious
- apprehensive
- confused
- depressed
- disconnected
- fed up
- feeling excluded
- frustrated
- hopeless
- horrible
- insecure
- isolated
- lonely
- lost
- missing out
- numb
- sad
- switched off
- uncomfortable
- unsure
- upset
- useless
- vegetated
- worried

These emotions can lead to certain types of behaviour

- aggressive in tone and language
- angry
- depression
- hitting
- kicking
- moody
- not wanting to talk
- refusing to cooperate
- refusing to leave room
- rude language
- sleeping more/less
- spitting
- suicidal thoughts
- swearing
- temper tantrums
- violent
- wanting to be alone
- wanting more/less food/ drink
- withdrawn

Please note, depression can lead to a lowered immune system, loss of sleep and a more extreme example of certain behaviours. People with hearing loss are between 2 and 5 times more likely to develop dementia and are twice as likely to suffer clinical anxiety and other mental health issues.

When seeing these kinds of emotions or behaviours, do think of hearing loss and not just dementia. Good communication skills that work for those with dementia also work for people with hearing loss.

According to research by the British Society of Audiologisst, up to 40% of persons thought to have dementia are misdiagnosed and actually have an untreated hearing loss.

Information and good practices

Everything from the environment and equipment to the way that you speak with the person, you can change and have a positive impact. Below are some excellent points to think about in the home. On our website, we have lots more information and excellent videos to watch, so do check back regularly to www.Engagecare.co.uk

Communication

- Good communication should be part of all staff inductions and in continual use with everyone, not just deaf people
- Staff with accents should be aware that their lip-shapes may be unusual to some persons
- Fingerspelling is very useful as an aid to communication with deaf people that lipread
- Persons who use BSL will need a BSL interpreter; they may not follow spoken English.

Hearing aids

- Behind-the-ear aids should be re-tubed every three to six months
- Batteries last between 7 to 10 days: ideally change them on the same day every week
- Earmoulds should be given a wipe every night once taken out
- Earmoulds should be cleaned properly with warm soapy water every week. Don’t get the hearing aids wet!

Environment

Lounge

- TV should not be left on permanently when no-one is watching
- Consider placements of those watching TV; if they are more than 6 feet from the TV, it is unlikely they will be able to hear it clearly, even with perfect hearing
- If there are disagreements between people around the volume, do consider TV listeners or using the Mino to help those who need extra volume to hear better
- TV should have subtitles switched on where possible
- Avoid constant background music and certainly no louder than 50dB
- Try to provide a quiet room or area or time for hearing aid users who wish to chat.

Dining Room

- Can be very uncomfortably noisy; consider the use of sound absorbent materials such as tablecloths, table mats, curtains and carpet
- In the care plan, consider if a person living with hearing loss would prefer not to be wearing a hearing aid during mealtimes
- Speak to people/staff one-to-one – do NOT shout at a distance or across a room
- Speak to people face-to-face at eye level
- Clear away cutlery and crockery quietly
- Lift chairs up rather than drag them across the floor or consider using caps on the chair legs to reduce the noise.

Bedrooms

- Flashing door beacons will tell people when you are knocking and give privacy
- Vibrating alarm clocks, personal amplifiers (such as the Mino on page 24) and adapted phones are available to assist independence.

How you can help

1) Think about the environment

- Is there enough light on your face for them to read your lips?
- Is there a light behind you casting a shadow on your face?
- Is there anything moving around or making noise that could be a distraction? Is a TV on with no-one watching it or a radio on with no-one listening to it?

2) Think about their communication needs

- Do they hear better in one ear than the other? If so, move to that side
- Do they prefer to lipread?
- Fingerspelling is very useful as an aid to communication with deaf people who lipread and are familiar with it
- If they don't use BSL, there is no point in using it with that person.

3) Don't SHOUT!

- Shouting distorts the lip pattern and makes you look angry
- You can come across as patronising and can make people feel embarrassed, therefore less likely to want to listen
- Shouting can damage your vocal cords and increase your stress levels.

4) Be patient

- The deaf person has no control over their hearing; there is absolutely nothing they can do to hear well. You can however speak clearer or be willing to try other things to be understood
- NEVER, absolutely never say “it doesn’t matter” or anything similar. It’s absolutely crushing to be told that. It makes them feel as if THEY don’t matter.

5) Relationship and trust

- The most important aspect of communication is the relationship that you have with the person you are talking with. If they don’t trust you, they will not work as hard to try and understand you. Building that trust and relationship takes time, but invest in it and it will reap rewards.

Four Golden Rules

Lots of things can assist good communication, but the following rules are an excellent shorthand that can be easy to remember.

1. Get their attention first
2. Repeat only once
3. Rephrase
4. Write it down.

1) Get their attention first

If they are a lipreader, they won’t know what you are saying or even that you are talking until you get their attention. Their environmental awareness will be very poor. Move into their line of sight, then either wave or gently touch their lower arm/hand. Think about how best to attract their attention; shouting or tapping their shoulder from behind them is a definite no-no!

2) Repeat only once

By repeating, you’re giving the lipreader more time to work out what is being said. However, if they still haven’t understood, then repeating again and again isn’t giving them any new information. It will just increase your frustration and stress levels as well as theirs. A classic example of this is saying,” Would you like a cup of tea?” five times in a row.

3) Rephrase

Change the words used and the sentence structure. This will give new information and can help you work out what word is being misunderstood. Context is so important to understanding a sentence. Think about stressing the main meaning of the sentence to help get across the context. An example of this could be to change,” Would you like a cup of tea?” to “What would you like to drink?”

4) Write it down

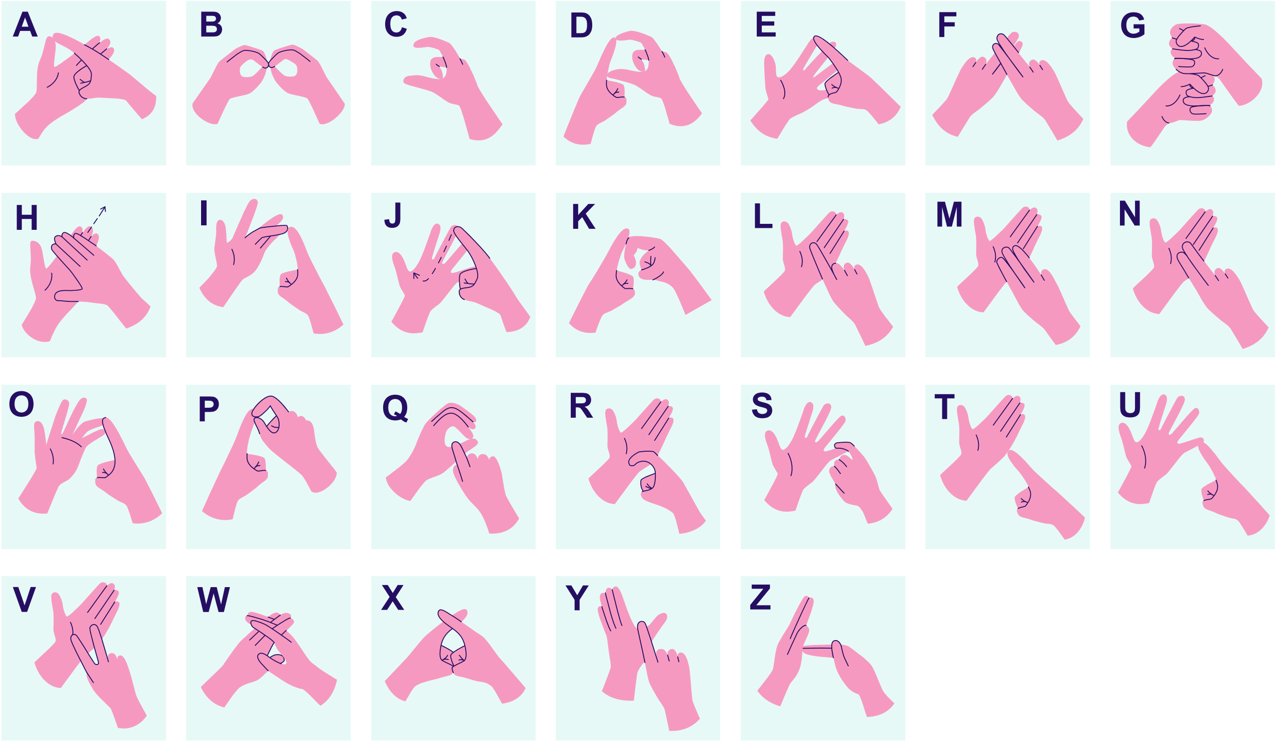
It may be helpful at some point to write down the subject of the conversation. For example, if you are asking what they would like to drink, write down the words, “Would you like tea or coffee?” Keep it simple. You can also use gestures in order to make the context clearer. By changing the communication to a visual method, you’re enhancing the chances of getting the message across to a person who struggles with sound.

Fingerspelling

Fingerspelling is where you use the tips of the fingers to spell out words. Primarily used by British Sign Language users, this can be useful for those who lipread as well. Some words, for example names, can be impossible to lipread. By fingerspelling a word, it helps give extra clues to what you are talking about. This can also be an excellent activity for carers and people living with hearing loss to do together.

Whatever method you use to communicate, do consider the needs and preferences of the person you are trying to communicate with. Person-centred care is all about the needs of the person, so you’ll need to have many different techniques in your toolkit to support a wide range of people.

BSL Fingerspelling Alphabet



Lipreading as a skill

There are approximately 12 million people in the UK with a hearing loss, the largest cause of which is age-related.

People who have a hearing loss will communicate by either speaking in English (or whatever their first language is) or BSL (British Sign Language).

According to several sources such as the 2011 Census and several organisations including RAD (Royal Association for Deaf people) and RNID (Royal National Institute for Deaf people) the number of people using BSL is between 25 and 75,000; approximately 0.001% of the population.

Most people who do not use BSL will use a technique called lipreading to work out what is being said. Lipreading requires the user to look at the whole face, not just the lips. Using the context of the conversation along with what is heard, they can work out any missing words.

However, the most the average person can read on the lips is about 33% of what is said. The rest is produced in the throat or while the lips are closed. In addition, several sounds look very similar on the lips. “M”, “B” & “P” look identical as do “Sh”, “Ch” & “J”.

This can lead to confusion over what is said.

Knowing the context can help enormously. For example, the following sentence makes no sense, “I can’t eat this, it’s far too memory.” If you know that the person is talking about food and that M & P look the same, then you may be able to work out you need to substitute “peppery” for “memory”.

Putting it all together

For people who can hear speech clearly, it takes less than a second to work out what is being said and is a passive skill. For those with a hearing loss, understanding speech takes longer and is an active skill requiring lots of concentration.

For example:

Sheila has age-related hearing loss, so she finds high-pitched sounds difficult to hear. She may hear a sentence like this:

_ _ _ a _o_e_y _a_ ou_, _a_ _o _o _o_ a _a_ _?

If she can lipread, she may see something like this on the lips and combines it with what she can hear.

ees a lovy aay ou, wan oo o fo a waaa?

If she knows the context, for example that the carer is pointing to the outside, where the sun is shining, she may be able to apply common sense and work out the following:

It’s a lovely day out, want to go for a walk?

You can see now how much effort it can take to process this. Every sound and word you make has to be processed and worked out. Even “filler” words such as “Um” and “Er” still need to be processed.

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However, this is a skill that requires many years of practice and a large vocabulary. People with hearing loss will take longer to work out what words make sense. Therefore, make the subject clearer by pointing at things, using gestures and keeping sentences shorter.

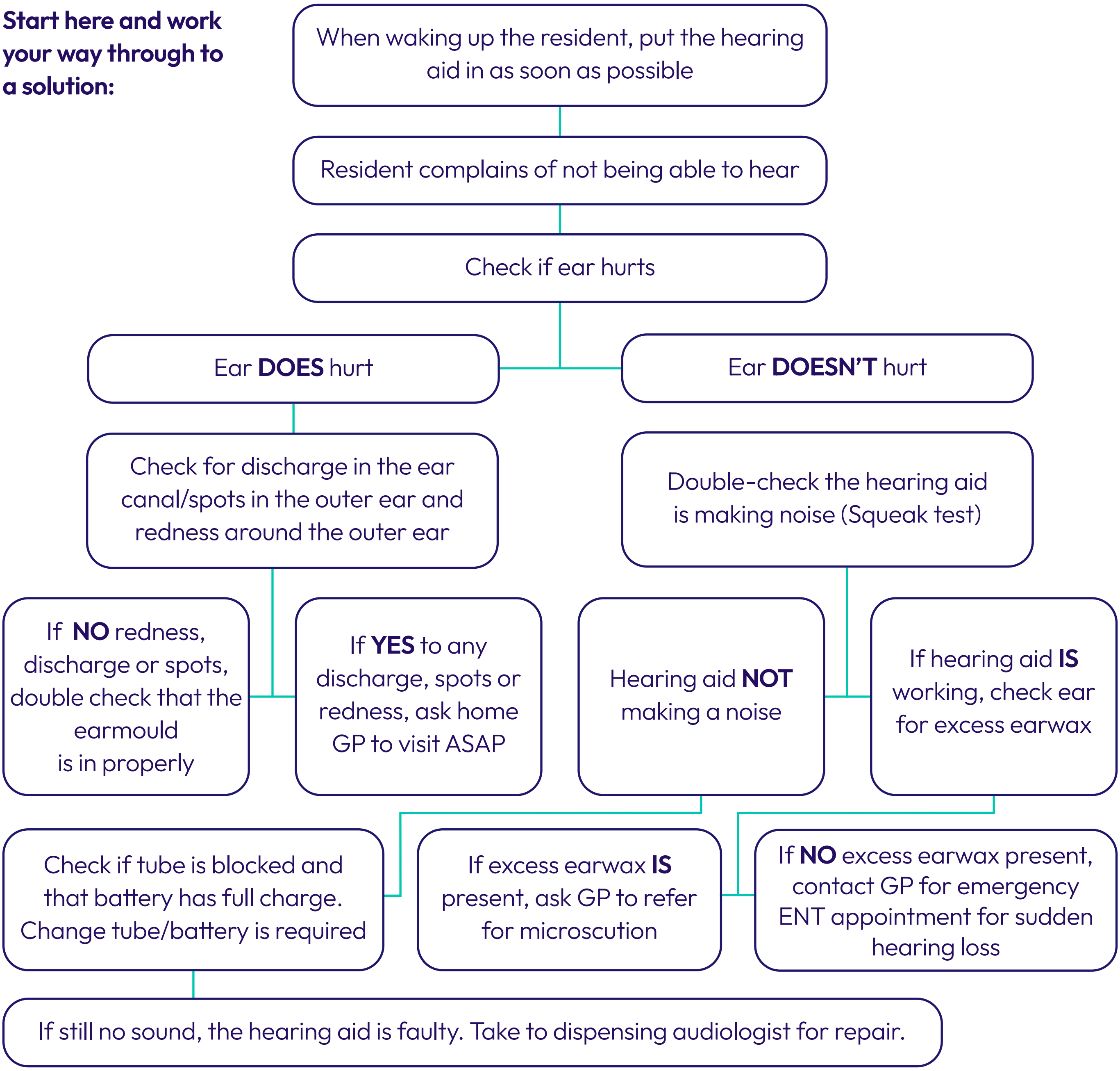
Working out what is being said also requires a lot of concentration. Older people may not be able to concentrate for long periods. They may also be able to concentrate better at different times of the day. For example, they may be more alert in the morning after breakfast and less alert after lunch. "Selective hearing" is really just the fluctuating ability to concentrate enough on lipreading.

As it takes longer for a person with hearing loss to formulate responses to questions or statements, group discussions can be difficult to take part in. Consider ways of ensuring people speak one at a time to enable the person with hearing loss to know where to look. A wooden spoon that has to be held to have the power of speech is a great tool!

Hearing aid maintenance

There will be times when the person will say that the hearing aid(s) isn't working. Below is a simple flowchart that will help you to get to the bottom of the issue and find an appropriate solution. In most cases, you may find that the battery is flat and needs changing, or there is a blockage in the tube. In other cases it will be that there is an issue with the person's ear health and this will need to be dealt with very quickly. In any case, speak first with your home's Hearing Loss Champion or contact Andrew at Engage for more advice.

Start here and work your way through to a solution:



When waking up the resident, put the hearing aid in as soon as possible

Resident complains of not being able to hear

Check if ear hurts

Ear **DOES** hurt

Ear **DOESN'T** hurt

Check for discharge in the ear canal/spots in the outer ear and redness around the outer ear

Double-check the hearing aid is making noise (Squeak test)

If **NO** redness, discharge or spots, double check that the earmould is in properly

If **YES** to any discharge, spots or redness, ask home GP to visit ASAP

Hearing aid **NOT** making a noise

If hearing aid **IS** working, check ear for excess earwax

Check if tube is blocked and that battery has full charge. Change tube/battery is required

If excess earwax **IS** present, ask GP to refer for microscution

If **NO** excess earwax present, contact GP for emergency ENT appointment for sudden hearing loss

If still no sound, the hearing aid is faulty. Take to dispensing audiologist for repair.

Cleaning the earmould

Once a month

1. Remove the earmould and tube from the hearing aid
2. Put the hearing aid to one side on a clean surface
3. Put the earmould and tube in a shallow bowl containing warm, slightly soapy water and leave it for two minutes
4. Using an old toothbrush or the brush supplied with the hearing aid, clean around the surfaces of the mould that comes into contact with the ear
5. Using a clean paper towel, pat the earmould dry
6. Using an air blower, dry the tube
7. It is a good time to inspect the tube and earmould to see if either need replacing
8. Carefully put the earmould and tube back on the hearing aid, ensuring that the curved part of the mould is facing the hearing aid.

Daily

At the end of the day, remove the hearing aid from the ear and wipe the earmould only with a disinfectant wipe. Place the clean device in a box to be stored overnight. This helps keep the earmould clean of dust and dirt. Label the box with the resident’s name in case it gets lost.

How to insert an earmould and hearing aid

This is the standard type of hearing aid called the Behind-The-Ear (BTE). Other types of hearing aids, such as those that fit in the ear canal, or those with the "Open-Fit" moulds, will be inserted very differently. They will just pop straight in. Before putting any hearing aid in, always do the "squeak test" to ensure it is working.

1. Make sure the hearing aid is switched off or that the battery compartment is slightly ajar
2. Hold the earmould at the back with your finger and thumb
3. Align the curve of the earmould to the back of the head and the helix upwards
4. Put the helix lock into the crease at the top of the ear
5. Put the bit that goes into the ear canal into position
6. It may be helpful to pull gently on the ear lobe (if there is one) or the top of the ear to open up the ear canal whilst pushing the mould into the ear. It should slip in easily
7. Bring the hearing aid round to the back of the ear
8. Check that the earmould is comfortable and then switch on/close battery compartment
9. Ensure that the volume level is at the right level by asking the resident if they can hear you and if it is comfortable. If the hearing aid apparently isn't working, check the ear for excess wax or refer to the GP for an emergency hearing test.


1-3


4-5


6


7


8-9

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How to change a hearing aid battery

1. All batteries, whether provided free on the NHS or sold privately, should be recycled where possible
2. If there are two aids, replace the batteries one at a time (so they don’t get mixed up)
3. Remove the hearing aid from the ear
4. Open the battery drawer and remove the battery
5. Place the spent battery in the recycle bin
6. Open the pack of batteries and remove a new one
7. Pull off the tab. (This will start the chemical reaction that will provide electricity. Placing the tab back on the battery will not extend its life)
8. Put the battery in the battery drawer. It will only enter one way and the + sign should be facing outwards
9. If there is any effort required to place the battery in the drawer, you have it going in the wrong way round. If you force the door closed, it will break!
10. Close the battery drawer to turn on the aid. Perform the “squeak test” to ensure that the battery is functioning well before putting it in the ear.

Suggested policy in the home

When hearing aids are starting to run out of power, they notify the wearer by playing a tune. However, it is possible that the resident, especially if they have dementia, may not recognise the alert for what it is. Therefore, we recommend that in a particular unit or floor, everyone’s hearing aid should have their battery changed on the same day every week and this should be recorded in the care plan. This will help to ensure nobody suddenly runs out of power, particularly during an important conversation, which can be distressing.

By recording this in the care plan, you are creating an audit which can be useful for providing evidence for the CQC that the home is proactive and responsive.

How to put a rechargeable hearing aid onto charge

The latest hearing aids available, both privately and on the NHS, are now being issued with rechargeable batteries. This will have a huge impact on the way we support people with their hearing aids. Like mobile phones, rechargeable batteries need to be put onto charge every night.

Each manufacturer will have their own design of charging station, but they all work in essentially the same way. The pictures below are for example only. If possible, ask to see the manual that comes with the charging station.

1. All hearing aids have something that indicates whether it goes in the left or right ear. It is usually a red dot or writing for the right ear and blue for the left.
2. Take the opportunity to clean the earmoulds before putting them into the station. You may also need to wipe the charging station with a tissue before inserting the hearing aids.
3. The hearing aids need to be put in the correct slot in the charging station.
4. Insert the hearing aid into the slot until you feel it "click". A light should start flashing to indicate it is charging In the picture to the right, can you see the difference in height between the two hearing aids? The one on the right is not in properly. Once both are in properly, both should flash to indicate charging.
5. Once the hearing aids are charged, depending on the manufacturer, the hearing aids will glow a solid green or may switch off. They are now ready to use!

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Claudia
RAYOVAC

Assistive Equipment

Sometimes, hearing aids may not be enough by themselves, so there is a range of equipment that can help in a variety of situations. It may be that hearing aids may not be suitable because of the type of hearing loss or dementia. The Mino can be extremely useful in this situation.

There are a number of different types of equipment that would benefit those with hearing loss, with and without hearing aids. They come in 4 broad categories.

1. TV listeners
2. Personal Communicators
3. Amplified Telephones
4. Alerting devices (such as doorbells and alarms)

1) TV listeners

There are lots of different types but they work in the same way. They will pick up the audio signal from the TV and send it to a set of headphones that are worn in the ears. Another type of listener has a loop of wire that goes over the neck and uses a loop system. This is better for those that need to use hearing aids while watching TV. They range from £60 to well over £200 in price.

Amplicomm tv listener

2) Personal communicators

These are designed to work with or without hearing aids, but all amplify sound to make speech heard more easily. One of the more popular designs, the Mino, is described in more detail on the next page. These can range from £25 to over £600. The cheaper ones work perfectly well, but the sound quality can be a little poor. Once you get over £200, you're paying for things like Bluetooth connectivity and multi-directional microphones rather than sound quality.

3) Amplified telephones

There are hundreds of different telephones available today. Each work by amplifying the volume and/or the tone to make it easier to hear. Different makes of phones work with varying degrees of success with different hearing aids, so it is very important to try out the phone before purchasing. Some phones will have large buttons and large memories so that its easier for people with arthritis to use. Others are more mainstream with a discreet button to press to amplify the sound.

Amplicomm amplified telephone

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4) Alerting devices

When people lose their hearing, they will miss sounds such as the doorbell, people knocking on the door, the alarm clock and even the fire alarm. There are a range of devices that link together so that people can be alerted. The alert will be a flashing light, a very loud sound or a signal sent to a body-worn pager like the picture to the right. Each separate device can be reasonable in price, but a full system can run to many hundreds of pounds.

Some councils in the UK will contribute to the cost of these devices for people living in their own homes. Some other councils may even provide the equipment free of charge. Care homes are expected to provide appropriate equipment and assistance from staff as part of their remit.

Bellman Symfon alerting devices

5) Bellman Mino

The Mino is a personal amplifier that can be especially useful for those with hearing loss or even those living with dementia.

The Mino is best used in a one-to-one environment, where it is needed to help a person with hearing loss follow a single speaker. It's especially good at reducing background noise and allowing the resident to focus on one person at a time.

It comes with either a pair of headphones (pictured below), ear buds or a neck loop. The headphones or earbuds are designed to be used with those that do not wear hearing aids.

The neck loop is designed for those who wear hearing aids that have the Loop setting activated and need a little extra help. Hearing aids amplify ALL sounds, so using the Mino will help reduce background noise and make it easier for the hearing aid wearer to follow a single speaker.

How to use the Bellman Symfon Mino

Let the resident know what you are about to do. Place the earbuds/headphones on the resident's head. Press the On/Off button for a few seconds until the volume light comes on, usually at volume level 3. This indicates the current volume level. The microphone light will also come on.

The device is now ready to use. Either have the resident hold the Mino lightly, or have it in their lap, pointing it in the direction of the person they wish to listen to.

The ideal distance between the Mino and the speaker is about 4 to 6 feet (1.2 to 1.8 Metres). Any further away, then background noise may have more of an impact and it will reduce the clarity of the speaker's voice.

When the conversation is over, take off the earbuds/headphones and press the On/Off button for a few seconds until the lights go out. Then take it back to wherever the device is stored. Do let the person using it know what you are about to do and get consent first, before turning it off.

The Mino takes about 6 hours of charging for 18 hours of use. Like any battery-operated device, don't leave it charging all the time as this will reduce the lifespan of the battery.

There is an excellent YouTube video showing how to use the Mino:
www.youtube.com/watch?v=RJRq3LcPuzY

1. On/off button
2. Microphone light
3. Microphones
4. Loop/Telecoil light
5. Volume light
6. Headphone jack
7. Power socket

Bellman Symfon Mino

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Auracast vs Loops

This is new technology that will replace the Loop system in most public settings. The current technology is over 90 years old and has been tremendously effective in public settings such as post offices and theatres.

The induction loop works by having a loop of wire around a room, connected to an amplifier. When a microphone is connected, it produces a signal. When a person wearing a hearing aid steps inside the field generated by the loop of wire and turns their hearing aid to the loop setting, the signal from the person speaking into the microphone is heard directly in the hearing aid.

By reducing background noise and focusing on one signal, this enables a much clearer experience for the person wearing the hearing aid.

However, the loop system can be expensive to fit into a space, requires annual maintenance and staff need training on how to set it up and use it.

In 2023, the latest version of Bluetooth, 5.3 LE Audio, was released. The brand name of this is Auracast. This version differs as it allows a device to broadcast a signal, similar to that of a radio, as opposed to connecting to only one other device. All android phones produced since 2023 have the ability to connect to Auracast signals. Sony, Nokia and Windows phones will be able to access this from September 2024. There's no information on Apple devices.

All Bluetooth devices since the beginning of 2024 - such as headphones, earbuds, hearing aids and cochlear implants - will have Auracast built in.

This will eventually replace loops as it doesn't require any specific equipment to produce a signal and you will just need a smart phone to select the Auracast stream you wish to listen to.

Here are two examples of how it will work:

A person wearing hearing aids goes to a train station. Whilst waiting on the platform, she sees the QR code for platform announcements. She clicks on the code using the smart phone, then the Auracast stream for that platform will automatically stream to her hearing aids. This would be significantly clearer than the garbled tannoy message.

Another example would be in a care home, where a social care coordinator is setting up a bingo activity. She would have a microphone connected to a Bluetooth speaker. As people arrive, they would use their phones to click on the QR code on the speaker, automatically switching their hearing aids to the correct stream.

A Bluetooth speaker is due to arrive on the UK market in 2024, priced at £130 - much cheaper than the average cost of £1500 for a room loop installation.

Apps on your smart phone

Thanks to modern technology, there are now a range of apps for Apple, Android and Windows mobile phones that can help you communicate more easily with someone with a hearing loss. Some apps can produce subtitles as you talk or make it easier to hear. This is by no means an exhaustive list, but simply some of the best we are aware of at the moment. For an up-to-date list, do get in touch with us.

Live transcribe available for Android and Windows - uses Google's proprietary technology to listen to your voice and produce live subtitles. Can work reasonably with various accents, but you must keep the phone microphone close to the mouth for it to be accurate. This is especially important if you are wearing a mask. Requires a good internet signal to work.

Voice to text Pro available for iPhones can convert your speech and other saved audio files to text. Share the result to any app installed on your device or copy it to your clipboard. Create notes based on your transcripts or append text to existing notes. Sync your notes across all your devices. Optimised support for iOS 13, iPhone 11, iPhone 11 Pro and iPads.

Activities

When organising activities, there are several things that can be done to help make them more accessible.

Assessment

The first step is to see what the needs are of the person and ensure that person-centred care also extends to living an active and interesting life while at the home. When the person first arrives in the home, do run an assessment. Ask questions such as:

- Does she need to sit in a particular place in a room?
- Does she need to sit close to the person talking?
- Would she benefit from using equipment such as the Mino?
- Does she wear hearing aids?
- Does she need things written down or printed on a screen?
- Are there certain activities she doesn't like because it's too noisy?

All of this can be written into the care plan and will need updating regularly.

Audio to Visual

When doing things like quizzes or anything that involves people talking, do consider ways of making them more visual or using more than one sense at a time:

- Write up questions and then the answers. These can be on a flip chart or on a laptop connected to a large screen/TV. If prepared in advance, then this is a really simple way of making quizzes easer to follow. With activities such as Bingo, having a number on a screen really helps. Numbers can sound and look similar on the lips to people with hearing loss and can cause confusion. Whilst looking in a mirror, sound out the numbers 16 and 60. Very similar indeed!

- Consider using a microphone when speaking. As well as making your voice louder and clearer, it helps focus the attention on you. When doing a quiz, if someone in the audience speaks, please repeat what was said as those with hearing loss won't have heard it. This also helps cut down on more than one person talking at once which, again, can be difficult for those with hearing loss to follow
- Consider using picture clues in quizzes and discussions - anything that can help put the discussion into context
- When doing music therapy, having song lyrics on a screen can assist people to work out what song is playing. Great for sing-alongs! https://www.lyrics.com/ and https://www.azlyrics.com/ both have thousands of song lyrics to choose from
- Planting a sensory garden is a great all year-round activity. Not only can persons choose the plants, help them grow and look after them, but the smells and touch of the plants can start many conversations and can be good for reminiscing. Herbs can be great to plant as well as it can lead to basic cooking sessions in the home
- Aromatherapy hand massage sessions. Using various scents can be a relaxing experience, especially for those with dementia. Human touch alongside gentle scents have been proven to be comforting and calming. This activity can be associated with plants grown in the garden, such as lavender, peppermint, lemon basil and sage
- Consider arts projects that can involve people with hearing loss
- Consider a one-to-one session where you discuss the hearing loss and the emotional impact of it. Don't be afraid to discuss and destigmatise. This can help remove the embarrassment factor and can lead to a better engagement with that person.

Care plans

Care plans need to be written in a way that ensures, no matter who is doing the caring, they have the right information at their fingertips to ensure person and relationship-centred care is followed every day and night. Below are some examples of good care plans and some points to consider when writing them. When writing care plans, consider the following points:

OBSERVATIONS

Person's needs:

- Able to communicate verbally or not
- What are own views about difficulties to communicate needs
- Sensory abilities/impairments: state cause of impairment
- Preference to use alternative methods of communication such as whiteboard/tablet/BSL
- Language barrier and need for translator/phrase book
- Ability to use call bell, how is access to call bell assured?
- Ability to join in with activities

Care/clinical needs:

- State whether able to express choices/make needs understood, present with poor memory recall of specific events/significant persons in life.
- State any disorientation/agitation or distress
- Present with any speech/sensory impairment that challenges their ability to communicate their needs/socialise with others?
- Use of specialist equipment such as hearing aids/glasses

GOALS

- Able and confident to express own thoughts and wishes
- Care needs can be met to promote participation and independence
- Good emotional and psychological health and wellbeing
- Social inclusion

INTERVENTIONS

- What is the approach/aid to assist the person to recall memories/ communicate their needs and/or choices effectively?
- How summons help? (e.g. uses call bell, holds out hands, calls out for help) and how assisted?
- Identify need for the use of prompts (e.g. eye contact, speak clearly, concise and calm manner)
- Use of hearing aids: State aid used for which ear, what assistance needed to put it in or take it out; what are the storage plans, labelling, cleaning, changing of and provision of batteries; how to make audiology appointments/referrals?
- Visual aids: state what aid used (e.g. large print/magnifying glasses). What glasses used and when, labelling and cleaning, how to make optician appointments/referrals?
- Speech impairment: What is alternative method used to promote communication (e.g. cue cards, picture cards, gestures)
- Use of call bell: if unable to use effectively, what are the measures in place to attend to needs? State monitoring regime and how it is recorded
- Activities: is special equipment required to access an activity such as a Mino or tablet with speech to text? If so, record what is needed and ensure that Co-ordinators are aware

ADDITIONAL RISKS IDENTIFIED

What are the risks in terms of their communication/ cognition impairment? (Risk of self-neglect, gets agitated when unable to express pain or discomfort, withdrawal and depression?)

Present with any speech/sensory impairments that challenge their ability to communicate their needs/wishes or to socialise and the impact of that

ADDITIONAL GOALS:

Minimise the risk of isolation, neglect and depression

Identify any discomfort, pain and meet the needs and thus avoid episodes of agitation or restlessness

RISK MANAGEMENT:

What is identified as needing to put into place to maximise communication skills and mitigate increased risks? (E.g. state verbal/nonverbal methods. Any equipment required?)

What are the steps taken to manage risks of unsafe call bell?

Care plan guidance for people with hearing loss

The best care plans will consider not only the physical needs of a resident but also how the condition impacts upon their emotions or psychological and social needs. We call this the BioPsychoSocial impacts.

Bio

Physical needs such as how to support their hearing loss, wearing of hearing aids, how to communicate effectively, when to arrange hearing tests, etc.

Psychological

How to support their emotions: if a resident gets depressed because of her hearing loss, note here what can be done to make her feel happier or to cope with her feelings. Perhaps arrange a one-to-one session to talk about her feelings and make plans to improve her life.

Social

If a resident feels lonely because she can't access activities, note what support she needs so that she can access/participate in them and have some enjoyment in her life.the list goes on.

How this links to the CQC guidance

The CQC refer to this in R1, “How do residents receive personalised care that is responsive to their needs?”

R1.1 How do residents, or those with authority to act on their behalf, contribute to planning their care and support, and how are their strengths, levels of independence and quality of life taken into account?

The person with the hearing loss will be best placed to advise on their own needs and how to meet those needs. As each person’s experience of hearing loss is individual, so are their needs.

R1.2 How does the service make sure that a person’s care plan fully reflects their physical, mental, emotional and social needs, including on the grounds of protected characteristics under the Equality Act? These should include their personal history, individual preferences, interests and aspirations, and should be understood by staff so residents have as much choice and control as possible.

It is important to take hearing loss into account when trying to support mental health, physical, social and emotional wellbeing. Too often, care plans focus only on the fact someone has a hearing loss or may just include information about a hearing aid. Much more information is needed to cover how the hearing loss makes them feel, how to support engagement at a social level and so on.

R1.5 How does the service identify and meet the information and communication needs of residents with a disability or sensory loss? How does it record, highlight and share this information with others when required, and gain resident’s consent to do so?

Any communication needs must be recorded in the care plan. If at least 80% of people in a care home have some level of hearing loss, at least 80% of care plans should have communication needs listed. This can be as simple as recording the Four Golden Rules all the way to listing when hearing aids need to be put in/taken out.

It is also important to list who needs to be informed of the resident’s communication needs. For example, a GP doing rounds, a nurse offering advice, friends and family, activity leads, CQC inspectors, the list goes on.

Suggested pre-admission assessment questions

When meeting people with hearing loss, consider the following questions. The information gathered can help to ensure that care plans are written with as much useful and appropriate information as possible.

Hearing Level

1. Good/no impairment
2. Some impairment/needs assistance: (R / L)
3. Total impairment (check if uses sign language)

Additional details regarding hearing including affected side (if any), whether hearing aid is in use and ways of improving communication.

Please check:

1. When was last hearing test completed? Date of test:

2. Where was last test completed? Details of hospital/private dispenser:

(If no details or no test, please ensure a referral is done within 6 weeks of entering the home)

3. Does the client have hearing aids? 1 or 2?

4. Does the client still have information such as a booklet showing operation of the hearing aid(s)? Y/N

5. Where does the client get their batteries and any consumables from? - as above/chemist/ online? (Make sure to bring any supply with the client)

6. Is one ear “better” than the other? Y/N Right/Left

7. Will the client require more help to take part in activities? Y/N

(If yes, make sure to notify the living well/activity team to do an assessment)

8. Does the client suffer from Tinnitus? Y/N
(If so, are they undergoing treatment and what is it?)

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Notes:

Point 2) If there hasn’t been a test done in under two years, it is good practice to arrange for one as soon as possible. This will ensure that if the resident has an undiagnosed hearing loss, you can support her properly from the outset.

Point 4) All hearing aids are issued with a booklet showing the basic controls. They will also list what the buttons (if any) are programmed to do. This is essential information for the carers to know. If there is no manual and you have no information on how old the hearing aid is, it may be necessary to arrange for new hearing aids as it is unknown how useful these current aids are.

Point 5) Knowing where batteries and other consumable supplies come from will ensure your Champions know where to get them and help foster good relationships with local audiology providers.

Point 6) If a resident has a preferred side, then knowing which it is will help with person-centred communication.

Point 7) All people with hearing loss should have a separate assessment of their requirements to attend activities or general engagement. Look on page 17 for more advice around activities.

Point 8) If the person with hearing loss suffers from Tinnitus, then this can also affect communication, mood and ability to sleep. It is worth contacting a Tinnitus Retraining Therapist to provide specific support. See page 52 for more information.

All these questions can help the care provider comply with the Accessible Information Standard.

Example Care Plans for use with people with hearing loss

Care plan:

Profound hearing loss in left ear and age-related hearing loss in right ear

Mrs Elizabeth Rose lost her hearing in the left ear during the war when a bomb exploded nearby. She has no useful hearing in that ear and in the right ear wears a hearing aid and can follow conversation with the hearing aid in. Without the hearing aid, she is unable to hear anything and she feels very isolated and lonely without her hearing aids in. Her hearing aids cause her to build up a lot of wax in the right ear.

Mrs Rose needs staff to do the following:

- Hearing aid in the right ear to be put in each morning
- Staff need to get Mrs Rose's attention before speaking
- Staff to stand in front or to the right to speak to Mrs Rose
- Staff to speak a little slower and do not shout. Shouting makes Mrs Rose feel very upset
- Due to her arthritis in both her hands she is no longer able to change the battery. Mrs Rose has always changed her battery on a Thursday and would like this to continue. Please mark the date in her calendar on the wall as well as in the care plan
- Staff to support Mrs Rose to take her hearing aid out at night before going to bed, wipe the ear mould and put in the hearing aid box which is kept by her bedside
- Once every 6 months, please ask the GP to check her ears for excess ear wax
- Once every month, staff to arrange for Mrs Rose to be visited by a befriender who has a good understanding of hearing loss so she can talk about the impact of her hearing loss
- Mrs Rose likes attending Bingo, so staff to ensure she's at the front and that the person leading Bingo is aware of her needs so provides more visual clues when playing.

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Care plan:
Moderate hearing loss in both ears and dementia

Mr John Smith has age-related hearing loss and dementia; he wears hearing aids in both ears. When it is noisy during meals times, or when the TV is on in the lounge, Mr Smith takes his hearing aids out.

Due to his dementia, he has forgotten how to turn the volume down on his hearing aid

Dementia makes Mr Smith more sensitive to sound.

Mr Smith needs staff to do the following

- Staff need to explain what is for breakfast/lunch/dinner before going into the dining room
- He has agreed to have staff help him take his hearing aids out at mealtimes and put them in his hearing aid box which he keeps in his pocket
- Mr Smith needs to have a large print menu with photos to be reminded of what choices are available
- Staff to ensure Mr Smith is finished with his meal, take him out of the noisy room and support him to put his hearing aids back in
- Mr Smith enjoys talking with his friends Mr James and Mr Blakewell, so staff will need to put them in a room without background noise, such as a TV or radio playing. This is because any background noise makes it hard for Mr Smith to follow what his friends say.

These are just examples of care plans that may be of use in your care service. When writing any care plan, do involve the person and/or their family to ensure that their communication wishes are recorded accurately.

Example Care Plans for use with people with hearing loss

Care plan:
Age related hearing loss in both ears

Mrs Jane Brown has a severe hearing loss in both ears but hears better with her right ear and has dementia. Mrs Brown wears hearing aids in both ears and can lipread. When having a one-to-one conversation, she can follow this with ease. When in a group or trying to join in with activities, she struggles to follow the conversation.

Mrs Brown would like staff to do the following to support her during activities

- Mrs Brown needs to be offered the option of what activities to attend before going. Because of her hearing loss, she is anxious and nervous around new people and so may not want to go to an activity if it's run by people she doesn't know. Where possible the person running the activity to be introduced to Mrs Brown before the activity starts
- Mrs Brown needs to be seated to the left of any speaker, so she can follow the conversation with her good (right) ear
- Mrs Brown uses a device called a Mino instead of her hearing aids with some activities, so she would like staff to tell her which activity it is so she can decide whether to use the Mino or her hearing aids
- Mrs Brown is able to remove her hearing aids without support, but will need staff to support her to store her hearing aids in her hearing aid box, which she keeps in her handbag
- Mrs Brown is able to control the Mino with no support
- The person leading the session needs to always look at Mrs Brown and repeat what people are saying in the group
- Mrs Brown would like staff to support her to put the Mino back after the session to recharge and get her hearing aids out of her bag so she can put them back in.

Care plan:
Age related moderate hearing loss in both ears

Mr Stuart Green has age related hearing loss in both ears and moderate dementia. He has hearing aids for both ears but doesn't like wearing them and regularly takes them out, saying he doesn't need them. He manages well in a one-to-one situation but struggles with group activities and with watching TV. He has found using the Mino a big help when listening to speakers and the Echolink TV listener that his family bought for him; however he does forget that the Mino can be helpful, so needs reminding.

Mr Green would like staff to do the following

- Staff need to support Mr Green by reminding him to put the Mino on when his family visit
- If the group activity is a speaker, Mr Green would like staff to bring the Mino to him and ensure he is seated in front of the speaker
- When Mr Green is watching the TV in the communal lounge, please set up the Echolink for him and ensure the subtitles are on.

These are just examples of care plans that may be of use in your care service. When writing any care plan, do involve the person and/or their family to ensure that their communication wishes are recorded accurately.


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THE EMPEROR'S REVENGE

Accessible Information Standard

All providers of NHS care or other publicly funded adult social care must meet the Accessible Information Standard (AIS).

AIS applies to people who use a service and have information or communication needs because of a:

- disability
- impairment
- sensory loss

It covers the needs of people who are deaf/Deaf, blind, or deafblind, or who have a learning disability. This includes interpretation or translation for people whose first language is BSL. It does not cover these needs for other languages.

It can also be used to support people who have aphasia, autism or a mental health condition which affects their ability to communicate.

You must meet the AIS for anyone who is publicly funded and who uses your services unless no one using the service is publicly funded.

Websites are not covered by AIS. Services which do not need to follow AIS:

- must still make reasonable adjustments under the Equality Act 2010
- may wish to use a similar approach when identifying and meeting people's information needs

Five steps of AIS

1) Identify

How does the service assess for disability-related information or communication needs? How does the service find out if people have any of these needs? How will the service plan meet those needs?

For example, care managers of a care home should:

- In the pre-assessment, check if a potential resident has a sensory loss
- If the potential resident has a hearing loss, ask when the last hearing test was or what hearing aids are being used. See our example questions on page 6.

2) Record

How does the service record those identified needs clearly? What systems are in place as part of the assessment and care planning process?

For example, care managers of a care home should:

- Ensure any answers from the pre-assessment are fed into the care plan
- Ensure the care plan clearly states the communication needs as well as records what equipment, such as hearing aids or other devices, are needed and how to be used

3) Flag

How does the service highlight or flag people's information and communication needs in their records? This could be in paper or electronic records. The chosen method must make it possible for all staff to quickly and easily be aware of (and work to meet) those needs. Focus on what is needed, not just that the resident has a hearing loss.

For example, in a care plan:

- there should be a section on equipment such as hearing aids or the Mino
- there should be a section on communication needs such as best to talk on one side or do not talk until a hearing aid is in and working
- the carer should be alerted that there is a communication issue as clearly and simply as possible

4) Share

Services sometimes need to share details of people's information and communication needs with other health and social care services. This means that other services can also respond to the person's information and communication needs.

How does the service do this (when they have consent to do so)?

For example:

- How is a GP or nurse notified of a resident's communication needs?
- Activity staff also need to be notified so that a resident can join in with the fun
- As part of the care planning, ensure that consent for information sharing is agreed

5) Meet

How does the service make sure it meets the needs of people living with hearing loss? How does the service make sure that people receive information which they can access and understand? How does the service arrange communication support if people need it?

For example, residents of a care home should:

- be able to contact (and be contacted by) services in accessible ways, such as via email, text message or Text Relay
- receive information and correspondence in formats they can read and understand. This could be, for example, in audio, braille, easy read or large print
- be supported by a communication professional at appointments if needed to support conversation. This could be a British Sign Language interpreter or using Artificial Intelligence (AI) technology with tablets and smart phones
- get support from health and care staff and organisations to communicate. This could include help to lip-read or use a hearing aid

Monitoring and inspection of AIS by CQC

During inspections, the CQC will look at these five steps by talking to staff and people using the service. Wherever possible, their inspectors will review the assessment and care plan of at least one person using the service who is affected by AIS. These will be selected as part of their usual inspection evidence-gathering.

In addition to inspections, the CQC will also ask you how you are meeting AIS through annual Provider Information Requests/Collections (PIR)

Inspection reports

In adult social care reports, AIS findings will be covered under Responsive. Adult social care ratings characteristics explicitly include AIS under R1 – How do residents receive personalised care that is responsive to their needs?

For more information, please see the website: **www.england.nhs.uk/ourwork/accessibleinfo**

Deaf Awareness Quiz

You've done so well completing the training course and reading all of this handbook. Let's see how much you remember!

Questions

1. What percentage of people in their 80's have a hearing loss?
2. How often should you clean your ears using cotton buds?
3. Name the four golden rules with good communication
4. Can you tell if someone has a hearing loss just by looking at them?
5. How often should you clean a hearing aid by using soapy water?
6. How often should you change the battery?
7. When putting hearing aids in, should you close the battery door, BEFORE or AFTER?
8. Should you have the TV on in the lounge all the time, even if no-one is watching it?

Answers

1. Over 80%, most people in a care home would have some degree of hearing loss
2. NEVER! The buds push wax further into the ear canal where it compacts and causes a blockage. The bud is not sterile and can cause micro-tears, leading to ear infections and possible loss of hearing
3. Get attention first, repeat only once, rephrase, write it down
4. Yes! They could wear a hearing aid, have a cochlear implant or stare intently at your lips when you talk (lipreading)
5. Never! Hearing aids must never get wet. Earmoulds however should be cleaned every week. Remember to take off the hearing aid first
6. On the same day every week
7. Ideally, after. Having the aid whistle away right next to your ear is uncomfortable
8. No! it's creating unnecessary background noise

Contact details

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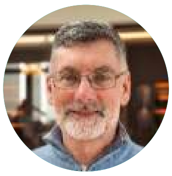

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If you have any service users who you are concerned about, or any questions about hearing loss, please contact Andrew on andew@engagecare.co.uk or phone Padraic on 020 8369 5329.

Engage is here to help you.

Engage

Hearing Matters for
Outstanding Care