

However, statistically significant differences were found when they considered the overall performance in their residency in humanization ( $p < .001$ ), non-infantilization ( $p < .001$ ) and in the overall score of the good care scale ( $p < .001$ ). Good care in nursing homes was significantly perceived as less frequent among nursing aides.

**Conclusion:** It is important for the evaluation of good care of older adults by the staff to assess both their perception of themselves and their assessment of their coworkers. Good care is the result of a complex construct in which a wide range of factors converge. Therefore, it is essential to contemplate the most accurate assessment of it. To evaluate and promote good care, it seems appropriate to assess the overall performance of all the employees of the nursing home and not only the assessment that each one makes of the treatment he/she gives to the older adults with whom he/she works.

## **P92: Risk Assessment in People living with Dementia: A Systematic Review**

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**Objective:** Effective risk identification and assessment is important to help inform personalised care decisions, positive risk management, policy making and clinical practice in dementia. This mixed-method systematic review identified key components of risk assessment for people with dementia living within the community and care homes, examined attitudes towards risk identification and risk assessment, and appraised existing risk assessment tools.

**Methods:** Systematic searches of eight databases on two platforms (EBSCO, OVID) and grey literature databases (Open Grey, Base) were conducted. Studies were systematically screened for inclusion based on predetermined eligibility criteria and quality assessed using the Mixed Methods Appraisal Tool. Findings were tabulated and synthesised using thematic synthesis.

**Results:** Twenty studies consisting of qualitative and mixed-method designs were included in the review. Five overarching themes emerged from the synthesis: **Conceptualisation of risk** - individual perceptions of risk, including how different individuals define, construct, and identify risk situations. **Components of risk** -key elements included in risk and safety assessments. **Contributors to risk** -factors that impact the risk level and how risk assessments are conducted. **Perspectives on risk assessment** -how individuals assess risk and approaches to risk management. **Risk reduction** -strategies to mitigate risk following an assessment.

Our review found differences in how risk is conceptualised between people with dementia, their family carers, and healthcare professionals, with views being shaped by media perceptions, personal experiences, sociocultural influences, dementia knowledge and severity. We found that mobilisation both inside and outside of the home is the most frequently identified risk factor. Our findings show people with dementia and carers are generally risk-tolerant, while healthcare professionals adopt risk-averse approaches that reflect organisational requirements and ensure safety. We found factors that disrupt daily routines, living and caring arrangements, medication management, and unclear care pathways contribute towards adverse risk events. Few studies considered people with dementia's insight into the risk being assessed.

**Conclusion:** Accurate risk assessment and effective communication strategies are needed to enable risk-tolerant practices and ensure these approaches can be evaluated effectively. We did not find any instrument which to date had been shown to be widely acceptable and useful in practice.