Module 1 summary

Understanding Hearing Loss

How hearing works, why hearing changes with age, how to spot hearing loss in residents and when to ask for a hearing assessment.

Key points

- Hearing happens in the brain. The ears collect sound and the hearing nerve carries it to the brain to be understood.
- Age-related hearing loss is gradual, usually affects both ears and makes speech sound mumbled, especially in noise.
- Conductive hearing loss is a blockage or problem in the outer or middle ear (for example wax or infection). It can often be treated.
- Sensorineural hearing loss is damage to the inner ear or hearing nerve. It is usually permanent, but hearing aids and good communication help.
- Watch for signs such as asking for repeats, a loud TV, answering the wrong question, withdrawing from groups or seeming confused in noisy places.
- Hearing loss is not the same as confusion or dementia, but it can be mistaken for them and can make dementia symptoms worse.
- Record hearing needs in the care plan and ask about hearing when a resident moves in.
- Ask for a hearing assessment when signs appear or hearing seems to have changed.

Get help when

- Hearing has suddenly got worse in one or both ears – contact the GP or NHS 111 the same day.
- Hearing loss comes with facial weakness, slurred speech, weakness in an arm or leg, or sudden confusion – call 999.
- Ear pain, discharge, bleeding or swelling – contact the GP.
- Gradual changes in hearing – ask the GP or NHS audiology service for a hearing assessment.

In an emergency call 999. For urgent advice contact the GP or NHS 111. Always follow your care home's policies and the resident's care plan.

Clinical review: pending — drafted November 2026 from the references listed. Awaiting review by a qualified audiologist.

Full module, quizzes and certificate:
https://carehomehearing.org/training/understanding-hearing-loss/