

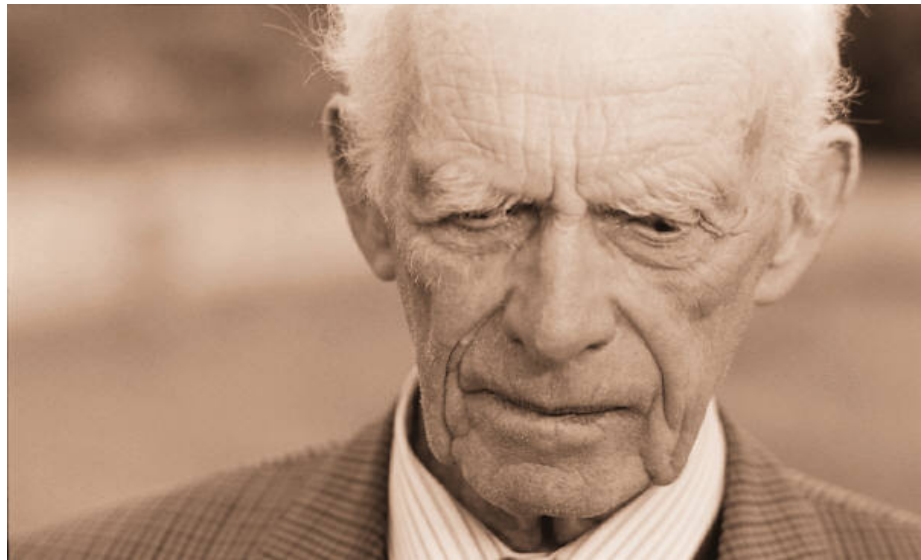
# Taking care of hearing and sight: a quality of life issue for residents and staff of care homes

A paper produced by R&RA for professionals working in UK care homes

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'How can he join in when he can't see who he is talking to or hear what people are saying?'

Caller to R&RA advice line



## Hearing and sight: Essential senses

Being able to see and hear - the people we are talking to, the paper we are reading or the television we are watching – improves our enjoyment, affects our understanding and influences our mental well being.

Regular eye and hearing tests, spectacles and hearing aids are essential for older people. They are particularly important for people living in care homes whose physical or mental frailty may already have had a detrimental effect on their quality of life. It is important that residents have access to the support, care and help they need to protect and enhance their capabilities and maximise their quality of life.



## **Hearing loss and understanding**

Hearing loss is one of the most common conditions affecting older people and it is estimated that one in three people over 60 suffer from some form of hearing loss.

Hearing problems can make it hard to understand and follow advice or respond to warnings. Sometimes people with hearing loss are wrongly assumed to have dementia because they have difficulty understanding what they are told, or they withdraw from contact with others to avoid the embarrassment associated with not hearing what is being said to them. As a result of this people's quality of life is likely to be adversely affected.

They may have difficulty enjoying music, following television programmes or joining in conversations with family and friends. These difficulties can lead to loneliness, isolation, frustration and depression.

It is recommended that people who show signs of cognitive impairment and memory loss should be tested for hearing problems. The extra effort someone with hearing loss makes in order to understand what is being said to them can affect their ability to remember it.

## **Sight loss and understanding**

Even though care staff generally talk with and listen to residents much everyday communication for 'business or pleasure' is conducted using the written word. As a result people whose eyesight is poor and who do not have spectacles, or are using old ones may find themselves out of touch with routine events or unable to participate as fully as they might wish in aspects of home life.

Others may have spectacles but may need to be reminded when they should wear them or that they have different sets for different purposes.

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## ■ Helping people with sight loss

Many people begin to be affected by deteriorating eyesight from the age of 40 onwards. Regular examination will reveal any diseases of the eyes and establish whether spectacles are needed or, where already worn, if the prescription needs to be changed. Routine eye tests are also able to reveal illnesses or diseases of the eye such as Glaucoma or Cataracts, which unless treated, could cause other health problems and could result in the complete loss of sight.

However, far too many older people do not make regular visits to an optician and carry on wearing spectacles no longer suited to changes to their eyesight. This is particularly a problem amongst residents of care homes. It may be that they have moved away from the area where their regular optician had been located or the optician's records are out of date. Losing touch in this way means that residents do not get regular reminders that their eyesight is due to be tested. The National Minimum Standards make it the responsibility of the care home to make sure that the resident is registered with an optician and is offered regular eye tests.

## ■ Helping people with hearing loss

The medical term for hearing loss in older people is presbycusis. It is the commonest cause of hearing loss in people over 55. Such hearing loss takes effect gradually as nerve cells involved in hearing stop working so well. It is a normal part of the ageing process and the vast majority of people over the age of 70 will have some degree of hearing loss.

Difficulty in understanding speech is usually the earliest symptom and it is often friends or relatives who notice the problem even before the older person. Plugs of ear wax may make hearing loss worse. From time to time residents' ears should be checked for a build-up of wax. Cleaning ears regularly will make sure that the resident's hearing is as good as possible. Care should be taken when helping to clean ears and objects should not be inserted to remove stubborn wax.

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## ■ Meeting the standards

- It is important that care homes are aware of pre-existing hearing and sight problems when a resident first moves into a care home.
  - Any problems a new resident has with sight and hearing should be recorded, either as part of the social services single assessment process or, for those funding their own care, the home's own assessment process.
  - A plan should be put in place to address any problems that are recorded.
  - Care homes should be able to demonstrate that residents have access to sight and hearing tests and appropriate aids.
  - Information about the home should be available to new and existing residents in a relevant format that takes into account hearing and sight problems.
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## ■ Help with hearing

Although hearing aids, if looked after well and used properly, can help with hearing, they will not restore hearing completely. It also takes time to get used to using them.

Some people find hearing aids uncomfortable or feel embarrassed about them but the design and effectiveness of hearing aids is improving all the time. Encourage residents to persevere with their hearing aid as they are especially effective with severe hearing loss.

Other equipment can help residents cope with hearing loss.

- A text phone or a telephone amplifier attached to an ordinary telephone.
- Specially designed telephones which make use of, for example, flashing lights.
- Subtitles on TV programmes and DVDs

## ■ Help with seeing

Large print and audio books, and large print crosswords can help people continue with pastimes they enjoy. Equipment that has been specially designed such as watches and clocks with large numbers and telephones with large buttons can help people retain some independence. Dim lighting can make poor eyesight worse so make use of lamps and spotlights. Using contrasting colours, for example in table settings, can also help people with failing eyesight.

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## Care for hearing aids and glasses

### **Hearing aids**

- Hearing aids should be removed and cleaned every night. Residents may be able to care for their hearing aids themselves or you might have to help. There are special tools to clean aids effectively. If aids are wrapped in a tissue overnight be careful that they are not thrown away by mistake.
- Hearing aids should not get wet so they should be removed before the resident has a bath or shower.
- Hearing aids should never be placed in direct heat and care should be taken not to drop them onto a hard surface.

### **Spectacles**

- Spectacles must be cleaned regularly and checked for smears and scratches.
  - Spectacles should be rinsed with lens cleaner or mild soap and water. They should not be cleaned while dry or with your breath. Use a lens cloth or soft cotton cloth but not a tissue or clothing.
  - When spectacles are not being used they should be kept in a case. Don't rest them anywhere with the lenses down.
  - If you are helping a resident to undress encourage them to take off their spectacles first. Don't remove spectacles by pulling on one arm. Stand in front of the resident, use both hands and pull them gently towards you.
  - Arrange for each resident's spectacles to be clearly marked with their name. Never give a resident someone else's spectacles.
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- If a resident has more than one pair – for different uses - use coloured tape or something similar to distinguish between them.
- Check the resident is wearing the right spectacles for the activity they are doing.

### ■ **Tips for success in communication**

- Speak face to face in a clear and unhurried way. Don't turn your head away while you are talking.
- Check that the person you are speaking to understands what you are saying.
- Pause regularly to allow the listener time to 'catch up'.
- Never use jargon or initials when speaking to people who might not understand.
- Take into consideration any special needs or language difficulties the older person may have.
- Ensure the environment does not make communication difficult, i.e. not too noisy or busy.
- Make yourself known to the person you are speaking to. Face the deaf person or speak to the visually impaired person first so that they know that you are there.
- Make sure conversations are kept confidential.



More information is available from

Royal National Institute for Deaf People (RNID)  
Information Line 0808 808 0123  
Textphone 0808 808 9000  
Email: [informationline@rnid.org.uk](mailto:informationline@rnid.org.uk)  
[www.rnid.org.uk](http://www.rnid.org.uk)

Royal National Institute of Blind People (RNIB)  
Tel: 0845 766 9999/020 7388 2525  
Email: [helpline@rnib.org.uk](mailto:helpline@rnib.org.uk)  
[www.rnib.org.uk](http://www.rnib.org.uk)

## **About R&RA**

R&RA is a charity that supports and advises older people in long term care, their relatives and friends.

It runs a telephone advice line giving information and advice about choosing a care home, funding, quality of care and making complaints. It campaigns for improved standards of care and runs projects to demonstrate how improvements can be made.

## **R&RA**

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