

Hearing Health in Care Home Settings

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Introduction

It is estimated that around three-quarters of older people who live in care home settings have a hearing loss (Enchalier, 2014). Previous work around care homes has shown that hearing loss can lead to a reduction in patients interacting with others and that difficulties with hearing can lead to social withdrawal, isolation, depression and reduced quality of life (ORCHARD study, 2019).

Research has shown that diagnosing and managing hearing loss in care homes is challenging, but crucial. The high incidence of other conditions, such as dementia, mean that it's extremely important that hearing loss is managed in these settings, as unmanaged hearing loss can make difficulties caused by such conditions much worse (Enchalier, 2014). Comorbid hearing loss and dementia can impair communication abilities, exacerbate confusion, and cause loneliness.

Work has shown that increased funding and support for the social care sector is required to address systemic issues that pose barriers to hearing rehabilitation, including time pressures, lack of training for staff and access to audiology services for residents (Cross et al, 2022).

The importance therefore of identifying, and offering support for, hearing loss in patients with dementia and for those in care home settings has been well-documented.

The purpose of this project was to better understand the profile of hearing loss in care homes locally and scope the feasibility of providing Audiology support around hearing loss in care home settings. This scoping will inform potential future service delivery models and provide information on how this support might be best provided. Funded was granted from the North Wales Regional Partnership Board to support the project.

Results

Of the 63 contacted, we received consent to attend the care home for 52 residents (83%). Of the 52 residents seen, the following results were found:

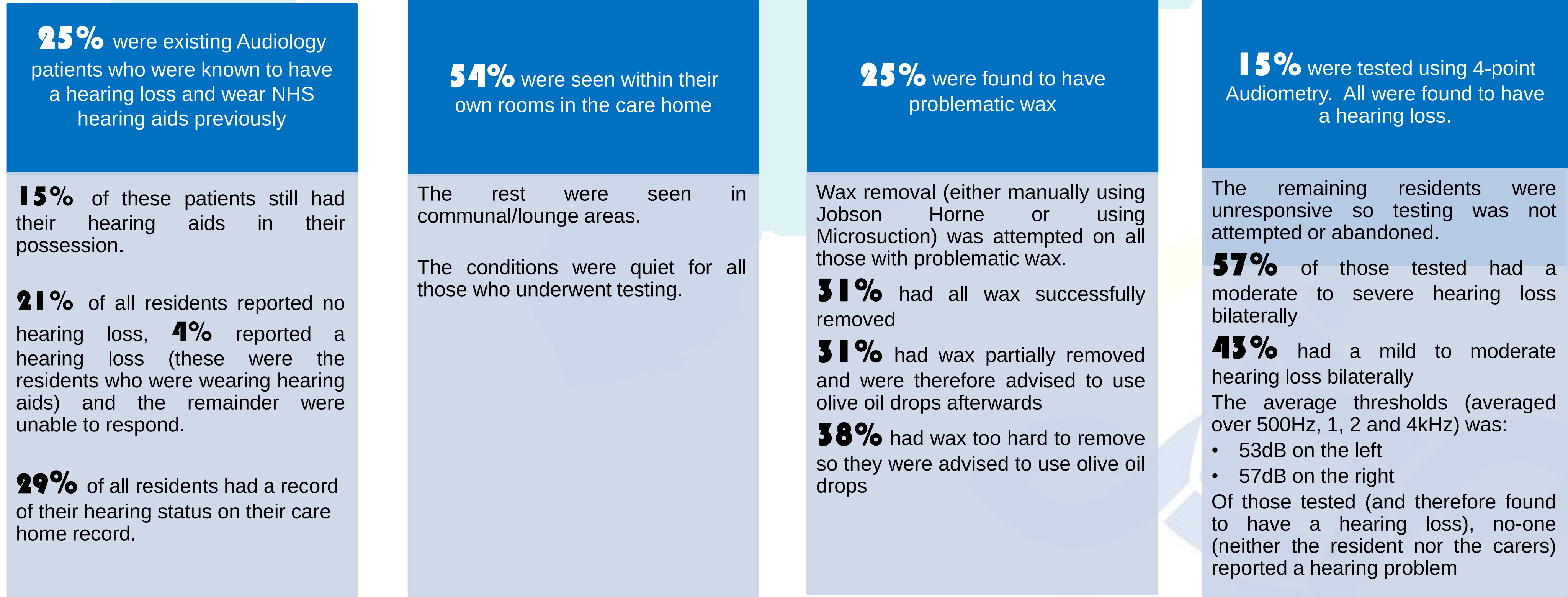


Figure 1 – Audiology appointment process

Results and Conclusion

For 71% of residents, no information on the care home systems was recorded in relation to hearing. Whilst 25% of patients were known previously to wear hearing aids, only 15% of these were found to still have hearing aids in their possession. The practicalities of attending the care home and being able to perform Otoscopy, modified Audiometry and wax removal were well supported and easy to implement. However, the prevalence and progression of other conditions, in particular dementia, made testing difficult. This was also a factor in whether we felt intervention, in the form of hearing aids, would be appropriate and in the patient's best interest at this stage.

Our recommendations would be for the hearing to be assessed at an earlier stage (in the care homes we attended, all residents had dementia and the majority of patients had advanced cognitive decline) and focus on the support of care homes to continue use of hearing aids where they have been provided. We would also recommend close relationships between care homes and Audiology services to ensure residents are well-supported in managing their hearing loss.

We would like to thank Akari Care for their help and support in attending the homes and the North Wales Regional Partnership Board for their support.

References

• Cross et al (2022) Effectiveness of hearing rehabilitation for care home residents with dementia: A systematic review. Journal of the American Medical Directors Association, 23(3): 450–460

• Echaliier, M. (2014) A world of silence: The case for tackling hearing loss in care homes https://rnid.org.uk/wp-content/uploads/2020/05/A-World-of-Silence-report_2012.pdf

• ORCHARD study, Crosbie et al (2019) Giving permission to care for people with dementia in residential homes: learning from a realist synthesis of hearing-related communication, BMC Medicine,17 (54)



Method

The project was supported by 2 dementia care homes in North Wales in the Akari Care Home group. Therefore all residents invited to be part of the project had a dementia diagnosis. A letter was sent to the resident's next of kin/significant other to gain written consent for us to attend the home and where appropriate, ask questions about hearing, perform Otoscopy, a 4-point Audiogram and wax removal.

