Inquiry into regulation of care for older people

Action on Hearing Loss Scotland

1. Action on Hearing Loss Scotland is the new name for RNID Scotland. We're the charity working for a world where hearing loss doesn't limit or label people, where tinnitus is silenced and where people value and look after their hearing.

2. Our response will focus on key issues that relate to people with hearing loss. Throughout this response we use the term ‘people with hearing loss’ to refer to people with all levels of hearing loss, including people who are profoundly deaf. We are happy for the details of this response to be made public.

Deafness and hearing loss

3. There are 850,000 people who are deaf or hard of hearing in Scotland. It is estimated that 1 in 6 of the general population has some degree of hearing loss. There are many reasons why some people are deaf or hard of hearing or lose their hearing. The most common is age-related deafness with more than 50% of people over the age of 60 with some form of hearing loss. Other people may lose their hearing because of exposure to noise at work or because of prolonged and repeated exposure to loud music. Deafness can be congenital, and Universal Newborn Hearing Screening, introduced in Scotland in 2005, is identifying more deaf babies than ever before. There are also some conditions such as damage to the eardrum or inflammation in the middle ear that cause deafness. There is a broad spectrum of levels of a hearing loss ranging from people with mild deafness to people who are profoundly deaf.

4. Depending on their level of deafness and on when they became deaf or hard of hearing, people who are deaf and hard of hearing use a range of methods to communicate. Between 5,000 and 6,000 deaf people in Scotland use British Sign Language (BSL) as their preferred or first language; many rely on lip reading, others use note takers or rely on equipment such as hearing aids; and some use a combination of these. For those who use BSL as a first language, English is often a second language and access to written English can be challenging.

Care for older people with hearing loss

5. The Scottish population is ageing and as age-related hearing loss is one of the most common reasons for losing one’s hearing, the number of people who are deaf or hard of hearing is likely to increase in future. Indeed, 71% of over 70 year-olds and 42% of over 50 year-olds have some kind of hearing loss.
6. In March 2008 there were 942 care homes for older people. Of these 176 (18.7 per cent) were run by a local authority or by the NHS, 623 (66.1 per cent) were privately owned and the remaining 143 (15.2 per cent) were in the voluntary sector.

7. Social isolation is a key concern for older people in care homes, and hearing loss can add to that. Although it is often assumed that when an older person lives in residential or nursing care they are less likely to be socially isolated, research has shown that large numbers of care homes have residents who experience loneliness or isolation. In most care homes there are limited activities and few residents form close relationships with other residents.

8. Hearing loss and deafness can exacerbate this situation. The impact of sensory impairments on the lives of care home residents routinely goes unacknowledged. However, visual and hearing impairments can prevent older people identifying usual cues in social conversation with other residents. Within the care home setting, both hearing impairment and inadequate communication are associated with limits in social engagement.

Regulation of care for older people

9. Against this background, we would make the following recommendations to ensure that high quality care services for older people are delivered.

- Staff who work in care homes should be trained in deaf awareness;
- Adaptations and equipment should be made available to residents with hearing loss;
- There is good acoustics thanks to changes to the physical set up in care homes such as carpeting and soft furniture.

10. We would like staff who work in care homes to be trained in deaf awareness. Good practice includes speaking clearly, not too slowly; keeping your voice at a normal level as it is uncomfortable for a hearing aid user if you shout; avoiding background noise; checking that the person you are talking to can follow you; and using plain language.

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1 Age Scotland (2010) *At home with Scotland’s older people: facts and figures 2009-2010*
11. Staff should be shown how to maintain hearing aids, for example changing batteries or cleaning the tubing. Action on Hearing Loss Scotland’s Hear to Help staff and volunteers train care home staff in hearing aid maintenance. Indeed, the replacement of batteries and tubing that are part of the regular upkeep of a working hearing aid can pose a huge obstacle for care home residents if they are not independently mobile, and a trip to a drop-in centre at the nearest hospital accompanied by a member of staff can represent four hours out of care home by a staff member.

12. Case study – Hear to Help offers basic hearing aid maintenance, such as replacing tubing and batteries. This is essential for hearing aids to work well. Action on Hearing Loss Scotland has run a Hear to Help project in the Scottish Borders since 2007. Based on its success, it has expanded the project to the Greater Glasgow and Clyde and Tayside Health Board areas. Sessions are held at a number of locations and are run by trained volunteers, many of whom have a hearing loss themselves. Volunteers also visit hearing aid users in care homes. Further information on Hear to Help is available at: http://www.actiononhearingloss.org.uk/about-us/scotland/services-in-scotland/hear-to-help.aspx

13. Residents who are deaf or hard of hearing may need equipment and adaptations in their home as well as care homes. Equipment and adaptations range from basic equipment such as amplified telephones or a flashing light on doorbell to more sophisticated products such as conversors for people who use a hearing aid (a wireless listening device worn by the user which provides enhanced sound level and clarity). These devices are essential to promoting independence and safety, enhancing quality of life and keeping people in their own homes. We welcome the National Care Standards: Care homes for older people 6, in particular standard 18 "If you need it, the staff can help you get, and use, specialist communication equipment." We would like this to be implemented so that care homes provide relevant equipment to residents who are deaf or hard of hearing. They may be entitled to free equipment following a social work assessment or through self-directed support where they can choose their own equipment.

14. In particular, we recommend that induction loop systems 7 are installed in all public rooms where appropriate. Induction loops help people with hearing loss to hear sounds more clearly by reducing the effect of background noise. These should be tested regularly to ensure that they are functioning properly.

15. Care homes should also be fitted with flashing fire alarms. People with hearing loss may not be able to hear fire alarms. In addition, most fires happen at night so people with hearing loss and who sleep without their

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7 An induction loop is a cable that goes around the listening area. This transmits the sound signal in the form of a magnetic field, which can be picked up by most hearing aids and by loop listening aids.
hearing aid will not be woken up by a traditional fire alarm. We recommend that all bedrooms are fitted with a flashing smoke alarm system. An alternative to this could be a portable deaf guard can be used by residents who are deaf or hard of hearing. This listens to the alarm going off and alerts the person who is deaf or hard of hearing by means of a vibrating pad under the pillow.

16. We would like to see architects take into account all older people’s needs including hearing loss when designing care homes. This includes an awareness of acoustics and the fact that good acoustics can actively contribute to ensuring that a person with hearing loss can communicate with relatives and carers. We would like to ensure that noise sources are kept to a minimum, for example through using soft furniture and carpeting in housing design. It is also vital that communal rooms are well lit to make lipreading possible.

Conclusion

17. Action on Hearing Loss Scotland welcomes the Health and Sports Committee’s inquiry on care of older people. We would like staff who work in care homes to be trained in deaf awareness. We would like staff who work in care homes to be shown how to change batteries and tubing. In addition, we would like care homes to be equipped with basic adaptations and for acoustics to be as conducive to communication as possible.

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